



**CHECKLIST**

Dear Applicant (s):

Please complete the attached application and attach copies of the following items required for the evaluation of your application:

- Completed Original EERP Application: Filled out and signed by all applicants and household members that are 18 years of age or older.
- Proof of income for all household members that are 18 years of age or older by providing all of the following:
  - Copies of last three (3) most recent pay stubs, Social Security checks, pension and retirement checks, or other acceptable income.
  - Copies of the two (2) most recent years of Federal and State Tax Returns and W-2's for all household members.
  - Bank statements for the last three (3) months.
- Copy of proof of ownership of the Property (Grant Deed)
- Proof of Applicant's residency (Utility Bill)
- Copy of insurance policy for the property
- A prioritized and itemized list of the rehabilitation work requested to be performed.
- Copy of identification with photograph of one of the following state or federal-issued current identification for each applicant:
  - Driver's License
  - Passport
  - Resident Alien Card or California Identification Card
- A completed copy of the following application forms:
  - Consent and Declaration form
  - Release of Information
  - Statistical Information
- Other documents as may be requested and provided to the applicant by the City.

When submitting the requested supporting documentation – DO NOT SEND YOUR ORIGINAL DOCUMENTS – please provide photocopies and note that submitted documents will not be returned. Please submit on 8 ½" x 11" letter size paper.

*Please read the application carefully and enter a response for each indicated entry field.*

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!**



Please read the application carefully and enter a response for each indicated entry field. Where items are non-applicable, enter none or "n/a." Where insufficient space is supplied, attach additional sheets as necessary. Applications must be complete to be considered for program participation.

Applicant's Name (s):
Current Address:

Day Telephone No.:	Evening Telephone No.:
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APPLICANT	CO-APPLICANT
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Name		Name	
SSN	Date of Birth	SSN	Date of Birth
Current Employer		Current Employer	
Employer Address		Employer Address	
Business Phone		Business Phone	
Position		Position	
Length of Time Currently Employed		Length of Time Currently Employed	
Current Annual Gross Income		Current Annual Gross Income	

\_\_\_\_\_ I/We are interested in information about the Emergency Rehabilitation Program (ERP), Minor Home Repair, which will provide forgivable loans of up to \$5,000 to make emergency repairs. Both programs may be combined, but at no time may the total amount of both programs exceed \$5,000.

*If initialed above, staff will send you the guidelines for the ERP. If you elect to participate in the program, please return the "Consent and Declaration" page with all required signatures. By signing this disclosure you have agreed to the ERP guidelines.*



**Additional Income Information:**

All additional sources of Income must be disclosed, whether taxable or not. List Recipient and all additional sources of Income of any person(s) 18 years of age or older residing within the Household.

Pension/Retirement/Social Security (Specify)	Recipient	Annual Income
Alimony/Child Support/Foster Care (Specify)	Recipient	Annual Income
Unemployment/Disability (Specify)	Recipient	Annual Income
Other (Specify)	Recipient	Annual Income
Other (Specify)	Recipient	Annual Income

**Household Information:**

Please enter the requested information for all persons living in the household. (If additional space is needed, please attach an additional sheet and clearly label with "Household Information continued".

List of household members	Age	Check all that Apply	Relationship to Head of Household (Spouse, Child, Other etc.)	Annual Income Check all that Apply (from all sources)
Head of Household/Applicant Name		<input type="checkbox"/> Disabled <input type="checkbox"/> Senior <input type="checkbox"/> Female		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Co-Applicant Name		<input type="checkbox"/> Disabled <input type="checkbox"/> Senior		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name		<input type="checkbox"/> Disabled <input type="checkbox"/> Senior		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name		<input type="checkbox"/> Disabled <input type="checkbox"/> Senior		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name		<input type="checkbox"/> Disabled <input type="checkbox"/> Senior		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Persons in Household _____	Enter Total Annual Household Income:		\$ _____	



**Financial Information:**

Please list All Applicable Savings and Checking Account Information for Each Account Held.

Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Accounty Number:
Address:	Savings or Checking
Current Account Balance	

Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Accounty Number:
Address:	Savings or Checking
Current Account Balance	

**Assets:**

Please list All Other Asset Accounts and their respective values: (Cars, trailers, jewelry, etc.).

