



*****"EKI 'QH'CTE CFK"
 F GXGNQRO GP V'UGTXK E GUF GRCTVO GP V"
 *****"GEQP QO K E 'F GXGNQRO GP V'F KXKUKP"
 "

J QO G'KO RTQXGO GP V'RTQI TCO 'CRRNKE CVKQP"

CONTACT: City of Arcadia, Development Services Department, Economic Development Division
 240 West Huntington Drive, Arcadia, CA 91007, (626) 574-5409

NAME: (Applicant) _____ (Co-Applicant) _____
(Please Print) (Please Print)

ADDRESS: _____
(Please Print)

TELEPHONE: (Home) (626) _____ (Cell) _____

APPLICANT'S SOCIAL SECURITY NUMBER _____ (CO-APPLICANT'S) _____

APPLICANT'S DATE OF BIRTH _____ (CO-APPLICANT'S) _____

TOTAL NUMBER OF PERSONS IN HOUSEHOLD _____ HEAD OF HOUSEHOLD: . Male . Female

IS THIS YOUR FIRST TIME PARTICIPATING IN THE HOME IMPROVEMENT PROGRAM? . Yes . No

TOTAL NUMBER OF PERSONS IN HOUSEHOLD CLAIMED AS DEPENDENTS _____

WHAT IS THE NAME AND AGE OF ALL DEPENDENTS IN THE HOUSEHOLD?

_____ (AGE) _____ (AGE) _____
 _____ (AGE) _____ (AGE) _____

IS THIS PROPERTY A CONDO OR TOWNHOUSE? . Yes . No

SINCE WHEN HAVE YOU OWNED THIS PROPERTY: _____

ARE THERE ANY HANDICAPPED MEMBERS IN YOUR HOUSEHOLD? . Yes . No

ANNUAL GROSS INCOME FROM ALL SOURCES FOR TOTAL HOUSEHOLD: \$ _____

MONTHLY MORTGAGE PAYMENT AMOUNT: \$ _____

TOTAL MONTHLY EXPENSES EXCLUDING MORTGAGE: \$ _____

Do you have assets other than your home? . Yes . No

If yes, list the assets: _____

SOURCE OF INCOME: List all sources of income for every resident in your household--include (as applicable) wages, social security, child support, disability, retirement, interest and dividend income from checking and savings accts, etc.

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

Voluntary: Please indicate which race/ethnic group represents your household? (This data is obtained for statistical purposes only for HUD and will not be considered in determining an applicant's eligibility).

Racial Category	CHECK ONE	Ethnic Category	
		Hispanic	Not Hispanic
Black/African American			
Asian			
American Indian/Alaskan Native			
Native Hawaiian/Other Pacific Islander			
White			
American Indian/Alaskan & White			
Asian & White			
Black/African American & White			
American Indian/Alaskan Native & Black/African American			
Other Race (specify racial category here)			

DOCUMENTATION: All applicants are required to provide proof of income. The City may require the following documentation as proof of income:

- | | |
|--|--------------------------------------|
| (1) Most Recent Mortgage Statement | (5) Federal Income Tax Form 1040 |
| (2) W-2 Form (or pay check stubs) | (6) Social Security Checks |
| (3) Annual interest statement | (7) Annual dividend statement |
| (4) Annual Social Security Benefit Statement | (8) Annual Pension Benefit Statement |

WHAT IMPROVEMENTS ARE YOU INTERESTED IN MAKING? _____

I/We HEREBY CERTIFY that the aforementioned facts are true and correct. Furthermore, I/we will be liable for all costs incurred through the Program if any information provided is determined to be false and/or incorrect which may have initially qualified me/us for the Home Improvement Program.

_____	_____
Applicant's signature	Date
_____	_____
Co-Applicant's signature	Date

FOR OFFICE USE ONLY

Low Income	Moderate Income	Elderly
Small Family	Large Family	Female Head of Household

Household Income \$ _____ Maximum HUD Income Limit \$ _____