

LEMOORE REDEVELOPMENT AGENCY (RDA)

Emergency Home Repair Grant
Mobile Homeowner(s) Application
Please print or type this form

Address of home to be repaired \_\_\_\_\_

(Mailing Address, if different than above: \_\_\_\_\_)

Applicant Name(s) Daytime Phone Number Cellular Number
\_\_\_\_\_

HOUSEHOLD INFORMATION

Please list all household members (including applicants) who live in the home

Table with 5 columns: Name(s), Age, Disabled (Y/N), Social Security No., Relationship. Includes multiple rows for listing household members.

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

Table with 3 columns: Household Member, Name/Address of Employer, Annual Gross Income. Includes multiple rows for listing household income.

Income Tax Return (Check one)

- Income tax return options: 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 calendar year or expected to be received in the next twelve months from all sources by all members who will live in the purchased 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)

- |   |   |
|---|---|
| <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 mobile home is the primary residence of the owners.
- An affordability covenant shall be placed on the mobile home. The affordability covenant 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.
- A Statement to Encumber (record a lien) will be filed against the mobile home with the Department of Housing and Community Development (HCD).
- The grant will be forgiven two years from the recording date of the lien with the HCD, 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 understand that there are fees payable to HCD to record a lien/release a lien against my mobile home and that these fees will be included in my total grant amount.

\_\_\_\_\_  
Initial                  Initial

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 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 \_\_\_\_\_

**PLEASE NOTE:** Along with the application and income verifications, you must provide the Title and a copy of the registration card for your mobile home. This information is needed to send to HCD. You must also attach copies of the Driver's License and Social Security Card for all adult family members.



