

CITY OF PLACENTIA

Housing Rehabilitation Program



The City of Placentia is providing Placentia residence with housing rehabilitation grants. This program is designed to assist eligible homeowners with an opportunity to make necessary exterior repairs to their residence. This program is provided to qualifying homeowners at no cost. For more information, please call (714) 986-2333.

Eligible Improvements for a Single Family Home

- ♦ Roof repair or replacement
- ♦ ADA Ramps / Accessibility Issues
- ♦ Exterior Painting and Graffiti Removal
- ♦ Exterior access improvements
- ♦ Special safety features to aid the physically disabled & the elderly
- ♦ Exterior repairs needed to correct health & safety hazards

Eligible Improvements for a Mobile Home

- ♦ Roof repair or replacement
- ♦ Exterior Siding
- ♦ Exterior Painting and Graffiti Removal
- ♦ Exterior access improvements & special safety features to aid the physically disabled & the elderly
- ♦ Exterior repairs needed to correct health & safety hazards

2025 Income Limits

Household Size	1	2	3	4	5	6	7	8
Maximum Gross Income	\$59,250	\$67,700	\$76,150	\$84,600	\$91,400	\$98,150	\$104,950	\$111,700

To receive more information and verify that you qualify, please fill out the bottom portion and return to:

Neighborhood Services Office
 Attn: Housing Rehabilitation Program
 900 S. Melrose Ave., Placentia CA 92870

PRE-QUALIFICATION FORM

Name: _____ **Date:** _____

Address: _____ **Phone:** () _____

Number of persons in household? _____ **Email:** _____

Is this a Single family residence Mobile home

Do you own this residence? Yes No **If yes, for how many years?** _____

Have you participated in the City of Placentia's Housing Rehabilitation Program in the past? Yes No

If yes, when did you participate? _____

Monthly income (check all that apply):

Monthly Wages Cal Works/Welfare Retirement Pension Social Security Disability

Other : _____

Total monthly income from all sources: _____

What repairs are needed at your home?

CITY OF PLACENTIA HOUSING REHABILITATION PROGRAM



PROGRAM GUIDELINES

PROGRAM OVERVIEW

The City of Placentia offers grants to low and moderate-income homeowners to fund exterior repairs for a single-family residence or mobile home located within City limits. The Housing Rehabilitation Program is designed to preserve the City's supply of decent, safe, and sanitary housing that is affordable to very low-income persons and families.

To qualify for a program grant, both the homeowner and the property must satisfy specific eligibility criteria. Program grants are administered by Staff in the City's Neighborhood Services Division with funds allocated to the City through the Community Development Block Grant Program. Grant assistance is subject to the availability of program funds.

ELIGIBLE HOMEOWNERS

Title Deed: Homeowners must have title deeds to eligible properties.

Owner-Occupied: Homeowners must currently occupy and intend to continue to occupy the property as their principal residence.

Income Eligibility: Program grants are available only to homeowners whose gross household income does not exceed fifty percent (50%) of the Orange County area median income adjusted for family size as published annually by the United States Department of Housing and Urban Development. Please refer to the Housing Rehabilitation Program Pre-Qualification Form for the current income limits.

Total Net Assets: Total net assets cannot exceed \$150,000. Of that amount, total liquid assets cannot exceed \$50,000. Equity in the applicant's principal residence is excluded from total assets. Liquid assets are defined as assets easily converted into cash, such as Treasury Bills, money market funds, certificates of deposits, bank deposits, and stocks. No retirement accounts shall be included in the computation of liquid assets.

Capacity: Homeowners must be of legal age and must have the capacity to enter into binding contracts.

No Conflicts: No member of the City Council and any employee, official, or consultant who exercises any policy decision-making function in connection with the program is eligible for program assistance.

ELIGIBLE PROPERTIES

Location: Program grants are available to properties located in the City of Placentia.

Single Family Residence: The property must be a single-family detached home or manufactured (mobile) home.

Condition: The property cannot evidence Municipal Code or public nuisance code enforcement violations visible from the exterior. No interior inspection will be conducted.

