

Home Preservation Program Application

The Habitat for Humanity of Greater Los Angeles (Habitat LA) Home Preservation Program helps lowincome homeowners alleviate health and safety issues in and around their home.

ELIGIBILITY CRITERIA

- Applicant(s) must own a property within the Habitat LA service area.
- The property must be owner-occupied and the primary residence of all owners on title.
- Homeowner(s) must either be a U.S. Citizen or a Permanent Legal Resident.
- The property must be an eligible property. Eligible properties are owner-occupied Single Family Residences (SFR), manufactured homes, condominiums, townhomes and duplexes.
 - Multi-family dwellings larger than two units (apartment buildings, tri-plex, etc.), homes used as rental units, boats and recreational vehicles (RV's) are not eligible.
- The property must be inhabitable and without any unpermitted or illegal additions.
- Homeowner(s) must be current with the following:
 - o Mortgage loan payment (if homeowner is still making payments)
 - Homeowner's insurance policy
 - Property taxes
- Applicants who own multiple real estate properties are not eligible.
- The property must demonstrate a need for repair.
- Household income must be below 80% of the area median income (AMI) for Los Angeles County as indicated by the Department of Housing and Urban Development (HUD) within the given year applied. See table below.
- Depending on funding source, Homeowner(s) may receive a grant or must agree to pay for the repairs through either a one-time payment equal to 3% of the total project costs for the repairs provided OR a zero-interest, deferred payment, forgiven loan for 100% of the total project costs for the repairs provided.
- Homeowners are eligible to receive assistance from the Home Preservation Program once every five years.
- Habitat Homeowners (individuals who have purchased their home from Habitat LA) are eligible if they have owned their Habitat home for <u>at least ten years</u>, in good standing and meet general criteria listed above.

Household Members	1	2	3	4	5	6
2018 GROSS ANNUAL INCOME LIMIT	\$54,250	\$62,000	\$69,750	\$77,500	\$83,700	\$89,900



FOR QUESTIONS OR ADDITIONAL INFORMATION, PLEASE CONTACT US AT:

8739 Artesia Boulevard ·Bellflower, CA 90706 · (310) 323-4663 · www.habitatla.org

Habitat for Humanity of Greater Los Angeles provides equal housing opportunities for all, and ensures fair and equal access to its programs and services regardless of race, color, religion, gender, national origin, familial status, disability, marital status, age, ancestry, sexual orientation, source of income, or other characteristics protected by law.

APPLICATION CHECKLIST

Please complete all sections of this application. Upon review and confirmation of the information provided, you will receive notification regarding the status of your application. Please understand that our Home Preservation Program is dependent on the availability of funding. Therefore, not all eligible applicants will be selected. If you have any questions, please feel free to call the Programs Department at (310) 323-4663 ext. 114.

	Did you complete all applicable sections?	
	Did all applicant(s) sign the Home Preservation Program application? Refer to Section 10.	
	mplete this application, please include copies of all required documents listed below. cuments submitted must show the name and address of the homeowner(s):	
	f you are still making mortgage loan payments, a copy of your most recent mortgage statement	
	Proof of current homeowner's insurance (Including flood/hazard insurance when applicable)	
	A copy of one recent utility bill (gas, power, water, phone, etc)	
	A copy of a valid photo I.D. for all property owners on title	
	A copy of a Social Security Card for all property owners on title	
	Documentation to verify household income:	
	Federal Income tax returns and W-2 and/or 1099 Forms for the previous two years for all employed household members	
	Form 1040 with schedule C, E or F and a year-to-date profit and loss statement for self-employed individuals or business owners	
	Pay stubs for the previous three consecutive months for each employed household member	
	Child support, alimony, and monthly benefit statements for all household members receiving any form of benefit (e.g. Retirement/Pension, Unemployment, SSI, TANF, SSDI, etc.)	
	urrent checking and/or savings account statements for three consecutive months (including but not mited to stocks, IRA's, pension accounts, mutual funds etc.)	
П	or veterans, please provide a copy of your DD-214 discharge form to indicate honorable discharge status	;

APPLICATION PROCESS

- Homeowner submits an application and copies of all supporting documents.
- Habitat LA reviews applications for completeness and eligibility.
- > If household is eligible, Habitat LA will hold application until funding becomes available.
- Once funding is available, eligible households will receive a property assessment.
- A property assessment allows Habitat LA to determine if it can or cannot perform repairs. A property assessment does not guarantee approval.
- Based on program funding and property assessment results, applications are reviewed for program approval.
- Approved homeowners review scope of work and sign program agreements with Habitat LA staff.
- Home repair projects are scheduled based on funding and program calendar availability.



