



City of San Fernando Home Rehabilitation Grant

In partnership with the City of San Fernando, Habitat for Humanity of Greater Los Angeles (Habitat LA) can assist City of San Fernando homeowners with up to \$10,000 in FREE home modifications and repairs, making their homes accessible and enabling them to age in place comfortably.

Eligibility Criteria

- Applicant(s) must own a property within the City of San Fernando
- The property must be owner-occupied and the primary residence of one owner on title.
- Homeowner(s) must either be a U.S. Citizen or a Permanent Legal Resident.
- The property must be an eligible property. Eligible properties are owner-occupied Single-Family Residences (SFR), manufactured homes, condominiums, townhomes and duplexes.
 - Multi-family dwellings larger than two units (apartment buildings, tri-plex, etc.), homes used as rental units, boats and recreational vehicles (RV's) are not eligible.
- The property must be habitable and without any unpermitted or illegal additions.
- Homeowner(s) must be current with the following:
 - Mortgage loan payment (if homeowner is still making payments)
 - Homeowner's insurance policy ◦ Property taxes
- Properties with a reverse mortgage are not eligible.
- Applicants who own multiple real estate properties are **not eligible**.
- The property must demonstrate a need for the requested repairs.
- Household income must be below 80% of the area median income (AMI) for Los Angeles County as indicated by the Department of Housing and Urban Development (HUD) within the given year applied. See table below.
- Homeowners are eligible to receive assistance from the Home Preservation Program once every five years.
- Habitat Homeowners (individuals who have purchased their home from Habitat LA) are eligible if they have owned their Habitat home for at least ten years, in good standing and meet general criteria listed above.

Household Members	1	2	3	4	5	6
2024 Gross Annual Income Limit	\$77,700	\$88,800	\$99,900	\$110,950	\$119,850	\$128,750

For questions or additional information, please contact us at:



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Application Checklist

Please complete all sections of this application. Upon review and confirmation of the information provided, you will receive a status notification on your application. Assistance will be provided on a first-come, first-serve basis, dependent on the availability of funding. Therefore, not all eligible applicants will be selected. If you have any questions, please call the Programs

Department (424) 246-3656.

- ☐ Did you complete all applicable sections?
- ☐ Did all applicant(s) sign the application? Refer to Section 9.
- ☐ **Are you related to a current City of San Fernando council member?**

Yes ☐ No ☐

To complete this application, please include copies of all required documents listed below. All documents submitted must show the name and address of the homeowner(s):

- ☐ A copy of your most recent mortgage statement (If you are currently making mortgage loan payments).
- ☐ Proof of current homeowner's insurance (Including flood/hazard insurance when applicable)
- ☐ A copy of ONE recent utility bill (gas, power, water, phone, etc.)
- ☐ A copy of a valid photo I.D. for all property owners on title ☐ A copy of a Social Security Card for all property owners on title ☐ Documentation to verify household income:
 - Federal Income tax returns and W-2 and/or 1099 Forms for the previous two years for all employed household members
 - Form 1040 with schedule C, E or F and a year-to-date profit and loss statement for selfemployed individuals or business owners
 - Pay stubs for the previous **three consecutive months** for each employed household member
 - Child support, alimony, and monthly benefit statements for all household members receiving any form of benefit (e.g. Retirement/Pension, Unemployment, SSI, TANF, SSDI, etc.)
- ☐ Current checking and/or savings account statements for **six consecutive months** (including but not limited to stocks, IRA's, pension accounts, mutual funds etc.)
- ☐ For veterans, please provide a copy of your DD-214 discharge form to indicate honorable discharge status.

Application Process

- Homeowner submits an application and copies of all the supporting documents.
- Habitat LA reviews applications for completeness and eligibility.
- If household is eligible, Habitat LA will hold application until funding becomes available.
- Once funding is available, eligible households will receive a property assessment.
- A property assessment allows Habitat LA to determine if it can or cannot perform repairs. A property assessment does not guarantee approval.
- Based on program funding and property assessment results, applications are reviewed for by City staff for final program approval.
- Approved homeowners review scope of work and sign program agreements with Habitat LA staff.
- Home repair projects are scheduled based on funding and program calendar availability.



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Habitat
for Humanity®
Greater Los Angeles

City of San Fernando Home Rehabilitation Grant Application

SUBMIT COMPLETE APPLICATIONS TO:

HABITAT LA HOME PRESERVATION PROGRAM 8739 ARTESIA BOULEVARD, BELLFLOWER, CA 90706

SECTION 1 – HOUSEHOLD INFORMATION

Full Name of Homeowner:

Full Name of Co-Homeowner:

Property Address:

City:

Zip Code:

Home Phone #:

Cell Phone #:

Email Address:

List the names, ages and relationships of all people living in the home. Please attach a separate page if more space is needed. Please indicate Veteran Status, if applicable.

