



MOBILE HOME GRANT HOUSING REHABILITATION PROGRAM APPLICATION PACKET

The City of Brea Housing Rehabilitation Program manages federal funds, allocated through the County of Orange, to help Brea families finance home repairs, such as roof leaks, cracks, termite damage, plumbing leaks, water damage, electrical problems, etc. City representatives will assist in determining needed repairs, hiring contractors, and administering contracts. Program funds are based on availability, and applicants must meet income and other general criteria.

The Mobile Home Grant is for families earning 50% or less of the County median income. The maximum grant amount provided is \$7,000, and the maximum length of the grant is five (5) years. The grant must be paid back if any of the following occurs within five years: owner moves, sells, conveys, or leases any of the owner's interest in the property.

Current income limits for mobile home owners are listed in the table. Please note: you must include the income of ALL persons in the household who are 18 years of age or older. If your annual gross income (before taxes and other deductions) is higher than the income limit for your household size, you are not eligible for this program.

HOUSEHOLD SIZE	MAXIMUM INCOME
1	\$41,550
2	\$47,500
3	\$53,450
4	\$59,350
5	\$64,100
6	\$68,850
7	\$73,600
8	\$78,350

Pre-Qualification Questions

1. Is the mobile home located in the City of Brea? Yes No
2. Is the applicant the legal owner of the mobile home? Yes No
3. Does my annual household income meet the qualifications in the table above? Yes No

If you answered "Yes" to all the questions above, you may proceed to the next question.

4. Does the applicant own other residential property? Yes No

If you answered "No" to question #4, you are qualified to submit this application.

MOBILE HOME GRANT APPLICATION

Applicant: _____
First Name
Last Name

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No. _____ Alt. Phone No. _____

Birthday: _____ Number of Dependents: _____

Current Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Employer Phone No. _____ Monthly Take Home: \$ _____

Other Income: \$ _____ **Total Gross Annual Income: \$ _____**

Co-Applicant: _____
First Name
Last Name

Address: _____

City: _____ State: _____ Zip: _____

Phone No. _____ Alt. Phone No. _____

Birthday: _____ Number of Dependents: _____

Current Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Employer Phone No. _____ Monthly Take Home: \$ _____

Other Income: \$ _____ **Total Gross Annual Income: \$ _____**

Please provide the names of ALL persons who live in the residence (including yourself):

_____	_____	_____
Name	Self/Age	Annual Income
_____	_____	_____
Name	Relationship/Age	Annual Income
_____	_____	_____
Name	Relationship/Age	Annual Income
_____	_____	_____
Name	Relationship/Age	Annual Income
_____	_____	_____
Name	Relationship/Age	Annual Income
_____	_____	_____
Name	Relationship/Age	Annual Income
_____	_____	_____
Name	Relationship/Age	Annual Income

Please list liquid assets and financial institution (for example: checking and savings accounts)

Type: _____	Amount: \$ _____
Type: _____	Amount: \$ _____
Type: _____	Amount: \$ _____
Type: _____	Amount: \$ _____

Property Information

Street address of property to be improved: _____

Number of Bedrooms: _____ Number of Bathrooms: _____

Title stands in the name of: _____

Improvements Needed

Estimate
(if available)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL: \$ _____

I hereby certify that the above information is correct to the best of my knowledge.

Applicant's Signature

Date

Co-Applicant's Signature

Date

OWNERSHIP DECLARATION OF REAL PROPERTY

Applicant _____
Name Phone Number

Address of Property to be Rehabilitated _____

If you own other property, please fill in below:

Address of Property _____ Type of Property _____

Present Market Value _____ Amount Owed on Mortgage _____

Mortgage Payments _____ Gross Rental Income _____

Address of Property _____ Type of Property _____

Present Market Value _____ Amount Owed on Mortgage _____

Mortgage Payments _____ Gross Rental Income _____

I/we certify that the above information represents our present real property position. If there is a change in the above information prior to the funding of this project, I/we agree to notify the City immediately.

Applicant's Signature

Date

Co-Applicant's Signature

Date

APPLICANT STATISTICAL INFORMATION

The Housing Rehabilitation Program is asking all applicants to the program to complete this form in order to comply with the U.S. Department of Housing and Urban Development (HUD) requirements. Data collected is used for statistical purposes only and will be kept confidential.

Applicant

Check one space only for the ethnic category you most closely identify with.

- White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian subcontinent.
- Black (not of Hispanic origin): All persons having origins in any of the black racial groups.
- Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islanders: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America.

Please check one:

- Male
- Female

Co-Applicant

Check one space only for the ethnic category you most closely identify with.

- White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian subcontinent.
- Black (not of Hispanic origin): All persons having origins in any of the black racial groups.
- Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islanders: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America.

Please check one:

- Male
- Female

How did you hear about the Housing Rehabilitation Program? _____

*****Please Note: This application is for PRE-approval only. The following documentation will be required at a later date to finalize the application approval process.***

- State of California Housing and Community Development Certificate of Mobile Home Title
- Federal Income Tax Return for the most recent filing period, including ALL attachments.
- Paycheck stubs for the last three (3) months, Social Security award letter, pension statement, etc.
- Most recent bank statements (including name, address, and account balances)

If you have any questions about the Housing Rehabilitation Program or the application, you may call (714) 671-4461.

Completed Mobile Home Grant Applications can be returned to:

**Community Development Department
Attention: Marie Dao
1 Civic Center Circle
Brea, CA 92821**