



**CITY OF ARCADIA  
DEVELOPMENT SERVICES DEPARTMENT  
COMMUNITY DEVELOPMENT DIVISION/PLANNING**

**HOME IMPROVEMENT PROGRAM APPLICATION**

CONTACT: City of Arcadia, Development Services Department, Community Development Division/Planning  
240 West Huntington Drive, Arcadia, CA 91007, (626) 574-5430

NAME: (Applicant) \_\_\_\_\_ (Please Print) (Co-Applicant) \_\_\_\_\_ (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

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

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.

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

To which of the following race/ethnic groups do you belong? (Please check 1 - for HUD reporting purposes only - voluntary)

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: Applicants are required to provide proof of income. The following may be required as proof of income. If necessary, additional information may be requested by the Housing staff.

- |  |                                      |
|--|--------------------------------------|
| (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 (or passbooks) | (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 \$ \_\_\_\_\_

Census Tract No. \_\_\_\_\_      Approved       Disapproved

Date File Closed: \_\_\_\_\_      Administrator \_\_\_\_\_