



EMERGENCY GRANT PROGRAM

GENERAL QUALIFICATIONS AND CONDITIONS FOR PROGRAM ELIGIBILITY

1. About the Program

This Program is designed to assist Senior Citizens or Disabled individuals with emergency home repairs, provided there is an immediate threat to **“Health and Safety”**. The City will provide a one-time Grant up to \$5,000 to make emergency repairs at **NO CHARGE** to the homeowner, if they meet the program eligibility requirements.

2. Eligibility

Seniors over age 62 or handicapped/disabled individuals who own and occupy a single-family detached home located within the City Limits of Fontana. Mobile Homes are not eligible.

3. Applicant

In order to participate, household income may not exceed those listed in the table below. Household income includes all income from all persons living in the property to be repaired.

**TABLE A
2019 ELIGIBILITY INCOME LIMITS**

Household Size	Income Limits	
	50% AMI	80% AMI
1	\$25,150	\$40,250
2	\$28,750	\$46,000
3	\$32,350	\$51,750
4	\$35,900	\$57,450
5	\$38,800	\$62,050
6	\$41,650	\$66,650
7	\$44,550	\$71,250
8	\$47,400	\$75,850

Effective April 24th, 2019

4. Improvements

Eligible repairs include:

- Unsanitary Plumbing Conditions
- Sewer Line/Septic Tank Failure
- Hazardous Electrical
- Water Heater Replacement/Repair

Repairs Requested not listed will be reviewed on a case-by-case basis and submitted to the committee for approval.

5. Applicants must provide proof of ownership of the property to be repaired.
6. Applicants shall be eligible for only one (1) grant under this program
7. The City of Fontana reserves the right to deny requests in specific instances where the repairs to be completed do not conform to these or other program guidelines.
8. **Lead-Based Paint.** Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Prior to disturbance, remodeling or demolition activities, these materials should be properly sampled and/or abated by a certified, licensed Lead Professional.
9. The undersigned acknowledges that for those projects in which Federal funds are used to perform housing rehabilitation repairs, the City may be required to have the subject property inspected and tested for the presence of lead based paint and/or asbestos hazards. The costs associated with the lead and/or asbestos testing typically range between \$300-\$600, depending on the severity (or lack thereof) of the presence of lead or asbestos. Should a lead or asbestos hazard be discovered, abatement or mitigation of the hazard will take priority over all other housing repairs. Please keep in mind that abatement or mitigation measures may be costly. Therefore, depending on the severity of the presence of lead and/or asbestos, if any, you may not be able to perform all the housing repairs indicated in your scope of work. Please note that all costs associated with the testing and/or abatement services will be included as part of the overall funding award for each project. No out of pocket expenses will be incurred.

I/WE have read and understand the foregoing general qualifications and conditions for program eligibility. I/WE further understand that any misstatements, omissions, misrepresentations, deletions, falsifications, or other actions which result in MY/OUR not conforming to the requirements listed above in other contract documentation will subject MY/OUR application to immediate cancellation and cause any disbursed funds to become immediately due and payable and may cause further legal action if warranted.

Date

Owner Signature

Date

Co-Owner Signature



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Program Application – Instructions

All applicants must complete application and documentation by mail or in person to the Housing Department- City of Fontana 8353 Sierra Ave, Fontana CA 92335.

Please provide information for all owners and occupants of the property listed on title.

Address of Property

Owner Information

<i>Last Name:</i>		<i>First Name:</i>	
SSN	Date of Birth	Phone Number	
Current Employer	Address	Business Phone Number	
Retired Yes No	Disabled Yes No	Handicapped Yes No	
Benefits Beneficiary? Explain:			
Yes No			

Co-Owner Information

<i>Last Name:</i>		<i>First Name:</i>	
SSN	Date of Birth	Phone Number	
Current Employer	Address	Business Phone Number	
Retired Yes No	Disabled Yes No	Handicapped Yes No	
Benefits Beneficiary? Explain:			
Yes No			

Please complete the following demographic information, which will be strictly confidential and is requested for statistical reporting purposes only. Select the most appropriate category.

Ethnic Background:

- Hispanic Non-Hispanic

Racial Background:

- White Black/African American Asian
 American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander
 Black/African American & White American Indian/Alaskan Native & White
 Asian & White American Indian/Alaskan Native & African American
 Other

Head of household:

- Male Female

Household Income Information:

List all persons living in the home including all children and the applicant:

Name	Relationship to Applicant	Age	Monthly Income

List and Explain any Additional Sources of Income within the Household

Enter household Size: _____ Persons Enter Total Annual Household Income: \$_____

For each adult (over age 18) in the household without income, complete and attach a Zero Income Affidavit.

