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COUNCILMEMBERS
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CITY MANAGER
Kristine Ridge
CITY ATTORNEY
Sonia R. Carvalho
CLERK OF THE COUNCIL
Daisy Gomez

#### **CITY OF SANTA ANA**

#### COMMUNITY DEVELOPMENT AGENCY

20 Civic Center Plaza • P.O. Box 1988 Santa Ana, California 92702 (714) 647-5360 www.santa-ana.org

#### Residential Rehabilitation Grant Program For Owner Occupied Properties

The City of Santa Ana is very interested in helping property owners rehabilitate their homes within the city. The City has created a program that offers this grant to be utilized by homeowners in rehabilitating their property.

Attached is a program description and application. Please read the eligibility criteria carefully. If you wish to apply for a grant, we ask that you complete the attached preliminary application and return it with <u>all documents</u> referenced on the attached checklist to the following address:

Habitat For Humanity of OC Santa Ana RRP 2200 Ritchey Street Santa Ana, CA 92705

The City has limited funds to use for these grants, and they are awarded on a first come-first serve basis. As a result, we encourage all persons who are interested in obtaining a grant to complete the application and return it, along with all documents referenced on the checklist, as soon as possible.

If you need assistance in completing your application or have any questions, please contact David Flores at 714-647-6561. He can also be reached at <a href="mailto:dflores@santa-ana.org">dflores@santa-ana.org</a>.

\*\*Si usted necesita ayuda en completar su aplicación o tiene cualquier pregunta, por favor Llame a David Flores a 714-647-6561.

## CITY OF SANTA ANA RESIDENTIAL REHABILITATION GRANT PROGRAM

The City of Santa Ana's Residential Rehabilitation Grant Program is designed to, improve, and preserve affordable housing through the use of federal Community Development Block Grant (CDBG) funds. The program provides grants of up to \$25,000. Eligible homeowners must have a low-income at or below 80% of the Area Median Income (AMI) as defined by the Department of Housing and Urban Development (HUD).

#### Residential Rehabilitation -Family Owner Occupied Grants

Grant amount depends upon the eligible repairs to be completed.

Grant funds may be utilized for a variety of home improvements that address code enforcement violations and health and safety deficiencies. Improvements may include, but are not limited to:

- Exterior work to help preserve or protect structures such as painting, roofing, roof gutters, siding, repair/replacement of screens/windows, doors and door locks.
- Interior work to make a structure more livable and repair/replace/restore important parts such as leaking or clogged plumbing, faulty or inadequate heating systems, damaged ceilings, water heaters, electrical wiring, and painting.
- Weatherization and energy conservation items such as insulation, caulking, weather stripping and window coverings.
- Fumigation and treatment of termites and pest control.
- Modifications which aid the mobility of the elderly and physically challenged such as, but
  not limited to; shower units with seats, lever hardware, retrofitting toilets to achieve adequate
  height, moving power points and light switches, ramping reconstructing doorways, lowering
  sinks in kitchens and bathrooms.

#### **Requirements:**

Maximum gross family income to be eligible is 80 percent of county median, based on family size. The following table is effective April 2021.

Household Size	Income Level
1	\$ 75,300
2	\$ 86,050
3	\$ 96,800
4	\$ 107,550
5	\$ 116,200
6	\$ 124,800
7	\$ 133,400

## DOCUMENT CHECK LIST

In order for your application to be considered, it will be necessary for you to supply us with the copies of following documents. Please use this checklist to ensure all applicable items are included with your application.

1.	Signed – Statement of Household Composition	
2.	Completed – Homeowner's Insurance Policy Information	
3.	Signed – Homeowner's Consent Lead Based Paint Test	
4.	Signed – Homeowner's Consent Termite Inspection	
5.	Completed – Grant Application	
6.	Completed – Confidential Information Statement	
The	following documents are required ( <u>copies only</u> ):	
7.	Fire Insurance policy and flood Insurance policy (if required)	
8.	Current year's Federal Income Tax Return with W-2 (self-employed, last 3 year's tax returns) or	
9.	Last 3 payroll check stubs for all employed household members	
10	. Mortgage payment coupon or statement	
11	. Proof of property tax payment	
12	. Other income documentation; please supply <u>copies</u> of your most recent award letters or copies of checks for <u>all members of the household</u> :	
	<ul> <li>a. Social Security, SSI benefits statements</li> <li>b. Retirement or Pension statements</li> <li>c. Disability</li> <li>d. Child Support / Alimony</li> <li>e. State benefits (Cal Works, AFDC, Welfare)</li> <li>f. Last 3 months checking account statements (All Pages)</li> <li>g. Last 3 months' savings account statements (All Pages)</li> </ul>	
13	. Other document	_

Please attach <u>copies</u> of personal documents. We will not be responsible for originals

## LISTA DE DOCUMENTOS

En orden para su aplicación a considerarse, será necesario para que usted nos proporciona con copias\_de los siguientes documentos. Por favor utilice esta lista de comprobación para garantizar que todos los elementos aplicables se incluyen con su aplicación.

