

**CITY OF SANTA CLARA  
NEIGHBORHOOD CONSERVATION AND IMPROVEMENT PROGRAM APPLICATION**

This application is to be completed as thoroughly as possible for consideration of your acceptance in the Neighborhood Conservation and Improvement Program. Approval of funding assistance is subject to the availability of funds. Preference of the Housing Rehabilitation Program Loan Committee is to serve the community's most needy and lowest income applicants. If you have questions or require assistance in completing this application, please contact the Housing and Community Services Division at (408) 615-2490.

**SIGNED APPLICATIONS SUBMITTED WITHOUT THE FOLLOWING DOCUMENTATION CANNOT BE PROCESSED:**

1. Copy of California Driver's License or ID.
2. Proof of homeowners insurance
3. A signed Hold harmless agreement (pg. 5 of this form)
4. The most recent mortgage statement  
*Required Documents to substantiate income eligibility for each person in the household.*
5. Tax Return for the previous tax year, if filed
6. Three months of all income sources documents for each household member: (example: wage statements, interest statements, unemployment compensation statements, and bank statements)

**Note:** SOCIAL SECURITY INCOME can be verified by requesting Verification of Income from Social Security Offices @ (800) 772-1213.

**INCOME GUIDELINES:** Please review the attached income guidelines. Eligibility is based on the moderate income figures by family size.

Have you EVER applied to or received funding from this program previously?  YES  NO

**ANTICIPATED REPAIRS (Check Appropriate Boxes)**

Bath	[ ]	Brick Work	[ ]	Concrete	[ ]	Dry rot Damage	[ ]	Weatherproofing	[ ]
Electrical	[ ]	Foundation	[ ]	Handicapped Access	[ ]	Painting	[ ]	Insulation	[ ]
Plumbing	[ ]	Re Roofing	[ ]	Termite Damage	[ ]	Windows	[ ]	Flooring	[ ]
Tile Work	[ ]	Garage Door	[ ]	Kitchen	[ ]				

Other (Describe) \_\_\_\_\_

**GENERAL INFORMATION**

Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First MI

Birthdate \_\_\_\_\_ CDL/CID \_\_\_\_\_ (Include Photo Copy)

Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First MI

Birthdate \_\_\_\_\_ CDL/CID \_\_\_\_\_ (Include Photo Copy)

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Other individuals living in the household:

NAME:	AGE:	SOCIAL SECURITY NUMBER:	BIRTHDATE	CDL/CID #
_____	_____	__-__-____	____/____	_____
_____	_____	__-__-____	____/____	_____
_____	_____	__-__-____	____/____	_____

Property is in Trust  YES  NO Trust Name \_\_\_\_\_ Trust Date: \_\_\_\_\_

Is this a single family home?  YES  NO Flood Insurance?  YES  NO

Name of homeowners' insurance provider: \_\_\_\_\_

Approximate year home was built \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_

Name(s) on Title: \_\_\_\_\_

Number of People in Household: \_\_\_\_\_ Estimated Value of Home \$ \_\_\_\_\_ Estimated Equity of Home \$ \_\_\_\_\_

#### HOUSEHOLD ANNUAL (YEARLY) GROSS INCOME

Annual (yearly) Gross Income of Each Household Resident by Source:

	<u>Applicant</u>	<u>Spouse</u>	<u>Others</u>	<u>Total</u>
Wages or Salary	\$ _____	\$ _____	\$ _____	\$ _____.
Social Security	\$ _____	\$ _____	\$ _____	\$ _____.
SSI	\$ _____	\$ _____	\$ _____	\$ _____.
Retirement	\$ _____	\$ _____	\$ _____	\$ _____.
Disability	\$ _____	\$ _____	\$ _____	\$ _____.
Pension	\$ _____	\$ _____	\$ _____	\$ _____.
Alimony/Child Support	\$ _____	\$ _____	\$ _____	\$ _____.
Investment Income	\$ _____	\$ _____	\$ _____	\$ _____.
Other Income	\$ _____	\$ _____	\$ _____	\$ _____.
<b><u>TOTAL</u></b>	\$ _____	\$ _____	\$ _____	\$ _____.

