



CITY OF CALIMESA HOUSING REHABILITATION PROGRAM PRE-APPLICATION QUESTIONNAIRE

APPLICANT: Please provide answers to the following questions. This is not an expressed or implied offer for a grant or loan.

1. Date of Application: _____
2. Name of Primary Applicant: _____
3. Primary Applicant: Age: _____ Disabled?: Yes No Veteran? Yes No
4. Property Address: _____
5. Phone Number: _____ Email Address: _____
5. Names and ages of additional household members:

Name of Household Member	Relationship to Applicant	Age	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

(Add additional sheets if more than 8 persons in household)

6. Do you own the property requiring rehabilitation? Yes No
7. Is anyone else on Title with you? Yes No If yes, who? _____
8. How long have you owned this property? _____ years, _____ months
9. Is the property located within the City of Calimesa? Yes No

10. Is there a second mortgage or lien on the property? Yes No
11. What is the total amount owed on this property, including tax liens, mechanics liens, and other trust deeds? \$ _____
- 11a. How far behind are you in payments? _____ Months
- 11b. Are you in default (NOD) or foreclosure? Yes No
12. Have you ever had a housing rehabilitation loan or grant with the City of Calimesa? Yes No
13. Do you have any renters? Yes No
14. Do you own any other property? Yes No
15. What is the total combined annual gross income of all your household members? \$ _____
(Income verification will be verified. Utilizing fraud to receive public funds is in violation of the Law)
16. To which of the following ethnic groups do you belong?

	RACE CATEGORIES	CHECK ONLY ONE RACE CATEGORY	CHECK IF ALSO HISPANIC
1	American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>
2	Asian	<input type="checkbox"/>	<input type="checkbox"/>
3	Black or African American	<input type="checkbox"/>	<input type="checkbox"/>
4	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
5	White	<input type="checkbox"/>	<input type="checkbox"/>
6	American Indian or Alaska Native and White	<input type="checkbox"/>	<input type="checkbox"/>
7	Asian and White	<input type="checkbox"/>	<input type="checkbox"/>
8	Black or African American and White	<input type="checkbox"/>	<input type="checkbox"/>
9	American Indian or Alaska Native and Black or African American	<input type="checkbox"/>	<input type="checkbox"/>
10	Balance/Other	<input type="checkbox"/>	<input type="checkbox"/>

- In accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), and Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), the City of Calimesa does not discriminate on the basis of race, creed, color, sex, age, political affiliation or belief, religion, sexual orientation, national origin, handicap or disability in acceptance for or provision of programs, benefits, or services/activities.

"All application information is true and correct to the best of my knowledge."

Signature of applicant

Date signed

If you have any questions, please contact Micheal Neal, Housing Rehabilitation Specialist, at (909) 261-2770, by email at mneal@mbakerintl.com, or in person at Calimesa City Hall, 908 Park Avenue, Calimesa, CA 92320.

