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CITY OF SANTA ANA
COMMUNITY DEVELOPMENT AGENCY
20 Civic Center Plaza M-25
Santa Ana, California 92702
www.santa-ana.org

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

The Department of Housing and Urban Development has made available Community Development Block Grant funds to the City of Santa Ana to assist Santa Ana property owners to rehabilitate their homes. The objective of these funds are to improve and preserve affordable housing. The City has created this program that offers grants to be utilized by homeowners to rehabilitate their property. Grants do not need to be paid back to the City.

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 all documents 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. **Priority for these funds will be issued to home owners with Code Enforcement Violations.**

If you need assistance in completing your application or have any questions, please contact David Flores at 714-647-6561 or email at dflores@santa-ana.org.

Si usted necesita ayuda en completar su aplicación o tiene cualquier pregunta, por favor llame a David Flores a 714-647-6561 o por correo electrónico dflores@santa-ana.org.

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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 be low and moderate 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. City Staff reserve the right to increase or decrease funding amount based on need.

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 May 2022.

Household Size	Income Level
1	\$ 75,900
2	\$ 86,750
3	\$ 97,600
4	\$ 108,400
5	\$ 117,100
6	\$ 125,750
7	\$ 134,450
Effective May 2, 2022	

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. California ID or Drivers License for household members 18 years or older
- 2. Homeowner's Insurance Policy Information
- 3. Grant Deed or Property Tax Bill
- 4. **Signed** – Homeowner's Consent Lead Based Paint Test
- 5. **Signed** – Homeowner's Consent Termite Inspection
- 6. **Completed** – Grant Application
- 7. Draft Scope of Work

The following documents are required (copies only):

- 8. Fire Insurance policy and flood Insurance policy (if required)
- 9. Current year's Federal Income Tax Return with W-2 (self-employed, last 3 year's tax returns) or
- 10. Last 3 payroll check stubs for all employed household members
- 11. Mortgage payment coupon or statement
- 12. Proof of property tax payment
- 13. Other income documentation; please supply copies of your most recent award letters or copies of checks for all members of the household:
 - a. Social Security, SSI benefits statements
 - b. Retirement or Pension statements
 - c. Disability
 - d. Child Support / Alimony
 - e. State benefits (Cal Works, AFDC, Welfare)
 - f. Last 3 months checking account statements (All Pages)
 - g. Last 3 months' savings account statements (All Pages)

14. Other document _____

Please attach copies 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 proporcione 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 – Declaración de la Composición de la Casa
2. Completada – la Póliza de Seguros de Propiedad
3. Firmado – Directrices de la pintura con base de plomo
4. Firmado – Consentimiento de Propietario – inspección de termita
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 últimos 3 años de declaración Federales de Impuestos) o'
9. Los 3 últimos talones del trabajo (de todos los miembros del hogar que están empleados)
10. Cupón de hipoteca o declaración
11. Comprobante de pago de impuestos sobre la propiedad
12. Otra documentación de ingresos. Por favor provea sus cartas de premio más recientes o copias de los cheques para todos los miembros de la casa:
 - 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 últimos meses de cuenta de banco - chequera (todas las páginas)
 - g. Los 3 últimos meses de cuenta de banco – ahorros ((todas las páginas)

13. Otra documentación _____

Por favor envíe 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

Date

**CITY OF SANTA ANA
RESIDENTIAL REHABILITATION GRANT PROGRAM
GRANT APPLICATION**

CASE # _____

Applicant Name: _____ Social Sec. No. _____ Age: _____

Spouse/Titleholder _____ Do you own Rental Property? _____

Address: _____ Zip Code: _____

Home #:() _____ Cell #:() _____ Work #:() _____

Next of Kin Phone #: () _____ Are you a Veteran? _____

E-Mail Address: _____

Have you ever filed for Bankruptcy? NO _____ If YES _____, please list date of bankruptcy _____

Number of People in Household: _____ Ages: _____

Applicant's Yearly Gross Salary \$ _____ Other Monthly Income \$ _____

Total monthly income for other household members _____

Spouse's/Titleholder's yearly gross salary \$ _____

Employer _____ Phone No. () _____

Employer Address _____

Supervisor _____ Year/Month Started _____

Spouse Employer _____ Phone No. () _____

Employer Address _____

Supervisor _____ Year/Month started _____

PROPERTY / FINANCIAL INFORMATION

Year of purchase _____	Purchase price \$ _____
Number of bedrooms: _____ Number of bathrooms: _____	Mortgage balance (1 st) \$ _____
Monthly mortgage payment (1 st) \$ _____	Mortgage balance (2 nd) \$ _____
Monthly mortgage payment (2 nd) \$ _____	

Description of requested improvements (Scope of Work): _____

If the information I have given in this application is true and correct to the best of my knowledge. I understand that you will confirm the information and retain the application whether or not the grant is approved. I hereby authorize the City of Santa Ana to verify any of the above information as a condition of this application.

Signature _____

Date _____

APPLICANT STATISTICAL 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. If you do not wish to furnish the above information, please check below.

CONFLICT OF INTEREST

I am I am not an employee, agent, consultant or relative of the City of Santa Ana's officers who formulates policy or have influence in making policy decisions with respect to this program.

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

Signature _____

Date _____