

LEMOORE REDEVELOPMENT AGENCY (RDA)

**Exterior Home Improvement Grant
Landlord(s) and Tenant(s) Application**

Please print or type this form

Address of home to be repaired _____

Landlord name(s)	Social Security No.	Daytime Phone No.
_____	_____	_____
_____	_____	_____

Street Address: _____

Mailing Address (if different): _____

HOUSEHOLD INFORMATION

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

Name	Age	Social Security No.	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Tenant's Annual Income/Assets *(Include Income for All Household Members)*

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

Tenants Income Tax Return

Check one

- A copy of the tenants' most current tax return is attached.
- I/We (tenants) 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 (tenants) 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 _____ \$ _____ |
| <input checked="" type="checkbox"/> Check here if you do not have any investment/checking/savings accounts or other assets. | |

Annual Income Certification of Income Earning Tenants
To be signed by all income producing tenants

I/We (tenants) certify that the above listed income information is true and correct.

Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____



Landlord Restrictions and Certification Section

To be signed and initialed by all owners of the rental home

I/We have read and understand the following conditions for receiving exterior home improvement grant assistance from the Lemoore Redevelopment Agency. _____
(Initial) (Initial)

- This rental home will be rented to income-qualified individuals who meet the definitions of very low, low, or moderate income, during the 55-year deed restriction. The current low/moderate income guidelines are provided below.
- A deed restriction shall be recorded against the single-family property, which requires full repayment of the grant to the Lemoore Redevelopment Agency when the property is transferred or sold to persons who are not income qualified. The deed restriction also mandates that the property be rented only to people who are income-qualified as very-low, low, or moderate income.
- The landlord is required to match any grant assistance received with 25 percent of his or her own money. The landlord is required to provide proof of payment prior to any disbursements being made by Agency.

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 property. *(Applicants are ineligible if they have a current Home Buyer Assistance Grant with Lemoore Redevelopment Agency.)*

Landlord-
Applicant(s)

Signature _____

Date _____

Signature _____

Date _____

Landlord-
Applicant(s) Address _____

Phone # _____

Work # _____

Cell # _____

Tenant's Address _____

Phone # _____

Work # _____

Cell # _____

