



**Glenn County Health and Human Services Agency
420 East Laurel Street
Willows CA 95988
(530) 865-6129 Fax: (530) 934-6650**

Applying for:

- Rehabilitation Program (owner occupied) Home Owners Assistance (1st Time Home Buyers)

Please fill out this application completely and accurately. An incomplete form will delay the process of your application.

APPLICANT INFORMATION

1. Applicant Name: _____
2. Home Phone # _____ Cell phone #: _____
3. Present Street Address, City, Zip Code: _____
4. Employment Information
 Retired? YES _____ NO _____ Working? YES _____ NO _____ Self Employed? YES _____ NO _____
 Name of Employer/Business: _____
 Address of Employer/Business: _____
 Employer/Business Phone #: _____

CO-APPLICANT INFORMATION

1. Applicant Name: _____
2. Home Phone # _____ Cell phone #: _____
3. Present Street Address, City, Zip Code: _____
4. Employment Information
 Retired? YES _____ NO _____ Working? YES _____ NO _____ Self Employed? YES _____ NO _____
 Name of Employer/Business: _____
 Address of Employer/Business: _____
 Employer/Business Phone #: _____

HOUSEHOLD INFORMATION

Please fill in the chart below for everyone, including the homeowner, who resides in the home.

HOUSEHOLD COMPOSITION

List the head of your household and all members who live in your home at the time of application, including applicant and co-applicant. Give the relationship of each family member to the head of household (HOH)					Check each box that applies for each person		
Member No.	Full name	Relationship	Date of Birth	SS#	Full -Time Student	Veteran	Disabled
HOH							
2							
3							
4							
5							

HOUSEHOLD GROSS MONTHLY INCOME

Check all that apply	Income Source	APPLICANT (monthly)	CO-APPLICANT (monthly)	Other household Member(s) (monthly)	Total Monthly Income <small>(add all income in the row)</small>
<input type="checkbox"/>	Wages from employer	\$	\$	\$	\$
<input type="checkbox"/>	Social Security	\$	\$	\$	\$
<input type="checkbox"/>	Disability	\$	\$	\$	\$
<input type="checkbox"/>	Interest From	\$	\$	\$	\$
<input type="checkbox"/>	1. Savings	\$	\$	\$	\$
<input type="checkbox"/>	2. CD's	\$	\$	\$	\$
<input type="checkbox"/>	3. Bonds	\$	\$	\$	\$
<input type="checkbox"/>	4. Stocks	\$	\$	\$	\$
<input type="checkbox"/>	5. Retirement Accounts	\$	\$	\$	\$
<input type="checkbox"/>	Alimony	\$	\$	\$	\$
<input type="checkbox"/>	Child Support	\$	\$	\$	\$
<input type="checkbox"/>	Pension	\$	\$	\$	\$
<input type="checkbox"/>	Foster Care	\$	\$	\$	\$
<input type="checkbox"/>	Rental Income	\$	\$	\$	\$
<input type="checkbox"/>	Unemployment	\$	\$	\$	\$
<input type="checkbox"/>	CalWorks (TANF)	\$	\$	\$	\$
<input type="checkbox"/>	Other	\$	\$	\$	\$
County Staff use ONLY:			Total Monthly Income:		\$
			Total Annual Income:		\$

TOTAL ASSETS

Do not leave Blank. If you Do Not Have a Checking Account or Saving Account, Please provide a written statement and copies of money orders and social security benefit, pension check, etc.

Checking and Saving Accounts

	Name of Account	Bank Name	Account No. (last 4 digits)	BALANCE
Saving Account:				\$
Saving Account:				\$
Saving Account:				\$
Checking Account:				\$
Checking Account:				\$
Checking Account:				\$
Other Bank Account:				\$

Other Investments -- Itemize

	Name of Account	Account No.	CURRENT VALUE
Property:(address)			\$
Stocks:			\$
Stocks:			\$
Bonds:			\$

Retirement Account -- Itemize

	Name of Account	Account No.	CURRENT VALUE
IRA:			\$
IRA:			\$
401K:			\$

County Staff Only:

TOTAL ASSETS:

\$

Monthly Expenses

Payment Type	Name of Creditor	Balance	Monthly Payment
Mortgage		\$	\$
Second Mortgage		\$	\$
Line of Credit		\$	\$
Rental Property Mortgage		\$	\$
Auto		\$	\$
Auto		\$	\$
Credit Card		\$	\$
Credit Card		\$	\$
Credit Card		\$	\$
Credit Card		\$	\$
PG&E			\$
Water/ Sewer			\$
Hazard Insurance			\$
Property Taxes			\$
Other: _____		\$	\$
Other: _____		\$	\$
Total Present Monthly Expenses:			\$

I/We Certify that the property to be rehabilitated, is our/my principal residence.

I/We declare under penalty of perjury that the information on this application is given voluntarily, and that the information is true and correct

PLEASE READ BEFORE SIGNING:

I/We acknowledge that the County/City or its agents will use the information on this application for the purpose of determining Program eligibility. Inquiries may be made to verify statements herein. I/We understand that false statements or omission are grounds for disqualification and/or penalties. I/We acknowledge that penalty for false or fraudulent statement U.S.C. Title 18, Section 1001, provides: "Whoever, in any manner, within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statement or entry, shall be fined up to \$10,000 or imprisoned up to 5 years or both."

I/We _____ DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT; AND CERTIFY THAT THE PICO RIVERA HOUSING ASSISTANCE AGENCY SHALL NOT BE LIABLE FOR DAMAGES THAT MAY ARISE OUT OR IN CONNECTION WITH THE HOME IMPROVEMENTS UNDERTAKEN UNDER THIS PROGRAM.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Only Complete if applying for the Housing Rehabilitation Program

PROPERTY REHABILITATION INFORMATION

I would like the following rehabilitation items (CHECK THE IMPROVEMENTS TO BE COMPLETED)

Electrical Windows Plumbing Wall Repairs

Interior Paint Floor Repairs Heating Kitchen

Exterior Paint Bath Repairs Roofing HVAC

Handicap Accessibility Room Addition

Disabled – Special Needs (describe) _____

Type of Home:

Single Family Year Built _____ Number of Bedrooms _____ Number of Bathrooms _____

Amenities:

Garage Carport Air (A/C) Fireplace

STATISTICAL INFORMATION

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

Race of Household

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native and White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian AND White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American AND White |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> American Indian/Alaskan Native AND Black/African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other – Multiracial |

Hispanic/Latino Ethnicity Yes No

Disabled Yes No

Head of Household Male Female

Age of Head of Household

- 18-24; 25-34; 35-44; 45-54; 55-64; 65 & older

What is the total number of persons in your household? _____

NOTE: No applicant shall be excluded, denied or discriminated from applying and/or participating in the rehabilitation program due to race, age, color, religion, sex, marital status, national origin, handicap/disability or veteran status.