Full Name	Relationship	Age	Military Status
			<input type="checkbox"/> Veteran
			<input type="checkbox"/> Veteran
			<input type="checkbox"/> Veteran
			<input type="checkbox"/> Veteran

SECTION 2 – SPECIAL NEEDS

Is anyone in the home disabled? ☐ Yes ☐ No If **YES**, please describe below:

Do you or any of the applicants require translation? ☐ Yes ☐ No If **YES**, in what language:

SECTION 3 – HOUSEHOLD INCOME

Please indicate the gross monthly income figure	Homeowner	Co-Owner	Household Member	Household Member	Household Member
Wages/Salary:	\$	\$	\$	\$	\$
Net Business Income	\$	\$	\$	\$	\$
Unemployment/Disability/ Worker's Compensation	\$	\$	\$	\$	\$
Social Security Benefit	\$	\$	\$	\$	\$
Disability/SSI	\$	\$	\$	\$	\$
Retirement/Pension	\$	\$	\$	\$	\$
Alimony/Child Support	\$	\$	\$	\$	\$

Military Pay	\$	\$	\$	\$	\$
Veteran Benefits	\$	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$



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SECTION 4 – MORTGAGE AND PROPERTY INFORMATION		
Are you making mortgage loan payments on your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , How much is your payment:		Do you own any other real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , please list here:
Are you current on your mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO , please explain:		Do you have Homeowner's insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO , please explain:
Do you have any illegal and/or unpermitted additions / building activity on your home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure If YES OR NOT SURE , please explain:		Have you applied for the Habitat LA Home Preservation Program in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , please indicate the year you applied:
Has Habitat LA performed repairs on your home in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , please indicate the year you received repairs:		
Please indicate your utility service providers for each of the following services (e.g. LA DWP, SoCal Gas, SCE, etc.):		
Electricity:	Water:	Gas:
Please indicate your average monthly expense for each of the following utility services:		
Electricity: \$	Water: \$	Gas: \$
SECTION 5 – REQUESTED REPAIRS		
BRIEFLY DESCRIBE THE TYPE OF REPAIRS NEEDED ON YOUR HOME. ATTACH A SEPARATE SHEET OF PAPER IF YOU NEED ADDITIONAL SPACE. PLEASE UNDERSTAND THAT ITEMS LISTED BELOW WILL BE CONSIDERED BUT THE FINAL DECISION REGARDING REPAIRS PROVIDED IS AT THE SOLE DISCRETION OF HABITAT FOR HUMANITY OF GREATER LOS ANGELES.		
AREA OF NEED	DESCRIPTION OF REPAIR NEED	
Accessibility Modifications: <u>Including but not limited to:</u> <ul style="list-style-type: none"> • Install double handrails on stairways • Install handheld shower head • Install wet chair for shower • Install toilet seat riser with handles • Install a walk in shower/bath tub (bathroom remodel for aging in place) • Heighten electrical outlets to 18"-24" • Install rocker-style light switches • Install lever style door handles • Install faucet with lever style handles • Add traction tape to stairs and walking surfaces • Add safety bars to bathroom toilet and bath 		



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• Install wheelchair ramp	
Other: Identify other repairs requested but not listed above.	

SECTION 6 – HABITAT LA COMMUNITY PARTNERSHIP CONSENT

If Habitat LA has partnerships with other non-profit, civic and utility organizations that can provide free or low cost services to low income households, may we share your contact information and/or any application details with them?
If you do not give us permission to share your information with other organizations, your application will remain confidential and for sole use by Habitat LA. ☐ **Yes, I consent** ☐ **No, I do not consent**

Please indicate if you are interested in the following services;

<input type="checkbox"/> City/County Loan or Grant Programs	<input type="checkbox"/> Solar Panels
<input type="checkbox"/> Energy Efficient Products	<input type="checkbox"/> Utility Assistance Programs

SECTION 6 – STATEMENT OF NEED

WHAT FACTORS ARE LIMITING YOUR HOUSEHOLD'S ABILITY TO MAKE THE NEEDED REPAIRS (CHECK ALL THAT APPLY):

<input type="checkbox"/> Income (low, limited or no income in home)	<input type="checkbox"/> Lack of savings/assets to finance home repairs
<input type="checkbox"/> Ineligible for a loan/consumer credit due to poor credit, lack of home equity or personal property.	<input type="checkbox"/> Unwillingness to take a loan or consumer debt
<input type="checkbox"/> Physical Limitation	<input type="checkbox"/> Lack of building/repair/home maintenance knowledge
<input type="checkbox"/> Unfamiliar with contractors and repair process	<input type="checkbox"/> Other (please explain):

PLEASE TELL US WHY YOU THINK YOU SHOULD BE SELECTED FOR THE HOME PRESERVATION PROGRAM AND HOW IT WILL HELP YOUR HOUSEHOLD. PLEASE FEEL FREE TO ATTACH AN ADDITIONAL SHEET IF NECESSARY.