Account Category	Recipient	Current Cash Value
Stocks/Bond/Other Investment Accounts		\$
Life Insurance Net Cash Value		\$
Net Worth of Business		\$
Other Assets (list)		\$
Other Assets (list)		\$
Other Assets (list)		\$
Other Assets (list)		\$

Do you currently own, or have an interest in any real estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must complete and submit the attached Schedule of Real Estate Owned
Have you owned, or had an ownership interest in residential real estate within the last three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No



**Financial History:**

Please answer all of the following:

Do you have any outstanding judgments currently outstanding against you?	Applicant Yes No	Co-Applicant Yes No
Have you declared bankruptcy within the last seven years?	Applicant Yes No	Co-Applicant Yes No
Have you had a property foreclosed on, or given a deed-in-lieu in the last 7 years?	Applicant Yes No	Co-Applicant Yes No
During the preceding 5 years, have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure or judgment, or which resulted in a loan default (e.g.: mortgages, SBA loans, any financial obligation, bond or loan guaranty, etc.)?	Applicant Yes No	Co-Applicant Yes No
Are you presently delinquent or in default on any debt to the Federal Government (e.g.: Federal Guaranteed Student Loan, Public Health Service, etc.)?	Applicant Yes No	Co-Applicant Yes No

**I/We hereby certify that the aforementioned statements are true. If at any time this information is found to be false or incorrect, and it is then determined that I/We do not qualify for the Energy Efficiency Rehabilitation Program, I/We understand that I/We am/are liable for all costs incurred through the program.**

Applicant Signature: X	Date:
Co-Applicant Signature: X	Date:
Household Member Signature (18 years of age or older): X	Date:
Household Member Signature (18 years of age or older): X	Date:

**\*\*\* PLEASE REMEMBER TO ATTACH ALL INFORMATION REQUESTED IN THE APPLICATION CHECKLIST. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. DO NOT SEND ORIGINALS.\*\*\***



**CONSENT AND DECLARATION**

I/We, as undersigned, hereby consent to allow authorized representatives of the City of Hesperia (the “City”), or its designee, to enter my/our single family residence for the purpose of evaluating the housing structure. This evaluation will be performed jointly by the undersigned and the representatives of the City during which photos of the existing conditions will be taken. In addition, by signing below, I/We declare that the information provided herein is true and accurate to the best of my/our belief and knowledge that I/We made no misrepresentations in the application or other documents, nor did I/We omit pertinent information and that I/We under penalty of perjury have received and read the attached Community Development Block Grant Energy Efficiency Rehabilitation Program (EERP) Guidelines.

The undersigned certify the following: I/We have applied for the EERP, funded by the City. In applying for assistance, I/We completed an application containing information for the purpose of obtaining a grant. I/We understand and agree that the City cannot ensure that information provided by me/us or on my/our application will be kept confidential notwithstanding that the City intends to maintain my/our application package in a confidential file.

I/We understand and agree that the City reserves the right to change the review process to a full documentation program on a case by case basis. This may include independent verification of the information provided on the application. I/We expressly consent to and authorize the City to verify the information on the application and hereby instruct all persons so requested to fully cooperate with the City including, but not limited to providing further confirmation or documentation as the City may request from time to time.

This application package is an important legal document, and in all respects has been voluntarily and knowingly executed by the Applicant(s). The Applicant(s) hereby acknowledge that he/she/they: (i) have read, in its entirety, this application package, including any and all attachments hereto; (ii) understand the respective contents and requirements of each document, (iii) sought legal advice, if desired, concerning the legal effect of this application package and the program; (iv) shall indemnify and hold harmless the City of Hesperia, from any claims, actions, suits, or litigation, whether monetary or otherwise, that may be asserted by the Applicant(s) or any third party person, firm, or entity arising from the 's performance of the City, in considering/approving the application; and (v) without reservation agree to be bound by all the terms, requirements and obligations of this application package and the program.

I/We understand and agree that the City reserves the right to change the requirements of this application and program at any time.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date



**RELEASE OF INFORMATION**

I/we, the undersigned hereby authorize the City of Hesperia or any of its designees, to release without liability to the City or its agents and all information, as further described below, they may request.