Building a Greater Los Angeles

HOME PRESERVATION PROGRAM APPLICATION

SUBMIT COMPLETE APPLICATIONS TO:

HABITAT LA HOME PRESERVATION PROGRAM 8739 ARTESIA BOULEVARD, BELLFLOWER, CA 90706

SECTION 1 – HOUSEHOLD INFO	DRMATION							
Full Name of Homeowner:			Full Name of Co-Homeowner:					
Property Address:			City:			Zip C	Zip Code:	
Home Phone #:	Cell Phone #	:			Email A	ddress:	L	
List the names, ages and relation needed. Please indicate Vetera	•	•	ing in tl	he home. I	Please att	ach a sepa	rate page	e if more space is
Full Name							Age	Military Status
								☐ Veteran
								☐ Veteran
								☐ Veteran
								☐ Veteran
SECTION 2 – SPECIAL NEEDS								
Is anyone in the home disabled	l? □ Yes □	No If	YES, pl	ease descr	ibe below	<i>ı</i> :		
Do you or any of the applicants require translation?								
SECTION 3 – HOUSEHOLD INCO	OME							
Please indicate the gross	Homeowner	Co-Ow	ner	Househo	ld	Househol	d	Household
monthly income figure				Member		Member		Member
Wages/Salary:	\$	\$		\$		\$		\$
Net Business Income	\$	\$		\$		\$		\$
Unemployment/Disability/ Worker's Compensation	\$	\$		\$		\$		\$
Social Security Benefit	\$	\$		\$		\$		\$
Disability/SSI	\$	\$		\$		\$		\$
Retirement/Pension	\$	\$		\$		\$		\$
Alimony/Child Support	\$	\$		\$		\$		\$
Military Pay	\$	\$		\$		\$		\$
Veteran Benefits	\$	\$		\$		\$		\$
Rental Income	\$	\$		\$		\$		\$
Other:	\$	\$		\$		\$		\$