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SECTION 7 – PROGRAM REFERRAL

WHERE DID YOU HEAR ABOUT HABITAT LA'S HOME PRESERVATION PROGRAM (CHECK ALL THAT APPLY)? (CHECK ALL THAT APPLY)?

<input type="checkbox"/> Television	<input type="checkbox"/> Habitat Homeowner	<input type="checkbox"/> Community/Civic Group:	<input type="checkbox"/> Neighbor
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<input type="checkbox"/> Newspaper	<input type="checkbox"/> Habitat ReStore	<input type="checkbox"/> Church	<input type="checkbox"/> Other Non-Profit
<input type="checkbox"/> Radio	<input type="checkbox"/> Internet Search	<input type="checkbox"/> Work/Job Fair	<input type="checkbox"/> Friend/Family Member
<input type="checkbox"/> Habitat Website	<input type="checkbox"/> Habitat Staff Member	<input type="checkbox"/> School	<input type="checkbox"/> Other
DO YOU KNOW A HOMEOWNER IN NEED OF HOME REPAIR ASSISTANCE?		MAY WE SEND THEM HABITAT LA HOME PRESERVATION PROGRAM INFORMATION ON YOUR BEHALF?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please indicate their name and contact information below:			

SECTION 8 – DEMOGRAPHIC INFORMATION (OPTIONAL) This data will be used for statistical reporting only and will be kept strictly confidential.	
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Racial Background	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian & White <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> American Indian/Alaskan native <input type="checkbox"/> American Indian/Alaskan native & African American <input type="checkbox"/> Black/African American & White
SECTION 9 – APPLICANT AGREEMENT	



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- I/We certify that the information provided on this application is true and accurate and that I /we own the property at the address given.
 - I/We grant permission to Habitat LA to check any and all references and to take any and all actions reasonably necessary to substantiate the information contained in this application or otherwise establish my/our suitability as an applicant(s) for the City of San Fernando Home Rehabilitation Grant, including without limitation, contacting or otherwise attempting to confirm my/our (1) employment status and income, (2) assets held by the applicant and any adult household members, (3) family composition, marital status and related issues, (4) citizenship/residency status, (5) any additional information that Habitat LA deems necessary to evaluate this application. I/we understand that Habitat LA may reject this application based upon the results of these inquiries.
 - I/We agree that if Habitat LA selects my/our home to be repaired, photos of me/us, my/our household members and my/our home may be taken and a biographical summary about me/us and my/our project may be written and shared with the general public or utilized for public relations, promotional or program development purposes.
 - I/We understand that Habitat LA makes no guarantees as to the start or completion dates or length of repairs.
 - I/We understand that Habitat LA is a nonprofit corporation with limited resources and cannot afford to provide or guarantee assistance for each applicant. Consequently, I/we agree that Habitat LA, its staff, whether voluntary or compensated, and its board of directors will not be liable in any way or otherwise be held responsible by me/us or anyone acting on my/our behalf in connection with my/our application for Habitat LA or any claims of any nature associated herewith.
 - I/We understand that copies of any and all documentation provided to determine my/our program eligibility will not be distributed to a third-party without my/our authorization and may only be returned upon request.
 - I/We understand that if I/we receive assistance from Habitat LA's Home Preservation Program, I/we may not receive additional assistance for **5 years** after the completion of my/our repairs.
 - I/We understand that submission of this application and any supporting documentation **does not guarantee assistance from the City of San Fernando or Habitat LA**. I/We understand that selection is based on submitting all required documentation, meeting the eligibility criteria and the availability of program funding and not all applicants may be serviced.
 - I/We understand that selection and repairs provided are subject to the availability of funds and that program policies are subject to change at any time without prior notice.
 - **APPLICATION CERTIFICATION:** By signing this document, I/we acknowledge that I/we understand that the above information is being collected to determine if I/we are eligible to receive minor home rehabilitation assistance. I/we authorize Habitat for Humanity, the City of San Fernando, and the U.S. Department of Housing and Urban Development (HUD), to verify all information provided on this application. I/We understand that this is a Federally-funded program and that abuse of this program is a criminal offense. I/We certify under penalty of perjury that all the information I/we, the undersigned, have provided on this form is true and correct.
- FALSE Claims Act: Under the false Claims Act, 31U.S.C. §§ 3729-3733, those who knowingly submit, or cause another person to or entity to submit, false claims for payment of government funds are liable for three times the government's damages plus civil penalties of \$5,500 to \$11,000 per false claim.

Signature of Homeowner

Date

Signature of Co-Homeowner

Date



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