**INFORMATION COVERED**

I/we understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verification and inquiries that may be requested include, but are not limited to:

- Identity and Marital Status
- Medical or Child Care Allowance
- Residences and Rental Activity
- Employment, Income and Assets
- Credit and Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in the City/HHA Program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release information (depending on program requirements) include, but are not limited to:

- Previous Landlords
- Court and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Veterans Administration
- Utility Companies
- Welfare Agencies
- State Unemployment Agencies
- State Security Administration
- Medical and Child Care Providers
- Banks and other Financial Institutions
- Retirement Systems
- Credit Providers and Credit Bureaus

**CONDITIONS**

I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization on file with the City will stay in effect for a year and one month from the date signed. I/we understand I/we have a right to review my/our file and correct the information that I/we can PROVE to be incorrect.

\_\_\_\_\_  
Signature (Head of Household/Applicant)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Spouse/Co-Applicant)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Household Member, 18+ years)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Household Member, 18+ years)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



**STATISTICAL INFORMATION**

The following information will be kept confidential and used only to provide aggregated data for program analysis. The information provided will be separated from your application and maintained separately. Completion of this form will not be used to evaluate your application for participation in this program.

**HEAD OF HOUSEHOLD RACIAL BACKGROUND:**

- |                                                           |                                                                   |
|-----------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> White                            | <input type="checkbox"/> American Indian/Alaskan Native and White |
| <input type="checkbox"/> Black/African American           | <input type="checkbox"/> American Indian/Alaskan Native and Black |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Asian and White                          |
| <input type="checkbox"/> American Indian/Alaskan Native   | <input type="checkbox"/> Black and White                          |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Other Multi-Racial                       |

**HISPANIC/LATINO ETHNICITY?**

**Yes**

**No**

- |                                               |                                                     |
|-----------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Yes, Mexican/Chicano | <input type="checkbox"/> Yes, Cuban                 |
| <input type="checkbox"/> Yes, Puerto Rican    | <input type="checkbox"/> Yes, Other Hispanic/Latino |

**AGE OF HEAD OF HOUSEHOLD:**

- |                                |                                     |
|--------------------------------|-------------------------------------|
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 45-54      |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 55-64      |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> 65 & older |

**CHECK ALL THAT APPLY:**

- |                                   |                                 |
|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Senior |
|-----------------------------------|---------------------------------|

**HEAD OF HOUSEHOLD:**

- |                               |                                 |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

***This information is kept in a separate file.***





**REHABILITATION REPAIRS**

Briefly describe your rehabilitation needs (subject to evaluation by representatives of the City of Hesperia (the “City”) or its designee.

**EXTERIOR ITEMS:**

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**INTERIOR ITEMS:**

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### REHABILITATION REPAIRS

Repairs that may be **eligible** through the Energy Efficiency Rehabilitation Program are:

- Cost effective energy conservation measures, including refrigerator coil brush, energy monitor, water pipe insulation sizing samples, compact fluorescent bulb and low-flow faucet aerators;
- Cost effective water conservation measures, including kitchen and bathroom aerators, low-flow shower head and a leak detector for the toilet;
- Residential energy audit to help assess how much energy your home uses and to evaluate what measures are needed to help improve energy efficiency;
- Residential water conservation audit includes indoor and outdoor leak detection and repair or replacement recommendations and water conservation information;
- Energy Star qualified programmable thermostats, where a non-rated thermostat exists;
- Energy efficiency LED or fluorescent lights (only in locations where already existing - eg.: recessed ceiling mount can lighting fixtures);
- FAU and HVAC duct repair and sealing;
- Lead-based paint testing, project based remediation, and clearance, when required based on the proposed scope of work;
- High efficiency toilets;
- Caulking around plumbing penetrations, windows and exterior and interior door frames (openings);
- Weather stripping around doors and windows;
- Dual-Flush toilet converters that turns standard toilets into dual flush fixtures with a split handle actuator designed to help reduce water usage;
- Energy Star rated gas (tank or tank-less) water heaters or furnaces;
- Any items determined eligible by the City in conformance with funding requirements.

