



**PLHA Owner-Occupied Rehab Grant  
Program Application  
2600 Fresno St., Room 3065  
Fresno, CA 93721  
(559) 621-8469**

**2023 HCD  
GROSS ANNUAL  
INCOME LIMITS**

1 PERSON	- \$35,190
2 PERSONS	- \$40,230
3 PERSONS	- \$45,240
4 PERSONS	- \$50,280
5 PERSONS	- \$54,300
6 PERSONS	- \$58,320
7 PERSONS	- \$62,340
8 PERSONS	- \$66,360

APPLICATION DATE:		<b>For City Use Only:</b> <input type="checkbox"/> Mobile Home Repair <input type="checkbox"/> Other: _____ <input type="checkbox"/>
<b>PROPERTY INFORMATION:</b>		
THIS APPLICATION IS FOR SINGLE FAMILY HOUSING (1 UNIT)		
IS THE RESIDENCE OWNER OCCUPIED:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PROPERTY ADDRESS:		
<b>OWNER INFORMATION:</b>		
NAME:	NAME:	
PHONE:	PHONE:	
AGE:	AGE:	
<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW		
The following information is required for federal statistical reporting only, and will not have bearing on eligibility for this program.		
RACE(S): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian & White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Other multi-racial		
ETHNICITY (select only one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
HEAD OF HOUSEHOLD <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
HEAD OF HOUSEHOLD OR HOUSEHOLD MEMBER DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>DECLARATIONS</b>		
Are property taxes paid current? <input type="checkbox"/> YES <input type="checkbox"/> NO (Applicants with property taxes in default may not be considered for funding)		
Are you a party to a lawsuit involving the City of Fresno? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Do you work for or are you related to an employee of the City of Fresno? ☐ YES ☐ NO  
Name: \_\_\_\_\_ Agency Dept: \_\_\_\_\_

## SECTION 504 OF THE REHABILITATION ACT OF 1973, AS AMENDED

No otherwise qualified individual with disabilities in the United States shall, solely by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

## OWNER CERTIFICATIONS

### PRELIMINARY APPLICATION ACKNOWLEDGEMENTS

I/We hereby make a preliminary application to the City of Fresno for funding for a home repair grant program, and acknowledge that this application is made pursuant to program policies and procedures administered by the City of Fresno, and that the methods for rehabilitation, cost for repairs, and other permitted costs will be determined by the City of Fresno. Submitting an application is not a guarantee of services. The City of Fresno reserves the right to close-out the Program once funds have been exhausted. Applicants on the waiting list will be notified in the event the program is closed-out for lack of funds.

### AUTHORIZATION TO INSPECT PROPERTY

I/We hereby authorize the City of Fresno and the Housing and Community Development Division to make one or more inspections of the project site to determine the extent of work required to complete the project.

### ACKNOWLEDGEMENT AND ACCEPTANCE OF VOLUNTARY RELOCATION

Applicant(s) agree that he/she is an owner occupant of the subject dwelling and is participating in a federally funded voluntary rehabilitation program. The improvements may result in the dwelling being temporarily uninhabitable. Applicant(s) agree to voluntarily move out of the home should it become necessary because of construction paid for in part (or whole) by a grant from the City's Home Repair Grant Property Program. The City will **not** provide any relocation benefits if such relocation is necessary. Applicant(s) further understand and accept that any such relocation shall be accomplished without the assistance of the City. **Initials** \_\_\_\_\_

### APPLICANT(S) ACKNOWLEDGEMENT OF FUNDING CONDITIONS

1. I/We understand that the information reported in this application will be used to determine my eligibility for a grant to improve my home/property. I/We acknowledge and understand that to knowingly make false statements concerning this information may lead to the revocation of the grant and other penalties. I/We certify under penalty of law, to the best of our knowledge, all statements made in this application and supporting documentation are true, accurate, correct and complete. **Initials** \_\_\_\_\_
2. I/We acknowledge the home to be improved is my **principal place of residence**. **Initials** \_\_\_\_\_

