



Mobile Home Rehabilitation Program **APPLICATION**

Dear Prospective Applicant:

Thank you for your interest in the City of Colton Mobile Home Rehab Program. The Mobile Home Rehab Program assists Colton residents who reside in eligible mobile home parks within the City of Colton. The Mobile Home Rehab Program offers eligible applicants to receive up-to \$15,000.00 in financial assistance per mobile home. Enclosed you will find a preliminary application, an information sheet with details on the program, a list of eligible improvements, Income determination and a checklist indicating the documentation that must be provided to fully determine your eligibility.

Please review all requirements below before submitting your grant application. Once you have completed the preliminary application and have obtained all necessary documents, please submit the completed packet (*please do not send original documents) to the City of Colton's Economic Development Department. Homeowners must meet the income guidelines below to qualify for assistance. We will review your application to determine eligibility and contact you to schedule an application review meeting as soon as possible.

Eligibility Requirements

- Applicant Mobile Home must be within the City of Colton (home cannot be located in an unincorporated county zone).
- The home must be owner occupied and reside in the mobile home requesting the repairs for at least one year
- The home must be located within the incorporated Colton City limits
- One application per Household
- Household income cannot exceed 80% of San Bernardino County Income Limits
- Property cannot be located within a flood hazard zone

Eligible Repairs

Eligible repairs include serious health and safety issues as defined in Section 17920.3 of the California Health & Safety Code.

Eligible rehabilitation work includes:

- Repair or replacement of structural items such as roof, porches, steps, sliding partitions, windows, doors
- Repair or replacement of listings of electrical, heating, and plumbing items
- Painting
- Termite inspections and extermination
- Special rehabilitations necessary elderly or disabled people such as grab bars, handrails, ramps
- Work in compliance with Federal Regulations for Lead Based Paint Hazards & Asbestos

Income Determination Table

Staff will review all documents to determine annual household income and verify eligibility.

Maximum Annual Household Income Limits as Determined by HUD effective April 1, 2022								
Persons in Household								
	1	2	3	4	5	6	7	8
80% Moderate Income	\$57,400	\$65,600	\$73,800	\$82,000	\$88,600	\$95,150	\$101,650	\$108,250

Required Documents

- Income tax returns from prior year, including all schedules for each working member of the household.
- Copy of Grant Deed or Certificate of Title
- Copy of current property insurance certificate
- Copy of **two (2) months** most recent consecutive months of payroll stubs
- Copy of Photo I.D. of Applicant

When submitting documentation – DO NOT SEND ORIGINALS

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Applicant Name: _____ **Home Phone:** _____

Address: _____ **Cell Phone:** _____

I. HOUSEHOLD INFORMATION

a. Head of Household Information

Head of Household is _____ (check all that apply)

Male Female 62 years or older Disabled

b. Employment and Income

Please complete the table below.

APPLICANT	SPOUSE/CO-APPLICANT
Current Employer:	Current Employer:
Employer Address:	Employer Address:
Business Phone:	Business Phone:
Position:	Position:
Length of Time Currently Employed:	Length of Time Currently Employed:
Current Annual Gross Income:	Current Annual Gross Income:

c. What is the total number of persons who live in the household? _____

FEDERAL LAW REQUIRES THAT WE COLLECT THE FOLLOWING INFORMATION:

In determining individual and family income, annual income shall be defined as the total gross income received from all sources by an individual or family members, including head of household, spouse, and each additional member of the household who has earned or received income during a twelve-month period. Income includes interest income, dividends, social security payments, income from annuities, pensions, and any other income from other sources such as insurance policies and death benefits. Payments in lieu of earnings, such as unemployment, workers compensation, severance pay, alimony, and child support and welfare assistance shall also be counted toward the household's gross income.

d. Household Income Information

Complete the following table for all persons residing in the household (attach additional sheets, if needed). Verification of income must be provided and attached to determine program eligibility.

	Name	Age	Annual Income	Income Source	Relation to Homeowner
1					
2					
3					
4					
5					
6					

Are all sources of income listed above?

Yes

No (Please list any other income available to the household. Attach additional sheets, if necessary)

II. PROPERTY INFORMATION

a. Property Type

1. How long have you owned this property? _____

2. What year was the Mobile Home Built? _____

3. Are you a permanent, full-time resident of this property?

Yes No

4. Are the property taxes current on the above listed property?

Yes No

b. Proposed Improvements

Plumbing Heating Structural Painting (exterior)

Roofing Electrical Code Work Other _____

Specify Improvements: _____

c. Does your property have any outstanding Building Safety and/or Code Enforcement violations? If so, please provide copy of citation.

Yes No If yes, please specify:

III. DEMOGRAPHIC INFORMATION

Please complete the following demographic information. Demographic information will be strictly confidential and is requested by the Department of Housing and Urban Development (HUD).

