



Please Return To:
 520 3rd Street, Suite 109
 Oakland CA 94607
 Tel: 510-625-0316 ext. 102
 Fax: 510-225-4480

CITY OF SAN LEANDRO HOUSING REHABILITATION GRANT PROGRAM APPLICATION 2020-2021

For Office Use Only	Date Received: _____	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> NO	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> NO
Income: \$ _____	<input type="checkbox"/> Extremely Low <input type="checkbox"/> Very Low <input type="checkbox"/> Low	Roof: <input type="checkbox"/> Yes <input type="checkbox"/> NO	Ramp: <input type="checkbox"/> Yes <input type="checkbox"/> NO
Proof of <input type="checkbox"/> Ownership <input type="checkbox"/> Income <input type="checkbox"/> Residence			
Heard of program from: _____			

Please review the Grants and Income limits on page 5 and decide which grant you are seeking and check the appropriate box below (you may select more than one):

Minor Home Repair <input type="checkbox"/>	Mobile Home Repair <input type="checkbox"/>	Accessibility <input type="checkbox"/>
Exterior Clean Up <input type="checkbox"/>	Exterior Paint <input type="checkbox"/>	Seismic Strengthening <input type="checkbox"/>

Applicant/Owner Information

Applicant/Owner Name: _____ Co-Applicant: _____

Address: _____ City and Zip _____

Primary Phone # ____ - ____ - _____ home/mobile/work Alternate Phone # ____ - ____ - _____ home/mobile/work

Email: _____

Date of Birth Applicant: _____ Co-Applicant: _____

Have you received a grant or loan from the City (or the County) in the past? _____ When? _____

Household Information Total Household Members _____

Name of household member(s)	Relationship to Homeowner	Date of Birth MM/DD/YY	Gender (M/F)	Disabled? (Y/N)	Annual Income
1.	<i>Homeowner</i>	/ /			
2.					
3.					
4.					
5.					
6.					
7.					
8.					

House Information

What year was the home built? _____. What year did you move into your home? _____.

Number of Stories: _____ Total Bedrooms: _____ Total Bathrooms: _____ House sq ft.: _____

Do you have homeowner’s insurance? NO YES

Do you own your home? _____ Do you have a mortgage payment NO YES

Do you plan on selling your home in the next 3-5 years? NO YES

Have you been cited for any housing code violations? NO YES  If “yes,” please provide a copy of the notification.

Home Repairs

Does your roof require repair? NO YES  If “yes,” are there active leaks? NO YES

1. Please briefly describe the rehabilitation work you would like (see list of typical repairs eligible under the “Grant Summary” on page 5 of this application): _____

2. Do you have estimates or a contractor in mind?

If you already have estimates, please attach a copy with this application. If you have a particular contractor(s) in mind please provide their names and contact information:

Name: _____ Phone: _____

Name: _____ Phone: _____

Any other information you think we should know while we consider your application? _____

Income Worksheet

Please record the total monthly gross income your household receives (i.e. salaries, wages, pension, interest, etc.) and the total amount for each applicant. This information will remain confidential to RTO | EB and the City of San Leandro. (Supporting documentation must be provided for each of the areas that are completed):

Type of Income	Applicant	Co-Applicant
Salaries	\$	\$
SSI or SSD	\$	\$
Social Security	\$	\$
Alimony/Child Support	\$	\$
Interest and Dividends	\$	\$
Pensions and Annuities	\$	\$
Rental Income	\$	\$
Other Income	\$	\$
Total of all Income	\$	\$

Required Support Documents Checklist (Return with Application):

To be considered, applications must include proof of income, ownership and residence. Referring to the income worksheet above, all income from all sources **must be documented** for all contributing adult household members.

