

**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 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.

**Annual Income Certification of Tenants**  
*All adult family members must initial and sign the application.*

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

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

\*You must also attach copies of the Driver's License and Social Security Card for all adult family members.



## 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 15-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 agree to maintain the property, landscape and repairs in accordance with the City of Lemoore property maintenance standards. \_\_\_\_\_  
(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.

Landlord-  
Applicant(s)

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Landlord-  
Applicant(s) Address \_\_\_\_\_

Phone # \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

Tenant's Address \_\_\_\_\_

Phone # \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

<b>Household Size</b>	1	2	3	4	5	6	7	8+
<b>Maximum Household Income</b>	\$48,050	\$54,900	\$61,800	\$68,650	\$74,150	\$79,650	\$85,150	\$90,600

### **Exterior (outside) Work Requested**

Property Address \_\_\_\_\_

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