3. I/We authorize the City of Fresno to order a title search on the property when needed to verify ownership. I/We further authorize verification or re-verification of the information contained herein, and additional normal inquiries related to or associated with this Application from employers, creditors, banks, loan institutions, and from any other sources as may be required. **Initials** \_\_\_\_\_
4. I/We acknowledge and agree that the grant requested by this application will not require repayment; the grant amount will be determined by the City for rehabilitation costs. **Initials** \_\_\_\_\_
5. I/We understand that the City of Fresno will provide administration of the program and will administer the rehabilitation contract, prepare the scope of work and will monitor the construction work. I/We further understand that I/We will not hold the City liable for any construction defects that may occur from the work performed. **Initials** \_\_\_\_\_
6. I/We acknowledge the City reserves the right to rescind my grant at any time upon my failure to comply with the above listed conditions or to meet program guidelines and procedures. I/We further understand the City will provide written notification of such termination of my grant, and that the original copy of the Application will be retained by the City, even if the grant is not approved. **Initials** \_\_\_\_\_
7. I/We acknowledge that this rehabilitation program is voluntary in nature and the City reserves the right to reject any and all applications at its sole and absolute discretion. **Initials** \_\_\_\_\_
8. I/We acknowledge and agree that the City makes no representations or warranties, express or implied, to the applicant(s) regarding the property, the condition of the property, or the value of the property. **Initials** \_\_\_\_\_
9. I/We further agree to comply with any and all federal, state and local laws in regard to illegal discrimination, and we will not illegally discriminate against any persons on basis of race, color, ancestry, national origin, religion, sex, age, marital status, family status, source of income/rental assistance subsidy, physical or mental disability, Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related conditions (ARC), sexual orientation, or any other arbitrary basis. I/We will comply with equal opportunity laws in employment, housing and credit practices, including Title VI of the Civil Rights Act of 1964 and regulations pursuant thereto, and Title VIII of the Civil Rights Act of 1968, as amended. **Initials** \_\_\_\_\_
10. All properties assisted under this program may be placed on a future web based list accessible to all City of Fresno Departments. Other agencies may have access to this list, including, but not limited to: U.S. Department of Housing and Urban Development, State of California, and other pertinent agencies. **Initials** \_\_\_\_\_

11. I/We understand and acknowledge that if my property is determined to be eligible for the rehabilitation program all improvements will be made under a separate contract with the contractor. I/We further understand that the City Fresno is not a party to the rehabilitation contract between the contractor and the parties to this agreement and that the pursuit of all performance and improvements services are to be made through the contractor, and not the City of Fresno. <b>Initials</b> _____			
12. Applicant(s), and their contractor and subcontractor(s), shall indemnify, hold harmless and defend the City and each of its officers, officials, employees, agents and volunteers from any and all loss, liability, fines, penalties, forfeitures, costs and damages incurred by the City, Applicant(s) or any other person, and from any and all claims, demands and actions in law or equity (including attorney's fees and litigation expenses), arising or alleged to have arisen directly or indirectly in the performance of this Program. Applicant's obligations under the preceding sentence shall apply regardless of whether the City or any of its officers, officials, employees, agents or volunteers are passively negligent, but shall not apply to any loss, liability, fines, penalties, forfeitures, costs or damages caused by the active negligence or by the willful misconduct of the City or any of its officers, officials, employees, agents or volunteers. <b>Initials</b> _____			
13. I/we understand that if my records are audited and the income information provided is found to be incorrect (over the allowable income limits) at the time of the grant funding, I will immediately start to repay the City grant. <b>Initials</b> _____			
<div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 5px;"> <span>Signature of Applicant</span> <span>Date</span> </div>		<div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 5px;"> <span>Signature of Co-Applicant</span> <span>Date</span> </div>	

**Appeals:** If an application is turned down by City staff, the applicant may appeal, in writing, within ten (10) days after the occurrence. The appeal must clearly state the reasons for the appeal, including complaints alleging actions prohibited under HUD's Section 504 regulations (discrimination on basis of disability in federally-conducted programs). The appeal will be filed with the Housing and Community Development Division Manager, who will review the appeal and respond. If the appellant is not satisfied with that response, the appeal may be presented to the Planning and Development Department Director, or his designee, within (30) days of the Division Manager's response. The Director will attempt to resolve the grievance within fifteen (15) days. The ruling of the Director will be final.

**Applicants with disabilities may request accommodations in completing all required forms for the program by contacting Housing and Community Development staff at (559) 621-8469.**

**DOCUMENTATION NEEDED**

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|---|
| <input type="checkbox"/> Copy of California driver's license, or California identification card or another form of acceptable identification<br>- for all adult household members |
| <input type="checkbox"/> Copy of Social Security Card for applicant(s)  |
| <input type="checkbox"/> Property tax statement (may not be in default)   |
| <input type="checkbox"/> Household Composition Form   |
| <input type="checkbox"/> Applicant's Certification and Authorization  |
| <input type="checkbox"/> Fair Lending Notice  |
| <input type="checkbox"/> Signed signature page of Renovate Right Brochure   |
| <input type="checkbox"/> Proof of Income, including:  |
| <input type="checkbox"/> 2 months current paycheck stubs  |
| <input type="checkbox"/> Current Award letter for social security and/or supplemental security income   |
| <input type="checkbox"/> Document stating current pension or retirement amounts   |
| <input type="checkbox"/> Current Unemployment and/or disability information   |
| <input type="checkbox"/> Most recent tax return 2020 or Tax Affidavit   |
| <input type="checkbox"/> Other income documentation   |
| <input type="checkbox"/> Two most recent bank statements (checking and savings) (all pages)   |
| <input type="checkbox"/> Retirement Accounts (401K)   |
| <input type="checkbox"/> Whole Life Insurance (cash value available)/Term Life Insurance (first page to verify)   |
| Additional information may be requested to determine eligibility.   |

