



RE: Inglewood Minor Home Rehabilitation Grant Program

Dear Homeowner,

Thank you for your interest in the City of Inglewood's Minor Home Rehabilitation Grant Program. This program aims to alleviate critical health, safety, and code issues for low-income homeowners in the City of Inglewood. These repairs are provided at no cost to eligible, low-income homeowners.

The City of Inglewood has partnered with Habitat for Humanity of Greater Los Angeles (Habitat LA) to process grant applications and perform repairs and home improvements for eligible residents. City of Inglewood homeowners can apply to receive assistance of up to \$15,000 in **FREE** home repairs. Eligible home repairs include exterior and interior painting, accessibility modifications, window and door replacements, electrical, plumbing, roofing, and more. The Inglewood Minor Home Rehabilitation Grant Program funding is limited – *assistance will be provided on first come, first serve basis.*

Enclosed with this letter is a copy of the program application. If you would like to be considered for assistance, please **complete the enclosed application and submit it along with copies of supporting documents to Habitat LA. Applications can be submitted in person, by mail, fax, or email to the following:**

Habitat for Humanity of Greater Los Angeles
Attn: Inglewood Minor Rehabilitation Grant Program
8739 Artesia Blvd.
Bellflower, CA 90706
Fax: (310) 323-0789
Email: homepreservation@habitatla.org

If you have any questions or for additional information, please feel free to contact Habitat LA by phone at (310) 323-4663 ext. 314 or by email at homepreservation@habitatla.org. We look forward to hearing from you soon.

Sincerely,

Habitat LA Programs Department

Enclosure (1)



INGLEWOOD MINOR HOME REHABILITATION GRANT

In partnership with the City of Inglewood, Habitat for Humanity of Greater Los Angeles (Habitat LA) can assist City of Inglewood homeowners with up to \$15,000 in **FREE** home repairs to address health, safety, accessibility and code issues in and around the home.

ELIGIBILITY CRITERIA

- Applicant(s) must own a property within the City of Inglewood
- The property must be owner-occupied and the primary residence of all owners on title.
- Homeowner(s) must either be a U.S. Citizen or a Permanent Legal Resident.
- The property must be an eligible property. Eligible properties are owner-occupied Single-Family Residences (SFR), condominiums, and townhomes.
- The property must be inhabitable and without any unpermitted or illegal additions.
- Homeowner(s) must be current with the following:
 - Mortgage loan payment (if homeowner is still making payments)
 - Homeowner’s insurance policy
 - Property taxes
- Properties with a reverse mortgage are **not eligible**.
- Applicants who own multiple real estate properties are not eligible.
- The property must demonstrate a need for repair.
- Household income must be below 80% of the area median income (AMI) for Los Angeles County as indicated by the Department of Housing and Urban Development (HUD) within the given year applied. See table below.

HOUSEHOLD MEMBERS	1	2	3	4	5	6
2019 GROSS ANNUAL INCOME LIMIT	\$58,450	\$66,800	\$75,150	\$83,500	\$90,200	\$96,900

8739 Artesia Boulevard Bellflower, CA 90706 | Office (310) 323-HOME (4663) | Fax (310) 323-0789

   @HabitatLA | www.habitatla.org



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APPLICATION CHECKLIST

Please complete all sections of this application. Upon review and confirmation of the information provided, you will receive a status notification on your application. Assistance will be provided on a first-come, first-serve basis, dependent on the availability of funding. Therefore, not all eligible applicants will be selected. If you have any questions, please call the Habitat LA Programs Department (310) 323-4663.

- Did you complete all applicable sections?
- Did all applicant(s) sign the Home Preservation Program application? Refer to Section 10.

To complete this application, please include copies of all required documents listed below. All documents submitted must show the name and address of the homeowner(s):

- A copy of your most recent mortgage statement (If you are currently making mortgage loan payments).
- Proof of current homeowner's insurance (Including flood/hazard insurance when applicable)
- A copy of ONE recent utility bill (gas, power, water, phone, etc.)
- A copy of a valid photo I.D. for all property owners on title
- A copy of a Social Security Card for all property owners on title
- Documentation to verify household income:
 - Federal Income tax returns and W-2 and/or 1099 Forms for the previous two years for all employed household members
 - Form 1040 with schedule C, E or F and a year-to-date profit and loss statement for self-employed individuals or business owners
 - Pay stubs for the previous **three consecutive months** for each employed household member
 - Child support, alimony, and monthly benefit statements for all household members receiving any form of benefit (e.g. Retirement/Pension, Unemployment, SSI, TANF, SSDI, etc.)
- Current checking and/or savings account statements for **three consecutive months** (including but not limited to stocks, IRA's, pension accounts, mutual funds etc.)
- For veterans, please provide a copy of your DD-214 discharge form to indicate honorable discharge status.

