



# CITY OF PERRIS

HOUSING AUTHORITY

135 N. "D" STREET, PERRIS, CA 92570-220

TEL: (951) 943-5003 FAX: (951) 943-3293

## **FIRST TIME HOME BUYER PROGRAM (FTHB) Capital Improvement Credit Request Policy**

In order to qualify as an eligible Capital Improvement, **each expenditure must be approved in advance by the City of Perris Housing Authority, PRIOR to installation of improvement.** The maximum Capital Improvement Credits shall not exceed the total equity share contribution amount upon its calculation. Capital Improvement Credits cannot be applied to the original loan amount. Credit can only be given toward the equity share contribution amount. The City will review the proposal and approve eligible Capital Improvements within seven (7) business days. The homeowner will be notified in writing of eligibility for credit.

Capital Improvements that have been approved must be completed within six (6) months of approval or a new approval will be required. After an eligible Capital Improvement has been completed, the improvement and amount – including before and after pictures, must be submitted to the Housing Authority for final approval within four (4) weeks of completion of the work. Homeowner must show proof of payment along with receipts/invoices in order to receive the credit. **DO NOT PAY IN CASH.** The Homeowner must submit to the City, an itemized receipt or bill of sale, complete with the contractor or supplier's name, address, phone number and cancelled check. Do not send original receipts, only copies are to be provided. Copies of cancelled checks, credit card and/or debit card statements in the homeowners name must be provided as proof of payment.

It may be necessary to obtain a permit for the proposed property improvements. For verification of building permits, please inquire in person with the Building & Planning Departments at 135 N. "D" St. Perris, CA 92570, or by phone at (951) 943-5003. Improvements not properly permitted by the Building Division will not be eligible for credit.

Complete and return to:

City of Perris Housing Authority  
ATTN: HAP  
24 South "D" St. Suite 102  
Perris, CA 92570



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## FIRST TIME HOME BUYER PROGRAM (FTHB) Capital Improvement Credit Request

Applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ALL WRITTEN ESTIMATES FOR THE IMPROVEMENT MUST BE SUBMITTED WITH THIS REQUEST.**

Type of Work Requested (please check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Flooring  | <input type="checkbox"/> Alarm System- <i>system must be purchased</i>         |
| <input type="checkbox"/> Countertops in kitchen and bathrooms                              | <input type="checkbox"/> Fireplace   |
| <input type="checkbox"/> Handrails   | <input type="checkbox"/> Custom built in book cases/shelves/entertainment nook |
| <input type="checkbox"/> Vanities  | <input type="checkbox"/> Stucco- <i>new</i>                                    |
| <input type="checkbox"/> Bath Tub- <i>Fiberglass to Cast Iron</i>                          | <input type="checkbox"/> Crown molding – <i>where there is none</i>            |
| <input type="checkbox"/> Shower Improvements- <i>tile to marble</i>                        | <input type="checkbox"/> Built in closet system/organizer                      |
| <input type="checkbox"/> Backyard patio construction                                       | <input type="checkbox"/> Drive way improvement or addition                     |
| <input type="checkbox"/> Room Additions  | <input type="checkbox"/> Cement slab – <i>on porch, side of home</i>           |
| <input type="checkbox"/> Toilets- <i>Energy Efficient low flow</i>                         | <input type="checkbox"/> Stamped/decorative cement                             |
| <input type="checkbox"/> Landscaping – <i>250 sq. ft. minimum, where there is none</i>     | <input type="checkbox"/> Roof Gutter system – <i>if none in place</i>          |
| <input type="checkbox"/> Sprinkler system- <i>Energy Efficient</i>                         | <input type="checkbox"/> Digital light switches                                |
| <input type="checkbox"/> Windows – <i>Energy Efficient Energy Star rated</i>               | <input type="checkbox"/> Solar Panel System                                    |
| <input type="checkbox"/> Tankless Water Heaters- <i>Energy Efficient Energy Star rated</i> | <input type="checkbox"/> Kitchen cabinets                                      |
| <input type="checkbox"/> Doors- <i>Energy Efficient</i>                                    | <input type="checkbox"/> Fencing- <i>Block, wood, vinyl or wrought iron</i>    |
| <input type="checkbox"/> Furnace- <i>Energy Efficient Energy Star rated</i>                | <input type="checkbox"/> Attic Insulation                                      |
| <input type="checkbox"/> Light Fixtures- <i>Energy Efficient Energy Star rated</i>         | <input type="checkbox"/> Gates   |
| <input type="checkbox"/> Ventilating Fans- <i>Energy Efficient Energy Star rated</i>       | <input type="checkbox"/> Removal of popcorn texture from ceiling               |
| <input type="checkbox"/> Garage Doors – <i>roll up</i>                                     | <input type="checkbox"/> Closet doors  |
| <input type="checkbox"/> Balconies- <i>new construction</i>                                | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Surround sound – <i>built in</i>                                  | _____  |
| <input type="checkbox"/> Kitchen Island- <i>Permanent</i>                                  | _____  |

Describe the requested improvement(s) and attach rendering:  
\_\_\_\_\_  
\_\_\_\_\_

Estimated cost for the requested work (including any required permits): \$ \_\_\_\_\_

Estimated completion date: \_\_\_\_\_ Who will do the improvements:  Self  Contractor

I/We certify that the requested improvements are to be installed at principal residence acquired through HAP

Homeowner(s) Signature: \_\_\_\_\_

### OFFICE USE ONLY:

Approved  Denied  
Comments: \_\_\_\_\_

Staff: \_\_\_\_\_ Date: \_\_\_\_\_

### Proof of Completion Submitted:

Completion Date: \_\_\_\_\_

Receipts  Cancelled Check(s)

Permits  Invoice(s)

Total Credit Given: \$ \_\_\_\_\_

Program Staff: \_\_\_\_\_