

Application for Homeowners: MOBILITY ACCESS/EMERGENCY REPAIR

Name of Applicant (Last name) (First) (Initial) _____	Name of Co-Applicant (Last name) (First) (Initial) _____										
Property Address: _____											
Applicant's Age: ____	Co-Applicant's Age: ____										
Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Social Security #: _____	Co-Applicant's Social Security #: _____										
Home Telephone No.: _____	Work Telephone No.: _____										
No. in Household: _____	No. of Minors and/or Full-time Students: _____										
Age(s) of Dependents: _____	How long have you lived in this house?: _____										
Year House Built: _____	No. of Bedrooms: _____										
	No. of Baths: _____										
Email Address: _____											
<p>Race/Ethnicity: This information is confidential and is only used for government reporting purposes. Please note that self-identification of race/ethnicity is voluntary. Please <input type="checkbox"/> the appropriate box:</p>											
<p>RACE</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> American Indian or Alaska Native AND White</td> </tr> <tr> <td><input type="checkbox"/> Black/African American</td> <td><input type="checkbox"/> Asian AND White</td> </tr> <tr> <td><input type="checkbox"/> Asian</td> <td><input type="checkbox"/> Black/African American AND White</td> </tr> <tr> <td><input type="checkbox"/> American Indian or Alaska Native</td> <td><input type="checkbox"/> American Indian/Alaska Native AND Black/African American</td> </tr> <tr> <td><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>		<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native AND White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian AND White	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American AND White	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American Indian/Alaska Native AND Black/African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other: _____
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<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other: _____										
<p>HISPANIC/LATINO ETHNICITY <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Yes, Mexican/Chicano</td> <td><input type="checkbox"/> Yes, Cuban</td> </tr> <tr> <td><input type="checkbox"/> Yes, Puerto Rican</td> <td><input type="checkbox"/> Yes, Other Hispanic/Latino: _____</td> </tr> </table>		<input type="checkbox"/> Yes, Mexican/Chicano	<input type="checkbox"/> Yes, Cuban	<input type="checkbox"/> Yes, Puerto Rican	<input type="checkbox"/> Yes, Other Hispanic/Latino: _____						
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<u>Annual Gross Income</u>	Homeowner	Spouse/Other
Salary	_____	_____
Social Security	_____	_____
Retirement Pension: (_____)	_____	_____
Other (_____)	_____	_____
Subtotal-Annual Income:	\$ _____	\$ _____
<hr/>		
<u>Assets-Annual Income</u>	Homeowner	Spouse/Other
Savings Account Interest	_____	_____
Dividends (stocks, bonds, etc.)	_____	_____
Rental Property Income	_____	_____
Other (_____)	_____	_____
Subtotal-Asset Income:	\$ _____	\$ _____
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TOTAL GROSS INCOME:	\$ _____	\$ _____

How did you hear about this program? _____

Home Improvements Requested: _____

PRIVACY ACT NOTICE

This is notice to you as required by the Right to Financial Privacy Act of 1978 that the Department of Housing and Urban Development and the City of Redondo Beach has a right of access to financial records held by a financial institution in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to the Department of Housing and Urban Development and/or City of Redondo Beach without further notice or authorization but will not be disclosed or released to another government agency or department without your consent except as required or permitted by law.

I/We certify that the above statements are true, accurate, and complete to the best of my/our knowledge and belief. I/We authorize the City to make whatever inquiries it considers necessary and appropriate concerning information and documents provided by me/us in determining my/our eligibility for the Housing Improvement Program.

Signed _____ Signed _____

Date: _____ Date: _____

Copies of the following documents must be submitted with this application:

- Proof of ownership of the property: deed, mortgage or current tax bill copy
- Income information: current signed federal income tax return with attachments including W-2's, Social Security documentation, pension, unemployment, disability, alimony documentation, etc. for each member of your household.
- Assets: interest and dividend statements, income from real estate, etc.