APPLICATION PROCESS

- Homeowner submits an application and copies of all supporting documents.
- Habitat LA reviews applications for completeness and eligibility.
- If a household is eligible, Habitat LA will conduct a property assessment. A property assessment allows Habitat LA to determine what repairs are needed. **A property assessment does not guarantee approval.**
- Based on property assessment results and program funding, applications are reviewed for approval.
- Once approved, homeowners review scope of work and sign program agreement forms with Habitat LA staff at Habitat LA's main office or City of Inglewood designated location.
- Home repairs are scheduled based on order of approval.



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Inglewood Minor Home Rehabilitation Grant Application

SUBMIT COMPLETE APPLICATIONS TO:

HABITAT FOR HUMANITY OF GREATER LOS ANGELES, 8739 ARTESIA BOULEVARD, BELLFLOWER, CA 90706

SECTION 1 – HOUSEHOLD INFORMATION

Full Name of Homeowner:		Full Name of Co-owner:	
Property Address:			Zip Code:
Home Phone #:	Cell Phone #:	Email Address:	

List the names, ages and relationships of all people living in the home. Please attach a separate page if more space is needed. Please indicate Veteran Status, if applicable.

Full Name	Relationship	Age	Military Status
			<input type="checkbox"/> Veteran
			<input type="checkbox"/> Veteran
			<input type="checkbox"/> Veteran
			<input type="checkbox"/> Veteran

SECTION 2 – SPECIAL NEEDS

Is anyone in the home disabled? Yes No If **YES**, please describe below:

Do you or any of the applicants require translation? Yes No If **YES**, in what language:

SECTION 3 – HOUSEHOLD INCOME

Please indicate the gross monthly income figure	Homeowner	Co-Owner	Household Member	Household Member	Household Member
Wages/Salary	\$	\$	\$	\$	\$
Net Business Income	\$	\$	\$	\$	\$
Unemployment/Disability/WC	\$	\$	\$	\$	\$
Social Security Benefit	\$	\$	\$	\$	\$
Disability/SSI	\$	\$	\$	\$	\$
Retirement/Pension	\$	\$	\$	\$	\$
Alimony/Child Support	\$	\$	\$	\$	\$
Military Pay	\$	\$	\$	\$	\$
Veteran Benefits	\$	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$



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SECTION 4 – MORTGAGE AND PROPERTY INFORMATION

Are you making mortgage loan payments on your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , How much is your payment:	Do you own any other real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , please list here:
Are you current on your mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO , please explain:	Do you have Homeowner’s insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO , please explain:
Do you have any illegal and/or unpermitted additions / building activity on your home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure If YES OR NOT SURE , please explain:	Has the City of Inglewood or an agent performing on behalf of the City of Inglewood, performed repairs on your home in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , please indicate the year you received repairs:
Has Habitat LA performed repairs on your home in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , please indicate the year you received repairs:	

SECTION 5 – REQUESTED REPAIRS

BRIEFLY DESCRIBE THE TYPE OF REPAIRS NEEDED ON YOUR HOME. ATTACH A SEPARATE SHEET OF PAPER IF YOU NEED ADDITIONAL SPACE. PLEASE UNDERSTAND THAT ITEMS LISTED BELOW WILL BE CONSIDERED BUT THE FINAL DECISION REGARDING REPAIRS PROVIDED WILL BE DETERMINED BY HABITAT FOR HUMANITY OF GREATER LOS ANGELES.

CATEGORY	DESCRIPTION OF REPAIR NEED
Accessibility Modifications: Example: Wheelchair ramp, bathroom grab bars, accessible shower stall, etc.	
Carpentry repairs: Describe problems with doors, floors, porches, steps, walls, ceilings, etc. Indicate places where repairs are needed.	
Electrical repairs: List rooms where wall outlets, switches and light fixtures do not work.	
Plumbing repairs: Describe sink, tub or toilet leaks, etc.	
Roofing Repairs: Identify where roof leaks.	
Painting: List all exterior painting requirements.	
Doors and Windows: Describe repairs required, including locks, glass, and frames and weather-stripping.	
General Cleaning: Indicate if there is cleaning and/or trash removal required or if yard work is necessary.	
Other: Identify other repairs requested but not listed above.	



