

LEMOORE REDEVELOPMENT AGENCY (RDA)

Exterior Home Improvement Grant
Homeowner(s) Application

Please print or type this form

Address of home to be repaired _____

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 by me/us (all members living in household) during the last calendar year. _____
Initial Initial

Please list **all** income for **every** person who lives in the home. You must attach proof of income from each income source (W-2, year end benefit statement, award letter, etc.). **All income must be reported!**

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Checking Account \$ _____ | <input checked="" type="checkbox"/> Savings Account \$ _____ |
| <input checked="" type="checkbox"/> Investment Accounts \$ _____ | <input checked="" type="checkbox"/> Interest Earned \$ _____ |
| <input checked="" type="checkbox"/> Dividends \$ _____ | <input checked="" type="checkbox"/> Rental Income \$ _____ |
| <input checked="" type="checkbox"/> Cash on hand \$ _____ | <input checked="" 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 exterior home improvement 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 very-low, low and moderate income. It requires full repayment of the grant to the Lemoore Redevelopment Agency, if the property is transferred or sold to anyone within the forty-five (45) year period who 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 forty-five (45) 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.

I/We have read and understand the conditions listed above for receiving exterior home improvement 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.

Only one (1) RDA assistance grant per owner and/or property. *(Applicants are ineligible if they have a current Home Buyer Assistance Grant with Lemoore Redevelopment Agency.)*

Signature _____

Date _____

Signature _____

Date _____

Applicant(s) Address _____

Phone # _____

Work # _____

Cell # _____