No Tax Delinquency or Foreclosure Proceedings: Property taxes and assessments must be paid current (unless the property owner is participating in the State Property Tax Postponement Program) and no notice of default or commencement of foreclosure proceedings is recorded against the property by a secured lender.

PROGRAM GRANTS

Grant Amount: Program grants are available for a maximum of up to Twelve Thousand Five Hundred Dollars (\$12,500) for eligible repairs. The City Administrator or designee may approve program grants in excess of the \$12,500 limit to complete essential rehabilitation improvements discovered in the course of completing the original scope of work.

Number of Grants: Eligible properties may not receive more than one program grant in any ten (10) year period.

ELIGIBLE IMPROVEMENTS

Eligible improvements must be physically attached to the property and be permanent in nature. Eligible improvements include the following:

Single Family Residence	Mobile Home Residence
<ul style="list-style-type: none"> ▪ roof repair or replacement ▪ ADA ramps/accessibility issues ▪ exterior painting ▪ exterior access improvements ▪ special safety features to aid the physically disabled and the elderly ▪ exterior repairs needed to correct health and safety hazards 	<ul style="list-style-type: none"> ▪ roof repair or replacement ▪ exterior siding ▪ exterior painting ▪ exterior access improvements and special safety features to aid the physically disabled and the elderly ▪ exterior repairs needed to correct health and safety hazards

In order to be eligible for program assistance, proposed improvements must be approved by Staff following a property inspection and Work Write-Up. All rehabilitation work must be completed by qualified, licensed, and insured contractors.

ELIGIBLE COSTS

Program grants may be used only for the actual reasonable costs of the materials and labor necessary to complete the rehabilitation work approved by Staff and set forth in the Work Write-Up. Program grants



may also fund the property inspection required to prepare the Work Write-Up pursuant to Program Procedures.

PARTICIPATION PRIORITIES

Funding is based on required health and safety criteria. All complete applications will be date-stamped and processed in that order. Program assistance shall be denied to any homeowner who submits false information or does not meet program requirements per City Staff.

TERMS AND CONDITIONS

Program Documents: Homeowners receiving program assistance must sign a Grant Agreement that sets forth the terms and conditions of the program grant. Homeowners must also enter into a Property Rehabilitation Agreement with the contractor or contractors completing the improvements.

Maintenance Requirements: Homeowners must maintain their properties in good repair and in a decent, safe, and sanitary condition consistent with community standards. Homeowners shall not permit property improvements to suffer deterioration or decline, or maintain, cause to be maintained, or permit to be maintained any public or private nuisance on or about the property.

Nondiscrimination: There shall be no discrimination against or segregation of any person or group of persons, on account of race, color, creed, religion, sex, marital status, national origin, or ancestry, in the selection of contractors to complete the rehabilitation work financed with program assistance, or in the sale, transfer, use, occupancy, tenure, or enjoyment of assisted properties.

Records: Homeowners shall keep such records as may be required with respect to the rehabilitation work financed with program grants, including work orders, invoices, and receipts.

Compliance and Program Guidelines: Homeowners must comply with Program Guidelines and Procedures. The City of Placentia will reserve the right to reject an application at any time.



PROGRAM PROCEDURES

STEP 1: APPLICATION AND REQUIRED DOCUMENTS

Applications are available at Placentia City Hall located at 401 East Chapman Avenue, Neighborhood Services Office at 900 S. Melrose Street, or online at www.placentia.org. Each application must be completed in its entirety, signed, and submitted with **all** required documents as listed in the application, including a grant deed or other evidence of ownership. The application must be submitted to the City of Placentia's Neighborhood Services Office located at 900 S. Melrose Street, Placentia, CA 92870. Incomplete applications will not be processed.

STEP 2: REVIEW OF APPLICATION

All complete applications will be date-stamped when received and processed in that order. Applications will be subject to review by Staff in two steps; first to determine the eligibility of the homeowner, and second to determine the eligibility of the property. Incomplete applications will not be processed until all requested information is submitted. Non-qualifying applicants shall be notified by letter of their ineligible status. Eligible homeowners will be contacted to schedule a property inspection.