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SECTION 6 – STATEMENT OF NEED**WHAT FACTORS ARE LIMITING YOUR HOUSEHOLD’S ABILITY TO MAKE THE NEEDED REPAIRS (CHECK ALL THAT APPLY):**

<input type="checkbox"/> Income (low, limited or no income in home)	<input type="checkbox"/> Lack of savings/assets to finance home repairs
<input type="checkbox"/> Ineligible for a loan/consumer credit due to poor credit, lack of home equity or personal property.	<input type="checkbox"/> Prefer not to take a loan or consumer debt
<input type="checkbox"/> Physical Limitation	<input type="checkbox"/> Lack of building/repair/home maintenance knowledge
<input type="checkbox"/> Unfamiliar with contractors and repair process	<input type="checkbox"/> Other (please explain):

SECTION 7 – PROGRAM REFERRAL**WHERE DID YOU HEAR ABOUT INGLEWOOD MINOR HOME REHABILITATION PROGRAM (CHECK ALL THAT APPLY)?**

<input type="checkbox"/> Television	<input type="checkbox"/> Habitat Homeowner	<input type="checkbox"/> Community Group	<input type="checkbox"/> Neighbor
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Habitat ReStore	<input type="checkbox"/> Church	<input type="checkbox"/> Other Non-Profit
<input type="checkbox"/> Radio	<input type="checkbox"/> Internet Search	<input type="checkbox"/> Resource Fair	<input type="checkbox"/> Friend
<input type="checkbox"/> City of Inglewood Website	<input type="checkbox"/> Habitat Website	<input type="checkbox"/> Family Member	<input type="checkbox"/> Other:

SECTION 8 – DEMOGRAPHIC INFORMATION (OPTIONAL) This data will be used for statistical reporting only and will be kept strictly confidential.

Ethnicity	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic
Racial Background	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian & White <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> American Indian/Alaskan native & African American	<input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan native <input type="checkbox"/> Black/African American & White

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SECTION 9 – APPLICANT AGREEMENT

- I/We certify that the information provided on this application is true and accurate and that I /we own the property at the address given.
- I/We grant permission to Habitat LA to check any and all references and to take any and all actions reasonably necessary to substantiate the information contained in this application or otherwise establish my/our suitability as an applicant(s) for the Inglewood Minor Home Rehabilitation Grant, including without limitation, contacting or otherwise attempting to confirm my/our (1) employment status and income, (2) assets held by the applicant and any adult household members, (3) family composition, marital status and related issues, (4) citizenship/residency status, (5) any additional information that Habitat LA deems necessary to evaluate this application. I/we understand that Habitat LA may reject this application based upon the results of these inquiries.
- I/We agree that if Habitat LA selects my/our home to be repaired, photos of me/us, my/our household members and my/our home may be taken and a biographical summary about me/us and my/our project may be written and shared with the general public or utilized for public relations, promotional or program development purposes.
- I/we understand that Habitat LA makes no guarantees as to the start or completion dates or length of repairs.
- I/We understand that Habitat LA is a nonprofit corporation with limited resources and cannot afford to provide or guarantee assistance for each applicant. Consequently, I/we agree that Habitat LA, its staff, whether voluntary or compensated, and its board of directors will not be liable in any way or otherwise be held responsible by me/us or anyone acting on my/our behalf in connection with my/our application for Habitat LA or any claims of any nature associated herewith.
- I/We understand that copies of any and all documentation provided to determine my/our program eligibility will not be distributed to a third-party without my/our authorization and may only be returned upon request.
- I/We understand that submission of this application and any supporting documentation **does not guarantee assistance from the City of Inglewood or Habitat LA.** I/We understand that selection is based on submitting all required documentation, meeting the eligibility criteria and the availability of program funding and not all applicants may be serviced.
- I/We understand that selection and repairs provided are subject to the availability of funds and that program policies are subject to change at any time without prior notice.

Signature of Homeowner

Date

Signature of Co-owner

Date



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General Consent Form

Habitat for Humanity of Greater Los Angeles
Attn: Programs Department
8739 Artesia Boulevard
Bellflower, CA 90706
Phone: 310.323.4663
Fax: 310.323.0789

Purpose: Your signature on this General Consent Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above named organization to obtain information from a third party relative to your eligibility and continued participation in HFHGLA Homeownership and Home Preservation Programs.

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant’s eligibility in a CDBG/HOME Program and the amount of assistance necessary using CDBG/HOME funds. This information will be used to establish level of benefit on the CDBG/HOME Program; to protect the Government’s financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, state, and local agencies when relevant to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign the General Consent Form prior to the receipt of benefit. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, “REQUEST FOR COPY OF TAX FORM” MUST BE PREPARED AND SIGNED SEPARATELY.

Information Covered: Inquires may be made about items initialed by applicant/borrower.

	Verification Required	Initials
Credit		
Income (all sources)	<input checked="" type="checkbox"/>	
Employment	<input checked="" type="checkbox"/>	
Assets (all sources)	<input checked="" type="checkbox"/>	
Full-Time Student Status	<input checked="" type="checkbox"/>	

Authorization: I authorize the above named organization and HUD to obtain information about me and my household that is pertinent to eligibility in HFHGLA Homeownership and Home Repair Programs.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of this information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household—Printed Name, Signature and Date:

Adult Member #2-- Printed Name, Signature and Date:

Adult Member #3-- Printed Name, Signature and Date:

Adult Member #4-- Printed Name, Signature and Date:



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