



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
housing@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:	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

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, Cuban

Yes, Puerto Rican

Yes, Other Hispanic/Latino:

Race

White

American Indian or Alaska Native and White

Black/African American

Asian and White

Asian

Black/African American and White

American Indian or Alaska Native

American Indian/ Alaska Native and
Black/African American

Native Hawaiian or other Pacific Islander

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.

Applicant Signature

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

Co-Applicant Signature

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:

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.