

LEMOORE REDEVELOPMENT AGENCY (RDA)

Emergency Home Repair Grant
Homeowner(s) Application

Please print or type this form

Address of home to be repaired _____

(Mailing Address, if different than above: _____)

Applicant Name(s)	Social Security No.	Daytime Phone No.
_____	_____	_____
_____	_____	_____

HOUSEHOLD INFORMATION

Please list **all** household members who live in the home

Name(s)	Age	Social Security No.	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Annual household income – List all income for every person living in the household

Household Member	Name/Address of Employer	Annual Gross Income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Income Tax Return (Check one)

- A copy of our most current tax return is attached.
- I/We did not file an income tax return to the Federal IRS or the State of California Franchise Tax Board last calendar year. (Attach proof of all income.)

I/We certify that the income listed above is the **only** income received during the last twelve months or expected to be received in the next twelve months from **all** sources by **all** members who live in the home.

_____	_____
Initial	Initial

Please list **all** income for **every** person who lives in the home. You must attach proof of income from each income source (last year's tax return and W-2's, year end benefit statement, award letter, etc. and one month's check stubs). **All income must be reported!**

- | | |
|--|--|
| <input type="checkbox"/> \$ _____ Social Security Benefits | <input type="checkbox"/> \$ _____ SSI |
| <input type="checkbox"/> \$ _____ Unemployment Benefits | <input type="checkbox"/> \$ _____ Child Support |
| <input type="checkbox"/> \$ _____ Disability Benefits | <input type="checkbox"/> \$ _____ Alimony |
| <input type="checkbox"/> \$ _____ Retirement Benefits | <input type="checkbox"/> \$ _____ Inheritance |
| <input type="checkbox"/> \$ _____ Veteran Benefits | <input type="checkbox"/> \$ _____ Rental Income |
| <input type="checkbox"/> \$ _____ Home Business Income | <input type="checkbox"/> \$ _____ Other Income _____ |

For Other Income please specify the source of income in the space provided.

Please check box(s) below for assets held by any household members.
(You must attach one month's bank statements for each account and verification of any other assets.)

- | | |
|---|---|
| <input type="checkbox"/> Checking Account \$ _____ | <input type="checkbox"/> Savings Account \$ _____ |
| <input type="checkbox"/> Investment Accounts \$ _____ | <input type="checkbox"/> Interest Earned \$ _____ |
| <input type="checkbox"/> Dividends \$ _____ | <input type="checkbox"/> Other _____ \$ _____ |
| <input type="checkbox"/> Cash on hand \$ _____ | <input type="checkbox"/> Other _____ \$ _____ |
- Check here if you do not have any investment/checking/savings accounts or other assets.

If you own property other than your primary residence, you must provide a market analysis of the property listing the current market value of the property and any settlement costs you would incur if you sold the property, such as real estate transaction fees, legal fees, broker fees, etc. You will also need to supply your most recent statement indicating any mortgages or liens against the property.

Conditions for receiving an emergency home repair grant:

- The house is the primary residence of the owners.
- A deed restriction shall be placed on the single-family property. The deed restriction limits the use and occupancy of the property to persons of extremely low, very low and low income. It requires full repayment of the grant to the Lemoore Redevelopment Agency, if the property is transferred or sold to anyone within the two-year period that does not meet the income guidelines. The home can be sold if the new owners are within the income limits.
- The grant will be forgiven two years from the recording date of the deed restriction, if the property is owned by an individual(s) income qualified under the Lemoore RDA program.
- If you are requesting accessibility improvements, please provide a note from your doctor verifying that these improvements will benefit you due to your disability.

I/We have read and understand the conditions listed above for receiving emergency home repair grant assistance from the Lemoore Redevelopment Agency.

Initial Initial

I/We agree to maintain the property, landscape and repairs in accordance with the City of Lemoore property maintenance standards.

Initial Initial

I/We agree to participate in surveys and/or audits conducted by the RDA.

Initial Initial

I/We hereby give permission for the Lemoore Redevelopment Agency and its representatives to verify all of the information contained in this application.

Initial Initial

I/We certify that the information provided in this application is complete and true, and I/we understand that any misrepresentation may result in my/our disqualification from the above-mentioned program.

All adult family members must initial and sign the application. If additional lines are necessary, please add them.

Signature _____

Date _____

Signature _____

Date _____

Applicant(s) Address _____

Phone # _____

Work # _____

Cell # _____

The following information must be attached to your application in order for your application to be processed:

1. Last year's Federal Income Tax Return and all W-2's, 1099's etc.
2. One month current check stubs for each working family member and each employer.
3. Proof of any other income such as child support, alimony, social security, retirement, etc.
4. One month bank statements for any savings, checking and investment accounts.
5. Verification of any other assets.
6. Copies of the Driver's License and Social Security Card for all adult family members.



