



## 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 of loan.

1. Date of application: \_\_\_\_\_
2. Name and age of applicant: \_\_\_\_\_
3. Property address: \_\_\_\_\_
4. Phone number(s): \_\_\_\_\_
5. Name and ages of ALL household members, including yourself:

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
			<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 this property?  Yes  No
11. What is the total amount owed on this property, including tax liens, mechanics liens, and other trust deeds? \$\_\_\_\_\_
- a. How far behind are you in payments? \_\_\_\_\_ months
- b. 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 gross income of all your household members? \$\_\_\_\_\_
- (Income 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 <i>or</i> Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>
2	Asian	<input type="checkbox"/>	<input type="checkbox"/>
3	Black <i>or</i> African American	<input type="checkbox"/>	<input type="checkbox"/>
4	Native Hawaiian <i>or</i> Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
5	White	<input type="checkbox"/>	<input type="checkbox"/>
6	American Indian <i>or</i> Alaska Native <i>and</i> White	<input type="checkbox"/>	<input type="checkbox"/>
7	Asian <i>and</i> White	<input type="checkbox"/>	<input type="checkbox"/>
8	Black <i>or</i> African American <i>and</i> White	<input type="checkbox"/>	<input type="checkbox"/>
9	American Indian <i>or</i> Alaska Native <i>and</i> Black <i>or</i> 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, religions, 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 Shannon Andrews, Management Analyst, at (909) 795-9801.