

PICO RIVERA COMMUNITY & ECONOMIC DEVELOPMENT DEPARTMENT

Rehabilitation Programs Preliminary Application



6615 S. Passons Boulevard
 Pico Rivera, California 90660
 Telephone (562) 801-4347

Please Check One: Loan Grant

For Agency's Use Only

RECEIVED

Eligible ___ NOT Eligible ___

Accepted: _____

Late: _____

Date: _____

Reviewed By: _____

INSTRUCTIONS: PLEASE READ CAREFULLY

This application is the initial part of the screening process to pre-qualify residents for waiting list. **Print** in black ink or use typewriter. Incomplete or illegible applications will not be accepted. Fill out this application completely. If a question does not apply to you write N/A. **Applications must be MAILED to the City's Community & Economic Development Department, 6615 S. Passons Blvd., Pico Rivera, California 90660. No applications will be accepted via hand delivery, e-mail or fax. *Waiting period may be several years before assistance can be given.* Program funding is subject to availability.**

(1) Name: _____

Employed: Yes No Gross Income(s): \$ _____
 Social Security: Yes No

(2) Name: _____

Employed: Yes No Gross Income (s): \$ _____
 Social Security: Yes No

Home Phone: _____ Work Phone: _____ Other: _____

Address: _____ Pico Rivera, CA 90660

HOUSEHOLD MEMBERS

Name	Age	Birth Date	Sex	Social Security Number	Income	Relationship to Head of Household	Disabled (For Federal Reporting Only - No Names Used)	
Head of Household					\$ _____	Head of Household	Yes	No
					\$ _____		Yes	No
					\$ _____		Yes	No
					\$ _____		Yes	No
					\$ _____		Yes	No
					\$ _____		Yes	No
					\$ _____		Yes	No
					\$ _____		Yes	No

(Please list any additional persons, with all information, on the reverse side of this form)

*** PLEASE ATTACH DOCUMENTATION FOR EACH SOURCE OF INCOME YOU LIST ABOVE ***

1st Mortgage: Yes No If Yes, What Type? _____ Amount: \$ _____

2nd Mortgage: Yes No If Yes, What Type? _____ Amount \$ _____

Any Other Mortgages or Liens? Yes No If Yes, Please Specify: _____

Do You Have Fire Insurance? Yes No

Previous City Assistance? Yes No If Yes, What Program and When? _____

Repairs Needed: Roof Plumbing Electrical Heating Painting Water Heater
 Windows Insulation Bathroom Repairs Kitchen Repairs ADA Lead Mitigation
 Other _____

(INFORMATION FOR FEDERAL REPORTING ONLY - No Names Used)

RACE

- White
- Black/or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian/Other Pacific Islander
- American Indian or Alaska Native AND White
- Asian AND White
- Black or African American AND White
- American Indian or Alaska Native AND Black or African American
- Other Multi Racial

HISPANIC/LATINO ETHNICITY

- Mexican or Mexican American
- Other Hispanic Latino: _____
- Yes, Please specify below No
- Cuban Puerto Rican

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT. Any person under penalty of perjury who willfully states as true and material matter which he or she knows to be false is guilty of perjury. Perjury is punishable by imprisonment in the state for two, three or four years. (Penal Code Sections 118, 126)

Head of Household Signature _____

Date _____

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!