STEP 3: PROPERTY INSPECTION

Homeowners must be present during the property inspection. The inspector will take photographs and prepare a Work Write-Up defining the scope of the proposed improvements. Any requests for home improvements not examined during the inspection and not listed on the Work Write-Up are not eligible for program grant funding.

STEP 4: FINAL REVIEW

City reserves the right to determine the final eligibility of applicants based on the requested funding amount and list of applicants per fiscal year.

STEP 5: WORK WRITE-UP AND CONTRACTOR SELECTION

A Work Write-Up prioritizing the eligible improvements and a cost estimate for such improvements will be issued following the initial inspection described in Step 3. Upon Work Write-Up submission by the inspector, Staff will solicit bids from qualified contractors on behalf of the homeowner.

- The bid solicitation shall include the property address and Work Write-Up, together with the date and time of a mandatory job walk-through. Only those contractors attending the mandatory job walk-through and submitting a completed bid proposal by the specified bid deadline shall be eligible.
- Property owners cannot serve in the capacity of contractors for the rehabilitation of their property.



Contractors must submit the following to Staff prior to commencing any work on the property:

- California State Contractor’s license verified as “Current, Active, and in Good Standing”. The information can be verified by contacting the State Contractor’s Board at (800) 321-2752 or www.cslb.ca.gov.
- A current and valid City of Placentia business license.
- Evidence of workers’ compensation insurance and general liability insurance in amounts deemed adequate by Neighborhood Services Staff. Contractors must add the City of Placentia as an additional insured/loss payee under its general liability policy.

STEP 6: FINAL GRANT APPROVAL AND SIGNING OF PROGRAM DOCUMENTS

Following the selection and qualification of the contractor(s) and final grant approval by the City Administrator or designee, program documents will be prepared, including a Property Rehabilitation Agreement and Grant Agreement Contract for both the homeowner & contractor's signature.

Following execution of all signed agreements, the City will contact the selected contractor to sign a property rehabilitation agreement contract which must include, among other provisions, the specific work to be completed (conforming with the Work Write-Up), the contract price, the time for commencement and completion of the work, and a contractor guarantee of work for one full year.

STEP 7: FINAL GRANT APPROVAL AND SIGNING OF PROGRAM DOCUMENTS

Rehabilitation work shall not commence until Staff has issued a Notice to Proceed. Such notice shall be issued upon (i) execution of the grant Agreement by the City and the homeowner, (ii) submittal of a fully executed property agreement contract with the contractor performing the work, and (iii) submittal by the contractor of all required documentation described in Step 5.

Homeowners shall not contract independently with any contractor to concurrently perform additional work on the property beyond the scope of the Work Write-Up until: (i) a Notice of Completion is issued by program Staff and satisfactory completion of the improvements identified in the Work Write-Up and Property Rehabilitation Agreement, and (ii) final inspection has been obtained and approved for all outstanding building or other permits for the work.

STEP 8: DISBURSEMENT OF PAYMENTS AND CLOSING OF FILE

Payments shall be made upon completion of the work and the proper inspection and photographs of the improvements are made by City Staff and inspector. Checks will be issued payable to each contractor upon execution by the homeowner of a Payment Authorization Form. The homeowner’s file is then formally closed.



CITY OF PLACENTIA HOUSING REHABILITATION PROGRAM



APPLICATION INSTRUCTIONS

INTRODUCTION

The attached Housing Rehabilitation Program application has been designed to be as simple as possible to complete. However, if you should have questions while completing this form, please do not hesitate to call Community Services at (714) 993-8232. It is very important that you fully complete this application to determine eligibility.

INSTRUCTIONS

Applicant's name: This is the person who owns the property (the name on the Certificate of Title) and wishes to receive the grant.

Co-Applicant's name: Another person who is also an owner of the property.

