



City of Porterville

Application for Housing Rehabilitation Loan/Grant Programs



File No. _____ Date _____ Preferred Language: _____

How did you hear about the program? _____

What barrier will this program help remove if determined to be eligible? _____

HOUSEHOLD DEMOGRAPHICS

APPLICANT INFORMATION

Name: _____
Phone: _____
DOB: _____ SSN _____
Address: _____
Mailing: _____
Email: _____ @ _____

RACE

ETHNICITY

For statistical/government monitoring purposes only Enter code from list below (Information is voluntary)

- 11-White Hispanic
- 13-Asian Non-Hispanic
- 12-Black/African American
- 14-American Indian/Alaskan
- 15-Native Hawaiian/other Pacific Islander
- 16-American Indian/Alaskan Native & White
- 17-Asian & White
- 18-Black/African American & White
- 19-Am Indian/Alaskan Native & Black/African Am
- 20-Other Multi-Racial

CO-APPLICANT INFORMATION

Name: _____
Phone: _____
DOB: _____ SSN _____
Address: _____
Mailing: _____
Email: _____ @ _____

RACE

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MARRIED STATUS

GENDER

DISABLED

- Single Separated Male Yes
- Married Widowed Female No
- Divorced Other:

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GENDER

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EMPLOYMENT INFORMATION

Check applicable sources of income currently and during the prior calendar year. Please use Additional Employment form if needed:

- Wages Interest AFDC (TANF)
- SSA Rentals Disability
- SSI Pension Unemployment
- Other (Please Explain): _____

Self-Employed

Current Employer Name: _____

Employer Address: _____

Employment Verification Phone number: _____

Position/Title/Type of Business: _____

Years on Job/Years employed in this line of work: _____

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Self-Employed

Current Employer Name: _____

Employer Address: _____

Employment Verification Phone number: _____

Position/Title/Type of Business: _____

Years on Job/Years employed in this line of work: _____

Creditor Name	Account Number	Monthly Payments	Payments Left	Balance
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Total Liabilities		\$	\$	\$

Comments/Additional Information: (List additional employment, assets or liabilities) _____

REPAIRS AND PROGRAM PARTICIPATION

REPAIRS DESIRED (Please note that all health and safety repairs will be addressed prior to any other repairs) _____

NOTICE & AGREEMENT, CERTIFICATION, CONSENT & AUTHORIZATION

Notice & Agreement: Under Section 8703-2 of California State Law, I understand and agree that I have read the foregoing Application. All statements made are complete and true and that all financial and credit information is submitted to the City of Porterville for consideration of this loan request or grant. I understand that the City may at its option, cancel any commitment of grant or loan if this Application contains any false or misleading information. I understand and agree that the selection of a Contractor and acceptance of material and work performed is my responsibility. The City of Porterville does not inspect or guarantee the material or workmanship.

Initials: _____

Certification: I certify that this information is true to the best of my knowledge. I am also aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State assistance. Penalties for falsifying information may include repayment of all assistance received, or prosecution under the law.

Initials: _____

Consent & Authorization: I hereby authorize the City of Porterville, or its designee to verify information pertaining to the information listed above, including credit information, for the purposes of the City of Porterville Housing Rehabilitation Loan/Grant Program.

Applicant's Signature

Date

Co-Applicant's Signature

Date

OFFICE USE ONLY													
FY 2022 Income Limit Area	Median Family Income Click for More Detail	FY 2022 Income Limit Category	Persons in Family										
			1	2	3	4	5	6	7	8			
Visalia-Porterville, CA MSA	\$66,900	Very Low (50%) Income Limits (\$)	27,300	31,200	35,100	38,950	42,100	45,200	48,300	51,450	Total Household Size _____		
		Click for More Detail											Total Number of Seniors _____
		Extremely Low Income Limits (\$)*	16,350	18,700	23,030	27,750	32,470	37,190	41,910	46,630	Total Mo. HH Income _____		
		Low (80%) Income Limits (\$)	43,650	49,850	56,100	62,300	67,300	72,300	77,300	82,250	Previous Year's Income _____		
		Click for More Detail											Projected Annual Income _____
HCD Definition <input type="checkbox"/> LI <input type="checkbox"/> VLI <input type="checkbox"/> XLI													
In Target Area <input type="checkbox"/> Yes <input type="checkbox"/> No													
Farm Worker <input type="checkbox"/> Yes <input type="checkbox"/> No													
Conflict of Interest <input type="checkbox"/> Yes <input type="checkbox"/> No													
Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No													
FHOH <input type="checkbox"/> Yes <input type="checkbox"/> No													