1.	. Firmado – Declaracion de la Composición de la Casa			
2.	Completada – la Poliza de Seguros de Propiedad			
3.	· · · · · · · · · · · · · · · · · · ·			
4.				
5.	5. Completada – Solicitud			
6.	Completada – Solicitud de Declaración de información confidencial			
Los	siguientes documentos son necesarios (copias únicamente):			
7.	Póliza de seguro y contra incendios y póliza de seguro contra inundación (si es necesario)			
8.	La Declaración Federal de Impuestos del año pasado con W-2. (si auto-empleado los ultimos 3 años de declaración Federales de Impuestos) o'			
9.	9. Los 3 ultimos talones del trabajo (de todos los miembros del hogar que están empleados)			
10.	10. Cupón de hipoteca o declaración			
11.	11. Comprobante de pago de impuestos sobre la propiedad			
12.	Otra documentación de ingresos. Por favor provea sus cartas de premio mas recientes o <u>copias</u> de los cheques para todos <u>los miembros de la casa:</u>			
	a. Pruebas de Seguro Social, beneficios de SSI			
	b. Beneficios de Retiro			
	c. Beneficios de Incapacidad			
	d. Manutención			
	e. Beneficios de Ayuda Estatal (AFDC, CALWORKS, Welfare)			
	f. Los 3 ultimos meses de cuenta de banco - chequera (todas las paginas)			
	g. Los 3 ultimos meses de cuenta de banco – ahorros ((todas las paginas)			
13.	Otra documentación			

Por favor envie solamente copias. No seremos responsables de los documentos originales

#### HOMEOWNER'S CONSENT — LEAD-BASED PAINT TEST

The use of lead-based paint was banned in 1978. If your home was built before 1978 there's a possibility that it may contain lead-based paint.

Both the State of California and the federal government have adopted guidelines designed to reduce or eliminate the risk of lead-based paint hazards in homes. Some homes built before 1978 may contain lead-based paint that can be harmful to anyone living or working within the home, especially pregnant woman and children. Such hazards may occur as a result of exposure to contaminated lead paint dust and paint chips.

For homes built before 1978 testing for lead-based paint and the completion of all work necessary to reduce and/or eliminate lead-based paint hazards is a requirement of the City's residential rehabilitation grant programs.

The cost for the initial lead-based paint testing (approximately \$500) and the work necessary to reduce and/or eliminate lead-based paint hazards will be incorporated into your rehabilitation grant. If you decide to cancel your grant application or your grant is denied, the City will cover the cost for the initial testing.

In the event that you sell your home, you may be required to notify the buyer of any known lead-based paint hazards and you should provide the buyer with any records pertaining to lead-based paint and/or lead-based paint hazards.

By signing below the homeowner certifies that they have read, understand, acknowledge and agree:

- □ To the above information.
- □ To have their home tested for lead-based paint by a qualified environmental consultant selected by the City if necessary.
- ☐ That the City is not responsible for the outcome of the paint testing or the operation of the consultant.

Homeowner's Name (Please Print)	
Homeowner's Signature	Date
Homeowner's Name (Please Print)	
Homeowner's Signature	Date

#### HOMEOWNER'S CONSENT — TERMITE INSPECTION

A termite inspection and the completion of all termite related work is a requirement of the City's rehabilitation grant programs.

There is no cost for the initial termite inspection. The cost for all termite related work is included in your rehabilitation grant.

If fumigation is required there will be some inconveniences. All persons must vacate the property for at least two nights; all living things (pets, fish aquariums, live plants, etc.) must be removed from the property; and all items for consumption (foods, beverages, drugs, medicines, etc.) that are not in an airtight container (sealed glass or metal) must be removed from the dwelling or stored in special bags provided by the termite company. The cost for temporary relocation (lodging) and/or the boarding of pets during fumigation is not covered by the City and cannot be included in your rehabilitation grant.

By signing below, the Homeowner certifies that they have read, understand, acknowledge and agree:

- □ To the above information.
- □ To have a termite inspection of their home performed by two qualified termite companies approved by the City.
- That the City is not responsible for the outcome of the termite inspections or the operation of the termite companies.

Homeowner's Name (Please Print)	_
Homeowner's Signature	Date
Homeowner's Name (Please Print)	_
Homeowner's Signature	

~ . ~		
CASE#		
CASE #		

# GRANT APPLICATION COMMUNITY DEVELOPMENT AGENCY CITY OF SANTA ANA OWNER OCCUPIED RESIDENTIAL REHABILITATION GRANT PROGRAM

Applicant Name:	Social Sec. No	oAge:	
Spouse/Titleholder		Do you own Rental Property?	
Address:	Zip Code:		
Home #:( )	Cell #:( )	Work #:( )	
Next of Kin Phone #: ( )		Are you a Veteran?	
		S, please list date of bankruptcy	
Number of People in Household:		Ages:	
Applicant's Yearly Gross Salary \$		Other Monthly Income \$	
Spouse's/Titleholder's yearly gross salar	y\$		
Employer			
Employer Address			
Supervisor		Year/Month Started	
Spouse Employer		Phone No. ( )	
Employer Address			
Supervisor			
•	PROPERTY / FINANCI		
Year of purchase		Purchase price \$	
Number of bedrooms:Number	of bathrooms:		
Monthly mortgage payment (1st) \$		Mortgage balance (1st) \$	
Monthly mortgage payment (2 <sup>nd</sup> ) \$		Mortgage balance (2 <sup>nd</sup> ) \$	
Description of requested improvements:			
Description of requested improvements.			
	APPLICANT'S	STATEMENT	
PLEASE READ BEFORE SIGNING			
		best of my knowledge. I understand that you will confirm the information orize the City of Santa Ana to verify my credit status and any of the above	
Signature Da	8		
	APPLICANT STATISTI	CAL INFORMATION	
The following information is requested by the Federal Government for certain types of grants related to a dwelling, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of grant applied for.)			
CHECK ONE SPACE ONLY FOR THE ETHNIC CATEGORY YOU MOST CLOSELY IDENTIFY WITH:			
I do not wish to furnish this information.  WHITE (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, Middle East, or the Indian Subcontinent.  BLACK (not of Hispanic Origin): All persons having origins in any of the black racial groups.  HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture of origin, regardless of race.  ASIAN or PACIFIC ISLANDERS: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands.  AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins in any of the original peoples of North America.			
SEX: Male Female	Female Head of House:	Yes No	
Signature		Date EQUAL HOUSING OPPORTUNITY	