Number of household members and ages: Our funding is based on the household size. As per HUD guidelines, we count every person and their income who are living in the household regardless of relationship. It is important to list the ages because the information is used for reporting whether we assist families with children or older adults.

If unable to contact you, what individual should be contacted? If you are not easily available during normal business hours (up to 5:00 p.m.) at the residential/mobile home, then we need to have the phone number of someone who can either answer questions for you or be able to get in touch with you quickly to give messages (such as a spouse, older child, parent or other relative living in the home, or a nearby close friend/family member).

Where do you work? This is your place of employment. If you work at more than one job, please list all jobs or sources of income on a separate sheet and attach it to this application. It is very important that you list everyone you work for or receive money from. You also need to list any income for the co-applicant or anyone else living with you.

How much do you make each month? Please list ALL sources of income. Our office will be verifying this information and it will delay your application if you do not list all the ways in which you receive money. For example, include money from tips, monthly gifts, interest on CDs, bonds, stocks, savings accounts, rentals, personal services, or goods that you make and sell. You can list these on a separate sheet of paper and attach it to the application.

Do you have a checking/savings account? You need to provide the names of banks and account numbers for any kind of bank account you have: checking, savings, CD, credit union, etc. If you have more than one of any kind, list them all. Please use the enclosed worksheet if necessary.

Do you have any other assets? If yes, please provide the total value of these assets. If you are not sure of an item's value, please make your best guess/estimate. Please use the enclosed worksheet to list your assets and total their value. It is not necessary to list each piece of furniture separately; furniture should be listed as a group.

SPECIAL NOTE

Please make sure you sign your application and attach ALL of the items requested on the document checklist - including paystubs, W-2 forms, or tax returns.

If any of these items are not included, it will cause a delay in getting final approval for your Housing Rehabilitation Program.

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- ✓ Applicant Checklist
- ✓ Program Application
- ✓ Demographic Information
- ✓ Credit Information Disclosure Authorization
- ✓ Statement of Household Composition
- ✓ Asset Computation Sheet



APPLICANT CHECKLIST

Please read carefully and check off each item as it is completed and/or enclosed.

- Is the application complete with all spaces filled out accurately and legibly?
- Have you provided proof of ownership? Provide a copy of the Grant Deed, Certificate of Title, or Mobile Home Registration Card.
- Have you filled out the Demographic Information form? *A checkmark is all that is required.*
- Have you signed the Credit Information Disclosure Authorization form? *Your signature is all that is required.*
- Have you completed the Statement of Household Composition form?
- Have you completed the Asset Computation Sheet?
- Have you included signed and dated copies of your Federal Tax Returns and W-2s for the last two years?
- Have you included 2 of your most recent months' bank statements for all accounts? This includes investment accounts, stocks, bonds, CDs, etc.
- Have you included a copy of one month's most recent pay stubs showing year-to-date earnings for **all income earners** in the household? Have you included Social Security Award letters, retirement and/or pension award letters, or copies of checks to substantiate the awards?
- Have you included verification of other income received, i.e., child support or alimony to be received? Have you enclosed copies of canceled checks to prove that you have been receiving them?

I/WE hereby acknowledge that the above information is needed and as provided is correct to the best of our knowledge. I/WE also understand that the above information falls under the laws and guidelines of the RIGHT TO PRIVACY ACT and as such will not be disclosed to anyone other than to those necessary for the approval of our application or, when necessary, as prescribed by Law.

Signature of Applicant

Date

Signature of Applicant

Date



HOUSING REHABILITATION PROGRAM APPLICATION

Applicant's Name: _____ Age: _____

Co-Applicant's Name: _____ Age: _____

Property Address: _____

Home Phone Number: (____) _____ Cell Phone Number: (____) _____

Work Phone Number: (____) _____ Email: _____

Total number of household members living in the residential/mobile home: _____

(The number of household members is important as we base the income limit on people living in the home. If you have renters, we must include their income in the calculations.)

