



## CITY OF PACIFIC GROVE HOUSING REHABILITATION PROGRAM APPLICATION

If you need assistance to complete this application, please contact a City staff person at City Hall, 300 Forest Ave., Pacific Grove, CA, (831) 648-3199 or by email at [tschaeffer@cityofpacificgrove.org](mailto:tschaeffer@cityofpacificgrove.org)

### APPLICANT INFORMATION

Last Name:		First Name:		M.I.:	
Address:		City:		State:	Zip Code:
Marital Status:		Birth Date:		Place of Birth:	
Social Security #:	Phone Number:		Alt. Phone Number:		E-Mail Address:

### CO-APPLICANT INFORMATION

Last Name		First Name:		M.I.:	
Address:		City:		State:	Zip Code:
Marital Status:		Birth Date:		Place of Birth:	
Social Security #:	Phone Number:		Alt. Phone Number:		E-Mail Address:

### PROPERTY INFORMATION

Property Address: <i>(leave blank if same as above)</i>		City:		State:	Zip Code:
Mobile Home: ___Y ___N Duplex: ___Y ___N		Year Built: _____		Year Purchased: _____	
Estimate Current Value of Property: \$		Annual Homeowners' Insurance: \$		Annual Property Taxes: \$	
Average Cost of Monthly Utilities:					
PG & E \$		Sewer \$		Other \$	
Water \$		Garbage \$		Other \$	

Property description: Single family? \_\_\_Y \_\_\_N Assessor Parcel No. \_\_\_\_\_  
How many bedrooms? \_\_\_\_\_ Square footage? \_\_\_\_\_  
How many bathrooms? \_\_\_\_\_ Lot Size? \_\_\_\_\_

### DESCRIPTION OF REPAIRS NEEDED


## FINANCING INFORMATION

First Mortgage Monthly Payment Amount: \$	Second Mortgage Monthly Payment Amount: \$
Account #:	Account #:
Lender Name:	Lender Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:

## INCOME INFORMATION

	Applicant-Monthly	Applicant- Annual	Co-Applicant-Monthly	Co-Applicant-Annual
Wages, Salaries, etc.	\$	\$	\$	\$
Tips or Commission	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Retirement Funds	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Alimony, Child Support	\$	\$	\$	\$
Welfare Payments	\$	\$	\$	\$
Other:	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$	\$

## ASSET INFORMATION

Type	Cash Value	Annual Income From Assets	Bank Name	Account No.
Checking Accounts	\$	\$		
Other Checking Account(s)	\$	\$		
Savings Accounts	\$	\$		
Other Savings Account(s)	\$	\$		
Stocks	\$	\$		
Investment Real Estate	\$	\$		
Other:	\$	\$		

**LIABILITY INFORMATION (including credit card debt)**

Type	Monthly Payment	Unpaid Balance	Creditor's Name	Due Date
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

**HOUSEHOLD COMPOSITION**

Full Name	Relationship	Date of Birth

Does anyone who is not listed above live with you now? ___Y___N	If so, give name and relationship:
Does anyone who is not listed above plan to live with you in the future? ___Y___N	If so, give name and relationship:

The information provided is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purposes of income verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

# RACE AND ETHNICITY REPORT

## CITY OF PACIFIC GROVE HOUSING REHABILITATION PROGRAM

This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. This information will not affect your eligibility for the program that you are applying to. Please note that all questionnaires are kept in a Confidential File.

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Please check all the boxes that apply to you.

### Hispanic/ Latino Ethnicity

Yes       No

- Yes, Mexican/ Chicano
- Yes, Puerto Rican

- Yes, Cuban
- Yes, Other Hispanic/Latino:  
\_\_\_\_\_

### Race

- White
- Black/African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander

- American Indian or Alaska Native and White
- Asian and White
- Black/African American and White
- American Indian/ Alaska Native and Black/African American
- Other: \_\_\_\_\_

Number of Female Head of Households: \_\_\_\_\_

Number of Handicapped Household Members: \_\_\_\_\_

Number of Household Members with Veteran Status: \_\_\_\_\_

**Thank You!**

# ELIGIBILITY RELEASE FORM

## CITY OF PACIFIC GROVE HOUSING REHABILITATION PROGRAM

To Whom It May Concern:

I/We, the undersigned, authorize the Housing Division of the City of Pacific Grove, employees, and authorized agents to verify any information (including information of a privileged or confidential nature) with any source necessary in connection with a home rehabilitation assistance application dated \_\_\_\_\_, including, but not limited to the following:

1. Consumer Credit Report (credit history)
2. Bank Accounts
3. Employment and Income
4. Benefits

BY ATTACHING this RELEASE FORM, OR A COPY OF SAME, to any verification form requiring the undersigned's signature, you are authorized by the undersigned to release the information requested by the Housing Division of the City of Pacific Grove.

I hereby release you, your organization, or others from liability or damage which may result from furnishing the information requested.

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Applicant Signature

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Social Security Number Date of Birth Driver's License No.

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Co-Applicant Signature

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Social Security Number Date of Birth Driver's License No.

## **RELEASE OF LIABILITIES**

### **CITY OF PACIFIC GROVE HOUSING REHABILITATION PROGRAM**

I/We hereby agree to defend, indemnify, and hold harmless the City of Pacific Grove, its officers, agents, and employees against all liabilities, judgments, costs, and expenses arising out of, or in consequence of, housing rehabilitation or repairs provided as part of the City of Pacific Grove Housing Rehabilitation Loan Program.

I/We further agree that the City of Pacific Grove Emergency Home Repair Loan/Grant Programs will not assume responsibility for any existing nonconforming code violations, which may be found before, during, or after the work repairs.

I/We have read and understand this agreement. It is an affidavit and I/We do certify that all information provided is true and correct. I/We understand that any misrepresentation of facts stated herein will cause the City of Pacific Grove to immediately demand payment in full on the Note (if applicable), and I/We will be liable for payment of administrative and legal fees.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

## APPLICATION CHECKLIST

Please include the following documents pertaining to financial information for each member of your household. The City may request additional documentation of your income after reviewing this form.

- Most recent 2 years Income Tax Return Forms completed
- Checking account statements, last 6 months
- Annual property tax bill
- Savings account statements, most recent month
- For wage income, pay stubs for the most recent consecutive 3 months
- Social Security award letters, etc
- Other documents as listed below:

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Please complete the application to the best of your ability, and include all signatures and dates where indicated. Missing information may delay the processing of your application. If you have any questions about completing the application please call the Housing Division Staff at 831-648-3199.