

HOME IMPROVEMENT PROGRAM PRE-APPLICATION



INSTRUCTIONS

- 1. FILL OUT THIS APPLICATION FORM COMPLETELY AND ACCURATELY.
2. PLEASE PROVIDE THE FOLLOWING WITH YOUR PRE-APPLICATION:
- A Copy of Your Current Grant Deed or HCD Title Registration Card
- A Copy of Current ID for Applicant and Co-Applicant

Applicant Name: _____ Co-Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Total number of persons living in your household (include all relatives and boarders): _____

Total annual gross household income (include salary, interest/dividend income, disability benefits, child support, social security, etc. for ALL persons living in the household) \$ _____

Indicate ALL sources of income:

- Salary, Interest/Dividends, Alimony/Child Support, Social Security, Self-Employment, Pension/Retirement Benefits, Veteran's Benefits, AFDC, Rental Income, General Relief/Unemployment, Support from Relatives, Disability

Do you own the property to be rehabilitated? _____ If yes, when did you purchase the home? _____

Amount owing on 1st mortgage? _____ Approximate value of home? \$ _____

Amount owing on 2nd mortgage? \$ _____ Do you own any other properties? _____

Is any household member 62 years of age or older? _____ Does any household member have a disability or mobility impairment? _____

Have you previously participated in the City of Chino's Home Improvement Program? _____

Are all persons listed on the Grant Deed/Title currently living in the home to be rehabilitated? _____

Are all property taxes/tax bills due on the property to be rehabilitated paid and current? _____

Are there any liens or encumbrances on the property to be rehabilitated? _____

Do you have a current Homeowners Insurance Policy? _____

Briefly describe the repairs needed: _____

I/WE DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION I/WE HAVE PROVIDED ON THIS APPLICATION IS GIVEN VOLUNTARILY AND IS TRUE AND CORRECT.

Signature (Applicant) _____ Date _____ Signature (Co-Applicant) _____ Date _____