Ages of other household members: _____ - _____ - _____ - _____ - _____ - _____ - _____

(Do not include the ages of the Applicant or Co-Applicant)

Whose name(s) is/are on the Certificate of Title to this residential/mobile home:

How long have you lived at the above address? _____

If unable to contact you, what individual should be contacted?

Name: _____ Phone: (____) _____

Address: _____ Relationship: _____

Where does the Applicant work? (Please provide copies of paycheck stubs for the last 2 months)

Name of Company: _____ Phone: (____) _____

Address: _____

Position: _____ Type of Business: _____

Monthly Salary: \$ _____ Total Monthly Hours Worked: _____ Hourly Rate: \$ _____

Monthly Social Security Amount: \$ _____ Monthly Pension: \$ _____ Other: \$ _____

Where does the Co-Applicant work?

Name of Company: _____ Phone: (____) _____

Address: _____

Position: _____ Type of Business: _____

Monthly Salary: \$ _____ Total Monthly Hours Worked: _____ Hourly Rate: \$ _____

Monthly Social Security Amount: \$ _____ Monthly Pension: \$ _____ Other: \$ _____

Additional working adults? Please include it in the "Statement of Household Composition" form.



HOUSING REHABILITATION PROGRAM APPLICATION (CONT.)

Do you have a: checking account? yes no savings account? yes no

If yes, please provide the most current bank statements to reflect balances.

Please **TOTAL** the amount contained in all of your checking/savings accounts: \$ _____

Do you have any assets (i.e., certificates of deposits, bonds, stocks, cars, boats, RV's, furniture, art, and other real estate properties, etc.)? yes no

If yes, please list assets on the worksheets "Asset Computation Sheet(s)"

Do you own property other than your principal residence? yes no

If yes, provide information below. If you do not own any other property, leave blank.

Address: _____ City: _____ State: _____

Value: \$ _____ Monthly Rent Income: \$ _____

The undersigned certifies that all of the information provided in the Housing Rehabilitation Program application is true and complete. Any discrepancies or omissions later found may be grounds for disqualification. The undersigned authorizes the City of Placentia to check and/or obtain verifications for employment, income, bank, and savings account records information as needed for the purpose of determining program eligibility. The undersigned agrees to adhere to all Housing Rehabilitation Program guidelines, procedures, and regulations should he/she be approved. Failure to adhere to the guidelines, procedures, and regulations may be grounds for disqualification. The undersigned hereby acknowledges that he/she does intend to occupy the property as his/her primary residence.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Check here if you would like to receive emails from the City of Placentia on community news.



DEMOGRAPHIC INFORMATION

The following information is **required** by the City of Placentia, a recipient of funds from the U.S. Department of Housing and Urban Development (HUD) for statistical purposes only (Section 570.506 (g) (2) of 24 CFR). The City of Placentia is **required** to submit Grantee Performance Reports for statistical information purposes to HUD. For your protection, the law provides that a lender may not discriminate on the basis of this information. Failure to provide this information, however, will result in the City of Placentia **not** funding your grant.

- The applicant and co-applicant are each to mark one box only.
- If you are of a single race, you will only check a box in Row A.
- If you are of multiple races, you will only check a box in Row B.
- If you are of Hispanic/Latina Ethnicity, you will only check a box in Row C.

Demographic Information for Grantee Performance Report		Applicant	Co-Applicant	
A	Single Race Category	American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>
		Asian	<input type="checkbox"/>	<input type="checkbox"/>
		Black or African American	<input type="checkbox"/>	<input type="checkbox"/>
		Native Hawaiian or Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
		White	<input type="checkbox"/>	<input type="checkbox"/>
B	Multiple Race Combination	American Indian/Alaska Native & White	<input type="checkbox"/>	<input type="checkbox"/>
		Asian & White	<input type="checkbox"/>	<input type="checkbox"/>
		Black or African American & White	<input type="checkbox"/>	<input type="checkbox"/>
		American Indian/Alaska Native & Black or African American	<input type="checkbox"/>	<input type="checkbox"/>
		Balance or Other	<input type="checkbox"/>	<input type="checkbox"/>
C	Hispanic/Latina Ethnicity	Mexican/Chicano	<input type="checkbox"/>	<input type="checkbox"/>
		Puerto Rican	<input type="checkbox"/>	<input type="checkbox"/>
		Cuban	<input type="checkbox"/>	<input type="checkbox"/>
		Other Hispanic/Latino	<input type="checkbox"/>	<input type="checkbox"/>