Racial Background

SINGLE CATEGORIES		DOUBLE CATEGORIES	
<input type="checkbox"/>	American Indian/Alaska Native	<input type="checkbox"/>	American Indian or Alaska Native and White
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Asian and White
<input type="checkbox"/>	Black/African American	<input type="checkbox"/>	Black or African American and White
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	American Indian or Alaska Native and Black or African American
<input type="checkbox"/>	White		
<input type="checkbox"/>	Other-for individuals who do not identify with any of the above		

Ethnic Background

<input type="checkbox"/>	Not Hispanic/Latino
<input type="checkbox"/>	Hispanic/Latino Ethnicity
<input type="checkbox"/>	Mexican American
<input type="checkbox"/>	Puerto Rican
<input type="checkbox"/>	Cuban
<input type="checkbox"/>	Other Hispanic/Latino

IV. CONFLICT OF INTEREST

Do you or any member of your household have any direct or indirect family or business relationship with officials, agents, or employees of the City of Colton? (Note: Such a relationship does not necessarily prohibit participation in the program) Yes No

If yes, please give the person's name and describe the relationship:

V. PROGRAM

How did you hear about our program?

Have you ever applied for assistance in the City of Colton? Yes No

If yes, please specify date and type of assistance:

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VI. PRELIMINARY INCOME DOCUMENTATION FORM

Please submit documentation as indicated in the documentation column. Fill all boxes- if you do not have income from that source, mark "0" in the box.

SOURCE OF INCOME	LIST GROSS MONTHLY INCOME IN DOLLARS	DOCUMENTATION (Documentation must be submitted for each type of income revived as specified. Unless otherwise noted, documentation may not be older than 6 months)
Salary		<i>Submit as least 1 sources of the following:</i> <ul style="list-style-type: none"> • Two most current months of paychecks stubs. • Employment and salary documentation form. • Federal of State income tax returns of W-2 forms (not older than 1 year)
SSA/SSI/SSD- Social Security Income/Supplemental Security Income/Disability		<i>Submit as least 1 sources of the following:</i> <ul style="list-style-type: none"> • Copy of applicant's monthly award check. • Form SSA-2458 (request from Social Security Office) • Copy of applicant's award letter. • Bank statement showing direct deposits of applicant's award check.
Aid For Families with Dependent Children (AFDC) and General Relief		<i>Submit as least 1 of the following sources:</i> <ul style="list-style-type: none"> • Award letter stating the amount of the applicant's benefit. • Copy of applicant's most recent check. • Written statement Caseworkers stating applicant's award check.
Pension		<i>Submit as least 1 of the following sources:</i> <ul style="list-style-type: none"> • Copy of applicant's most recent pension check. • Copy of pension award letter showing monthly benefits. • Bank statement showing direct deposit of applicant's award check.
Alimony and Child Support		<i>Submit each of the following sources:</i> <ul style="list-style-type: none"> • Copy of applicant's weekly/monthly check. • Court decree-establishing payments.
Unemployment Insurance		<i>Submit 1 of the following sources:</i> <ul style="list-style-type: none"> • Copy of award notice stating applicant's benefit. • Payment booklet.
Self-Employment Profits		<i>Submit 2 of the following sources:</i> <ul style="list-style-type: none"> • Current account records. • Currents quarterly income tax return (not older than 6 months) • Current Federal tax returns
Interest from Bank Accounts and Cash Funds		<i>Submit 1 of the following for each account:</i> <ul style="list-style-type: none"> • Letter from Bank manager stating interest earned (letter may identify several accounts) • Bank statements showing last 12 months of interest earned. • Most recent Federal income tax return (not older than 6 months) • Investment statements indicating the amount of dividends earned.
Rental Property Income		<i>Submit as least 2 sources of the following for each property:</i> <ul style="list-style-type: none"> • Copy of recent rent check. • Rent receipt book. • Copy of property rental agreement signed by current tenant showing monthly rent amount.
Other Income Not Shown Above List Sources		<ul style="list-style-type: none"> • Attach documentation to support declaration.

I certify that the above information is correct and complete to the best of my knowledge

Applicant's Signature

Date

Co-Applicant's Signature

Date

VII. APPLICANT'S CERTIFICATION/CONSENT

The applicant(s) certifies, under the penalty or perjury, that all information provided in this application, and supporting documentation is true and complete to the best of the applicant(s)'s knowledge. Applicant(s) also gives consent to have the City of Colton to obtain any information or documents required to verify statements made herein, including income, employment, mortgage, and all other debt and credit obligations which may be required in connection with the applicant's application.

Signature

Date

Signature

Date

FOR AGENCY USE ONLY

<p>Date Application Received</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Application Approved?</p>	
<p>If no, reason for denial:</p>	
<p>Interviewer:</p>	
<p>Comments:</p>	