Please supply a detailed list and explanation of your emergency repair you are seeking to have completed under this program

Repairs Requested:

Following Submission of your application, the Housing staff will determine program eligibility and contact the applicant to inspect the property. If the problem identified is an eligible emergency, state licensed contractors will be ask to bid on the project. Following which, a contractor will be selected and repair work will commence.

All repairs must be approved by the City of Fontana Housing Department. Any additional expense exceeding the program maximum will be the sole responsibility of the property owner.

Please complete the packet and return to:

City of Fontana
Housing Department / Emergency Grant Program
8353 Sierra Ave, Fontana CA 92335

For more information please call Cynthia Perez (909)350.6720

Acknowledgement of Receipt of Lead-Based Paint Pamphlet:

- I have received a copy of the pamphlet, "*Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools*" informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.
- I did not receive the Lead-Based Paint Pamphlet.

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

Owner Signature

Date

Co-Owner Signature

Date



Model/Property Photo Release Form

I hereby grant permission to the City of Fontana, its employees and agents, to photograph me and/or my property, and to edit, copy, publish and use the photograph(s) in any manner the City deems proper, including in City publications and/or online advertising materials on the City's website. I further consent that my name, property and identity may be revealed. I relinquish any and all rights, title and interest I may have in the finished pictures, negatives and copies, and I hereby waive and release any and all claims against the City for utilizing such photograph(s).

By signing below, I acknowledge that I am of legal age and freely sign this release, which I have read and understand.

Signature:

Date:

Print Name:

Address:

City, State, Zip:

ZERO INCOME AFFIDAVIT

Emergency Grant Program

Household Member Income Information

(To be completed by all household members who receive zero income)

Last Name of Head of Household: _____

Address: _____

Full Name of Household Member: _____

Telephone: _____

1. I hereby certify that I do not individually receive income from any of the following sources:

- Gross wages, salaries, overtime pay, commissions, fees, tips and bonuses.
- Net income from operation of a business or from rental or real personal property
- Interest, dividends and other net income of any kind for real personal property funds, pensions, disability or death benefits and other similar types of period receipts
- Lump sum payments for the delayed start of a periodic payment
- Payments in lieu or earnings, such as unemployment and disability compensation, workers compensation and severance pay
- Public Assistance
- Alimony and Child Support payments (whether through the court system or not)
- Regular pay, special pay and allowances of a head of household or spouse who is a member if the Armed Forces (Whether or not living in the dwelling)
- Regular Monetary gifts from family and / or friends.

2. Currently have no income of any kind and there is no imminent change expected in my financial status or employment status within the next 12 months or within the duration of the activity, whichever is shorter.

I certify under penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my knowledge. I further understand that providing false misrepresentations herein constitutes an act of fraud and that false, misleading, or incomplete information may result in the termination of the execution of the activity (28U.S Code 1746).

Name

Signature

Date

Please submit the following documents along with your application:

In order to evaluate your application for eligibility in our program, our office requires the submission of the following documents:

- 1. Copy of Grant Deed or Deed of Trust – Must be the Recorded Copy**
This document will verify that you are the owner of the property and confirm how little is held.
- 2. General Qualifications and Conditions Form**
Included in this packet. Please read, sign and return this document.
- 3. Program Application**
Included in this packet. Please fill out all information requested.
- 4. Copy of Income Verification Documentation**
This includes the last three **(3) months of the most recent consecutive payroll stubs**, social security checks, SSI checks, AFDC checks, pension and retirement checks, alimony and child support payments, and **3 month Bank Statements** for everyone in the home and on title, other income documentation from all other income sources, for all members of the household
- 5. Signed Copy of Confirmation of Receipt – Lead Based Paint Brochure**
Included in this packet. Please complete, sign and return.
- 6. Signed Model / Property Photo Release Form**
Included in this packet. Please fill out the information requested.
- 7. Signed Zero Income Affidavit – If Applicable**
Included in this packet. Please complete, sign and return
- 8. Copy of Photo Identification**
Provide Photo identification for every person who lives in the home or who is on title to the property. School ID'S for those under 18

Note: Additional documentation may be requested. You will be notified in writing of the specific documentation required.

When submitting documentation-DO NOT SEND ORIGINALS- Please provide photocopies