CREDIT INFORMATION DISCLOSURE AUTHORIZATION

I/we hereby authorize you to release to the City of Placentia, or its agent, for verification purposes, information concerning:

- Employment History; Dates; Title; Income; Hours Worked; etc.;
- Banking and Savings Account Records;
- Credit History: balance, payment history, etc.;
- Mortgage Loan Information including open date, high credit, payment amount, due date, loan balance, interest rate, and payment record.

The above reports are for confidential use in compiling information regarding a Grant requested by Applicant(s) signing this form.

A photographic or carbon copy of this Authorization (being a photographic or carbon copy of the signature(s) of the undersigned) may be deemed to be the equivalent of the original and may be used as a duplicate original.

Your prompt attention to this matter will help to expedite my Grant application.

Thank you,

_____ Signature of Applicant	_____ Social Security Number	_____ Date
_____ Signature of Co-Applicant	_____ Social Security Number	_____ Date



STATEMENT OF HOUSEHOLD COMPOSITION

Please list all occupants of the property.

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If the occupant is a student over the age of 18, please provide the name of the college or trade school and the number of units the student takes during the semester/quarter.

Student Name	College or Trade School	Number of Units Per Semester/Quarter
_____	_____	_____
_____	_____	_____
_____	_____	_____

If other household members are employed, please provide the occupant's name, employer name, address, and monthly salary.

Occupant Name	Employer (Name and Address)	Monthly Salary
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

If other household members are unemployed, indicate the source of income, i.e., social security, unemployment benefits, Pension, and/or retirement. If other household members are unemployed, proof of "No Wages Reported" by the State of California Employment Development Department is required.

Occupant Name	Source of Income	Monthly Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____



ASSET COMPUTATION SHEET

INSTRUCTIONS

It is very important that you list all of your assets on this sheet and then total the amount in the space provided on the application. Assets are defined as possessions, belongings, effects, property, or resources that you own and can be considered components of wealth. For example: furniture, cars, boats, recreation vehicles, property, artwork, and jewelry are all assets. In figuring the value of these assets, you would use a reasonable price for what you could sell them for.

Liquid assets are items that can readily be turned into cash. For instance, a savings and checking account at your bank are liquid assets because you can withdraw cash if available. A Certificate of Deposit (CD) or stock can easily be converted into cash. RETIREMENT ACCOUNTS, SUCH AS AN IRA OR ANNUITY ARE NOT COUNTED AS LIQUID FOR THIS APPLICATION.

BANK OR FINANCIAL INSTITUTION: List your bank accounts, stocks, bonds, and CDs. Please include a copy of the most current bank statements for each account listed below for the past 2 months.

NAME OF BANK OR FINANCIAL INSTITUTION	TYPE OF ACCOUNT	CURRENT BALANCE
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL LIQUID ASSETS:		\$ _____

PROPERTIES: List other properties than the residential/mobile home you live in (Real estate, rental properties, timeshares, mountain cabins, etc.)

ADDRESS	TYPE OF PROPERTY	RENTAL (Y/N)	AMOUNT OF RENT COLLECTED	CURRENT VALUE
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

CARS/MOTORCYCLES/VEHICLES: List all vehicles owned/leased by occupants.

OWNER	MAKE	YEAR/MODEL	CURRENT VALUE
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

PERSONAL PROPERTY: (furniture, jewelry, artwork, electronic equipment, etc.) Estimated value is the amount you reasonably believe you would gain if you sold the item. Value is determined by many factors including the age of the item and the condition it is in.

DESCRIPTION	ESTIMATED VALUE
_____	\$ _____
_____	\$ _____