INCOME	OWNERSHIP	RESIDENCE
<p><u>From each adult</u>, we require copies of one or more of the following to confirm their income source(s):</p> <p><input type="checkbox"/> Most recent income tax return – first two pages only (preferred documentation) OR a copy of your <input type="checkbox"/> W2, SSU SSDI and/or benefit/retirement statement(s) OR a copy of your <input type="checkbox"/> bank statements (checking and savings) for past 3 months</p>	<p>We require a copy of one of the following from the homeowner:</p> <p><input type="checkbox"/> Most recent property tax bill displaying the name and address OR a copy of your <input type="checkbox"/> Deed to property OR a copy of your <input type="checkbox"/> Current Homeowner’s insurance policy Statement (not policy) OR a copy of your <input type="checkbox"/> Current Mobile Home Registration or Title</p>	<p>We require a copy of one of the following displaying the name and address of the homeowner:</p> <p>Most recent bill from: <input type="checkbox"/> PG&E OR <input type="checkbox"/> Utility OR <input type="checkbox"/> Cable OR <input type="checkbox"/> EBMUD OR <input type="checkbox"/> Home telephone</p>

BLACK OUT ALL social security numbers or bank account numbers before submitting documentation.

Authorization and Verification

I/WE GIVE THE CITY PERMISSION TO VERIFY MY ELIGIBILITY TO RECEIVE A GRANT UNDER THE CITY OF SAN LEANDRO HOUSING REHABILITATION PROGRAM. I/WE DECLARE UNDER PERJURY THAT THE INFORMATION PROVIDED AND INCLUDED WITH THIS APPLICATION IS TRUE AND CORRECT.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Information For Government Monitoring Purposes

What is the racial and ethnic background of the household? Note all household members; including children (please write the total number of each race in all columns to the right).

Race/National Origin Of Head of Household (HH) & Other Household Members (OT)	Ethnicity			
	HH - Not Hispanic	# OT Not Hispanic	HH - Hispanic	# OT Hispanic
American Indian or Alaskan Native				
Asian				
White				
Black or African American				
IF none of the above please choose one of the following:				
Native Hawaiian or Other Pacific Islander				
American Indian or Alaska Native & White				
Asian & White				
Black or African American & White				
American Indian/Alaska Native & Black/African American				
IF none of the above please choose one of the following:				
Other Multi-Racial (specify) _____				

2a. What gender is the head of the household? (The head of the household is defined as the individual financially responsible for keeping up at least half of the home). Male Female _____

2b. Is the household a single parent household? (a single parent is responsible for full guardianship of at least one child under the age of 18). NO YES

3a. Is the head of the household disabled? NO YES 3b. Is anyone else in the house disabled? NO YES



If "yes" on either **question 3a or 3b** please provide details: Total Number of disabled occupants: _____.
Description of disability/disabilities: _____

4. Is anyone in the home a veteran or spouse of a veteran? Yes No

Rebuilding Together Oakland | East Bay does not and shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

City of San Leandro Housing Rehabilitation Program: GRANT SUMMARY

Grants may not be awarded more often than every five (5) years. Available to owner-occupants of single-family units.

Grant	Description	Typical Repairs
Minor Home Repair	Assistance with repairs to correct immediate threats to the health and safety of homeowners and for minor repairs	Water heaters, minor plumbing, door locks, smoke detectors, grab bars, other repairs.
Mobile Home Repair	Assistance with repairs to correct immediate threats to the health and safety of homeowner and for minor repairs.	Water heaters, minor plumbing, door locks, smoke detectors, grab bars.
Accessibility Grant	Assistance with accessibility improvements for disabled and elderly persons. Applicants may only receive one accessibility grant per property.	Installation of wheelchair ramps, showers, accessible grab bars.
Exterior Clean-Up	Assistance with yard clean-up and other property clean-up relating to the Neighborhood Preservation Ordinance.	Yard clean up, removal of debris, old appliances and inoperative vehicles.
Exterior Paint Grant	Assistance with exterior painting of owner-occupied units where paint surfaces are worn or deteriorated. Available to owner-occupants of one to four single-family units or to owner occupied mobile home.	Exterior painting and preparation of surfaces for painting, pursuant to program standards.
Seismic Strengthening	Assistance with improvements to reduce possible earthquake damage. Available to owner-occupants of one-to-four single-family and to owner occupied mobile home or manufactured housing units. Applicants may only receive one grant during the lifetime of the home.	Installation of foundation bolts, strapping, and cripple walls.

FY2020-2021 INCOME LIMITS (effective 4.30.2020)

Persons in Household	Low Annual Income Limit (60% Area Median Income)
1	\$54,840
2	\$62,640
3	\$70,500
4	\$78,300
5	\$84,600
6	\$90,840
7	\$97,140