



**CITY OF PERRIS REDEVELOPMENT AGENCY
101 NORTH D STREET
PERRIS, CA 92570**

SENIOR HOME REPAIR PROGRAM APPLICATION

In order to process your application for the Senior Home Repair Program, you will need to submit copies of the following documentation to City staff. Please note that failure to provide complete and full documentation may result in a delay in the provision of services. Processing time of application varies with amount of applications received and the type of work petitioned for.

INSTRUCTIONS:

Income Verification: Please provide a complete set of copies of the following for all household members. All income documentation must be dated within the last 6 months when applicable.

- Last year's Federal Income Tax Return, including all schedules, for each working member of the household
- Three most recent paycheck stubs for each working member of the household.
- Three recent consecutive bank statements for all adults of household
- Other Income: Please provide a complete set of copies of the following:
 - Social Security award letter
 - Pension award letter
 - Public assistance/welfare or unemployment benefit award letter or payment check
 - Alimony or child support
 - Disability award letter or payment check
 - Self employed profits
 - Interest from Bank Accounts and Cash Funds
 - Rental Property and Income derived from rental property
 - Any source of regular income

Property and Residency Documentation: Please provide copies of the following;

- Deed of trust
- Current property tax statement
- 1 Current utility bill statement
- Current homeowners insurance policy

Approval of your application for assistance is based on our review of the above-mentioned documents and the determination that you are eligible to participate in the program. If you have any questions, please call the Redevelopment Coordinator at (951) 943-6100 ext. 299.

PUBLIC SERVICE SELF-CERTIFICATION

1. Number of People in Household: _____

2. Please check your household size and annual income level (from all sources):

2008 Percentage of Median Income In Riverside & San Bernardino Counties

Number of Persons	80% Income Limit	50% Income Limit	30% Income Limit
In the Household	Low Income	Very Low Income	Extremely Low Income
1	\$37,300	\$23,300	\$14,000
2	\$42,650	\$26,650	\$16,000
3	\$47,950	\$29,950	\$18,000
4	\$53,300	\$33,300	\$20,000
5	\$57,550	\$35,950	\$21,600
6	\$61,850	\$38,650	\$23,200
7	\$66,100	\$41,300	\$24,800
8	\$70,350	\$43,950	\$26,400

3. Ethnic Background:

Racial Background
 Mark X next to the category that best describes your origin.

Single Categories

American Indian/Alaska Native
 Asian

Black/African American
 Native Hawaiian/Other Pacific Islander
 White

Double Categories

American Indian or Alaska Native AND White
 Asian AND White
 Black or African American AND White
 American Indian or Alaskan Native AND Black or African American

Other — for individuals not identified above

Ethnic Background
 Mark X next to the category that best describes your ethnicity.

Yes, Hispanic/Latino
 No, not Hispanic/Latino

Household Information — Check one

A female heads the household where this client resides.
 A male heads the household where this client resides.

Have you ever been assisted by this program? If so, how many times. Please give dates and type of work performed.

THINGS HOMEOWNERS NEED TO KNOW

1. Not all the work the homeowner request can be done. Work will be prioritized with health and safety repairs to be completed first.
2. This program has a lifetime maximum limit of \$5,000.00. If the work exceeds the limit, the homeowner is responsible for paying the difference.
3. All work will be done on a first come first serve basis except when an emergency occurs. Emergencies and urgent requests are done first.

APPLICANT/OWNER CERTIFICATION:

The applicant/owner certifies that all information in this application, and supporting documentation, is given for the purpose of obtaining services, and is true and complete to the best of the applicant/owner's knowledge.

Signature

Date

Signature

Date

AUTHORIAZATION TO RELEASE INFORMATION

I, _____ do hereby authorize the City of Perris and its staff to contact any agencies, offices, groups or organizations to obtain any information or materials which may be deemed necessary to complete my application or determine my eligibility for participating in the Senior Home Repair Program.

Signature

Date

REQUEST FOR SERVICE

Name: _____ **Address:** _____

The following items are **Eligible** for repair under the Senior Home Repair Program.

- Minor roof repair
- Minor plumbing- leaking faucets, clogged drains
- Minor Electrical- GFI outlets, plugs and switches
- Install handicap ramp
- Repair/rebuild broken steps
- Install handrails
- Heat or Air Conditioning repair/replacement
- Evaporative cooler service maintenance/repair/replacement
- Water heater replacement
- Water heater energy conservation blankets
- Water heater earthquake strapping
- Repair/Install entry locks
- Repair/Install dead bolts
- Weather stripping
- Security screen doors
- Energy efficient window replacement
- Window repair
- Mending or replacing screens
- Appliance replacement
- Smoke detectors
- Items for the disabled (grab bars, handicap toilets, showers)

Please list and prioritize the type of improvements you are requesting. Use reverse side of this form if necessary to include any additional information.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____