SECTION 4 – MORTGAGE AND PROPER	RTY INFORMATION				
Are you making mortgage loan payment home? Yes No	nts on your	Do you own any other real estate? Yes No If YES , please list here:			
If YES , How much is your payment: Are you current on your mortgage? Yes No If NO , please explain:		Do you have Homeowner's insurance? ☐ Yes ☐ No If NO , please explain:			
Do you have any illegal and/or unpermitted additions / building activity on your home? ☐ Yes ☐ No ☐ Not Sure If YES OR NOT SURE, please explain:		Have you applied for the Habitat LA Home Preservation Program in the past? ☐ Yes ☐ No If YES , please indicate the year you applied:			
Has Habitat LA performed repairs on your If YES , please indicate the year you rec	eived repairs:				
Please indicate your utility service prov	viders for each of th	ne following services (e	e.g. LA DWP, SoCal Gas, SCE, etc.):		
Electricity:	Water:		Gas:		
Please indicate your average monthly e		the following utility s			
Electricity: \$	Water: \$		Gas: \$		
SECTION 5 – REQUESTED REPAIRS					
BRIEFLY DESCRIBE THE TYPE OF REPAIRS NEEDED ON YOUR HOME. ATTACH A SEPARATE SHEET OF PAPER IF YOU MADDITIONAL SPACE. PLEASE UNDERSTAND THAT ITEMS LISTED BELOW WILL BE CONSIDERED BUT THE FINAL DECISE REGARDING REPAIRS PROVIDED IS AT THE SOLE DISCRETION OF HABITAT FOR HUMANITY OF GREATER LOS ANGEL					
NEGATION NELATION TO A DED 1971 11	IL SOLL DISCRETION	OF HABITAT FOR HOIVE	ANTIY OF GREATER LOS ANGELES.		
AREA OF NEED			CRIPTION OF REPAIR NEED		
	Wheelchair ramp,				
AREA OF NEED Accessibility Modifications: Example:	Wheelchair ramp, r stall, etc. with doors, floors,	DESC			
AREA OF NEED Accessibility Modifications: Example: bathroom grab bars, accessible showed Carpentry repairs: Describe problems porches, steps, walls, ceilings, etc. Ind	Wheelchair ramp, r stall, etc. with doors, floors, icate places where	DESC			
AREA OF NEED Accessibility Modifications: Example: bathroom grab bars, accessible showed Carpentry repairs: Describe problems porches, steps, walls, ceilings, etc. Independent repairs are needed. Electrical repairs: List rooms where was	Wheelchair ramp, r stall, etc. with doors, floors, icate places where all outlets, switches	DESC			
AREA OF NEED Accessibility Modifications: Example: bathroom grab bars, accessible showed Carpentry repairs: Describe problems porches, steps, walls, ceilings, etc. Indirepairs are needed. Electrical repairs: List rooms where was and light fixtures do not work.	Wheelchair ramp, r stall, etc. with doors, floors, icate places where all outlets, switches or toilet leaks, etc.	DESC			
AREA OF NEED Accessibility Modifications: Example: bathroom grab bars, accessible showed Carpentry repairs: Describe problems porches, steps, walls, ceilings, etc. Index repairs are needed. Electrical repairs: List rooms where was and light fixtures do not work. Plumbing repairs: Describe sink, tub of	Wheelchair ramp, r stall, etc. with doors, floors, icate places where all outlets, switches or toilet leaks, etc.	DESC			
AREA OF NEED Accessibility Modifications: Example: bathroom grab bars, accessible showed Carpentry repairs: Describe problems porches, steps, walls, ceilings, etc. Index repairs are needed. Electrical repairs: List rooms where was and light fixtures do not work. Plumbing repairs: Describe sink, tub of Roofing Repairs: Identify where roof leading to the problems of the problems	Wheelchair ramp, r stall, etc. with doors, floors, icate places where all outlets, switches or toilet leaks, etc. eaks. irements.	DESC			
AREA OF NEED Accessibility Modifications: Example: bathroom grab bars, accessible showed Carpentry repairs: Describe problems porches, steps, walls, ceilings, etc. Index repairs are needed. Electrical repairs: List rooms where was and light fixtures do not work. Plumbing repairs: Describe sink, tub of Roofing Repairs: Identify where roof leadings. List all exterior painting required Doors and Windows: Describe repairs:	Wheelchair ramp, r stall, etc. with doors, floors, icate places where all outlets, switches or toilet leaks, etc. eaks. irements. required, including tripping.	DESC S			



