



**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) 574-5422

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

ADDRESS: _____
(Please Print)

TELEPHONE: (Home) (626) _____ (Work) _____

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, 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 Rehab Manager.

- | | |
|--|--------------------------------------|
| (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 HEREBY CERTIFY that the aforementioned facts are true. If at any time this information is found to be false or incorrect and it is then discovered that I do not qualify for the Home Improvement Program, I am liable for all costs incurred through the 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 _____