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**CITY OF SAN LEANDRO TRAILER HAVEN**

**RESIDENT-OWNDED MOBILE HOME REHABILITATION GRANT APPLICATION**

**For Office Use Only**    **Date Received:** \_\_\_\_\_ **Veteran:** Yes NO **District:** \_\_\_\_\_

**Income:** \$ \_\_\_\_\_ Extremely Low Very Low Moderate **Roof:** Yes NO **Ramp:** Yes NO

**Proof of** Ownership Income Residence **Heard of program from:** \_\_\_\_\_

**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: \_\_\_\_\_

**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? \_\_\_\_\_.

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	\$	\$
<b>Total of all Income</b>	\$	\$

## 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.

1. Three months of verification of sources of household income (**copies** of current paystubs, SSI letter stating eligibility, retirement income).
2. Please provide a copy of latest IRS tax statement(s) for household for our records.
3. Bank account(s): Provide three months of current bank statements. (Checking and Savings) including certificates of deposit. Verify type of accounts.
4. Please provide a copy of current homeowner's insurance policy *statement* (not policy).
5. If applicable, please provide copy of current Mobile Home Registration or Title.

## 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				
<b>IF none of the above please choose one of the following:</b>				
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				
<b>IF none of the above please choose one of the following:</b>				
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

Questions? Contact Lucie Johnova, Program Manager at 510-625-0316 x 102 or at [lucie@rtoakland.org](mailto:lucie@rtoakland.org).