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SECTION 6 – HABITAT LA COMMUNITY PARTNERSHIP CONSENT						
If Habitat LA has partnerships with other non-profit, civic and utility organizations that can provide free or low cost						
services to low income households, may we share your contact information and/or any application details with them?						
			with other organizations, your o	application will remain		
confidential and for sole use	by Habitat LA. 🔟 Yes, I c	onse	nt 📙 No, I do not consent			
Please indicate if you are int	erested in the following	servi	ces;			
City/County Loan or Gran	t Programs		☐ Solar Panels			
☐ Energy Efficient Products			☐ Utility Assistance Program	ıs .		
SECTION 7 – STATEMENT OF	NEED					
WHAT FACTORS ARE LIMITII APPLY):	NG YOUR HOUSEHOLD'S	ABILI	TY TO MAKE THE NEEDED REP	AIRS (CHECK ALL THAT		
☐ Income (low, limited or no	income in home)	☐ La	ck of savings/assets to finance	home repairs		
☐ Ineligible for a loan/consu	mer credit due to	☐ Ur	nwillingness to take a loan or co	nsumer debt		
poor credit, lack of home equ	uity or personal					
property.						
☐ Physical Limitation		☐ La	ck of building/repair/home mai	ntenance knowledge		
☐ Unfamiliar with contracto	rs and repair process	□ Ot	her (please explain):			
PLEASE TELL US WHY YOU T	HINK YOU SHOULD BE SE	LECT	ED FOR THE HOME PRESERVAT	TION PROGRAM AND HOW		
			TACH AN ADDITIONAL SHEET			
SECTION 8 – PROGRAM REFERRAL						
WHERE DID YOU HEAR ABOUT HABITAT LA'S HOME PRESERVATION PROGRAM (CHECK ALL THAT APPLY)?						
☐ Television	☐ Habitat Homeowner		☐ Community/Civic Group:	☐ Neighbor		
☐ Newspaper	☐ Habitat ReStore		☐ Church	☐Other Non-Profit		
☐ Radio	□ Radio □ Internet Search □ Work/Job Fair □ Friend/Family Member					
☐ Habitat Website ☐ Habitat Staff Member ☐ School ☐ Other						
DO YOU KNOW A HOMEOWNER IN NEED OF HOME MAY WE SEND THEM HABITAT LA HOME PRESERVATION						
REPAIR ASSISTANCE? PROGRAM INFORMATION ON YOUR BEHALF? Vos Cl. No. Cl. Not Sure						
☐ Yes ☐ No ☐ Not Sure ☐ Yes ☐ No						
If Yes, please indicate their name and contact information below:						
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		EMOGRAPHIC INFORMATION (OPTIONAL)	nis data will be used f	or statistical reporting only and will
		confidential.	1 2	
	Ethnicity	☐ Hispanic ☐ White ☐ Asian ☐ Native Hawaiian/Otl	Non-Hispanic	□ Black/African American
	Racial	☐ Asian & White ☐ American Indian/Alask		☐ Black/African American☐ American Indian/Alaskan native
Ва	ckground	☐ American Indian/Alaskan native & Africa		☐ Black/African American & White
SEC	CTION 10 - A	APPLICANT AGREEMENT	TI 7 till Cilcuit	B blacky/inteatr/interteatric White
•		y that the information provided on this applic	ration is true and acc	urate and that I /we own the
		t the address given.	cation is true and acc	arate and that I / we own the
•		permission to Habitat LA to check any and al	I references and to ta	ake any and all actions reasonably
	_	to substantiate the information contained in t		
	as an appli	cant(s) for the Habitat LA's Home Preservatio	n Program, including	without limitation, contacting or
	otherwise	attempting to confirm my/our (1) employmen	nt status and credit h	istory (2) personal references,
	_	Ill parties listed in this application and/or any		
	•	position and marital status and related issues	• • •	
		d other information relative to criminal charg		
		deems necessary to evaluate this application based upon the results of these inquiries.	. i/we understand tha	at Habitat LA may reject this
•		t based upon the results of these inquiries. E that if Habitat LA selects my/our home to be	renaired photos of	ma/us_my/our household members
		ir home may be taken and a biographical sum	•	
	• •	d with the general public or utilized for public		
	purposes.	and the Benefit Page of a suited for Page of		ar er problem dereiepe
•		rstand and agree that if Habitat LA selects my	//our home to be rep	aired, I/we must participate as
		rith Habitat LA which includes completing 24 S	· ·	, ,
•	I/We unde	rstand that there is no monetary or other for	m of compensation for	or Sweat Equity
•	I/we under	rstand that Habitat LA makes no guarantees a	s to the start or com	oletion dates or length of repairs.
•	I/We unde	rstand that Habitat LA is a nonprofit corporat	ion with limited reso	urces and cannot afford to provide or
	_	assistance for each applicant. Consequently,	-	
	-	ted, and its board of directors will not be liabl		
	-	ting on my/our behalf in connection with my/	our application for H	abitat LA or any claims of any nature
	associated			. /
•		rstand that copies of any and all documentati	•	
		ributed to a third-party without my/our autherstand that if I/we receive assistance from Ha	•	·
•		ditional assistance for 5 years after the compl		•
•		rstand that submission of this Home Preserva	• • • • • • • • • • • • • • • • • • • •	
		ation does not guarantee assistance from Ha		
		ion is based on submitting all required docum		_
		of program funding and not all applicants ma	_	, · · · ·
•	-	rstand that selection and repairs provided are	•	ability of funds and that program
	policies are	e subject to change at any time without prior	notice.	
Sig	nature of Ho	omeowner	Date	
_				
Sig	nature of Co	o-Homeowner	Date	