#### MONTHLY HOUSING COST CRITERIA

Calculating Estimated Monthly Housing Costs:

Principal & Interest: All Monthly Mortgage Payments	\$ _____
Property Taxes & Assessments	\$ _____
Property Insurance	\$ _____
Utility Allowance (see table below)	\$ _____
Maintenance & Repairs (see table below)	\$ _____
Homeowners Association Dues	\$ _____
Private Mortgage Insurance	\$ _____
<b>TOTAL ESTIMATED MONTHLY HOUSING COST</b>	<b>\$ _____</b>

# of Bedrooms	Utilities Allowance	Maintenance (*) Allowance
0	\$65	\$100
1	\$107	\$100
2	\$138	\$130
3	\$185	\$150
4	\$211	\$150

(\*) If homeowner's association dues include maintenance of the exterior of the property, an allowance for maintenance is not necessary.

**IMPORTANT - READ BEFORE SIGNING**

I CERTIFY THAT THE PROPERTY \_\_\_\_\_ IS MY PRINCIPAL RESIDENCE.

I (WE) CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF.

APPLICANT SIGNATURE(S)

\_\_\_\_\_  
DATE \_\_\_\_\_

\_\_\_\_\_  
DATE \_\_\_\_\_

- **If this application has been prepared by someone other than the applicant(s), or if assistance has been given to the applicant(s), please complete the following:**

Name of person preparing or assisting with the application: \_\_\_\_\_

Relationship to applicant(s): \_\_\_\_\_ Would you like to be present at the home visit?  YES  NO

Daytime Phone Number: \_\_\_\_\_

**VOLUNTARY RACIAL / ETHNIC SELF-IDENTIFICATION**

<b>ETHNICITY (Check Only One)</b>	
Hispanic or Latino	
Not Hispanic or Latino	
<b>RACE CATEGORIES (Check Only One Race Category)</b>	
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
American Indian or Alaska Native <i>and</i> White	
Asian <i>and</i> White	
Black or African American <i>and</i> White	
American Indian or Alaska Native <i>and</i> Black or African American	
Balance/Other	

**PLEASE RETURN COMPLETED APPLICATION TO:**

**CITY OF SANTA CLARA  
NCIP  
HOUSING AND COMMUNITY SERVICES DIVISION  
1500 WARBURTON AVENUE  
SANTA CLARA, CA 95050**

**For Staff Use Only – DO NOT WRITE WITHIN THIS AREA**

To qualify for a housing rehabilitation loan from the City of Santa Clara, Applicant's total estimated monthly housing cost may not exceed Affordable Monthly Housing Cost, defined as:

- 30% of 70% of area median income, divided by 12 and adjusted for household size appropriate for the size of the home for **Low Income** (80% AMI) households.
- 30% of 50% of area median income, divided by 12 and adjusted for household size appropriate for the size of the home for **Very Low Income** (50% AMI) households.

Determine Applicant's Household Income Category according to chart listed below.  
(Incomes listed below are maximum amounts for each category dependent on size of household)

<u>HOUSEHOLD SIZE</u>	<u>30% of MEDIAN</u>	<u>50% of MEDIAN</u>	<u>80% of MEDIAN</u>
1	\$ 25,100	\$ 41,800	\$ 59,350
2	\$ 28,650	\$ 47,800	\$ 67,800
3	\$ 32,250	\$ 53,750	\$ 76,300
4	\$ 35,800	\$ 59,700	\$ 84,750
5	\$ 38,700	\$ 64,500	\$ 91,550
6	\$ 41,550	\$ 69,300	\$ 98,350
7	\$ 44,400	\$ 74,050	\$ 105,100
8	\$ 47,300	\$ 78,050	\$ 111,900

Income categories for Santa Clara County effective April 17, 2017 as published by Federal Department of Housing and Urban Development (HUD).

Figures provided and annually updated by the City of Santa Clara.

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Eligible @ 30% \_\_\_\_\_ 50% \_\_\_\_\_ 80% \_\_\_\_\_ Ineligible \_\_\_\_\_

Approved By: \_\_\_\_\_ Date \_\_\_\_\_  
Staff Analyst

CLIENT # \_\_\_\_\_

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**CITY OF SANTA CLARA  
NEIGHBORHOOD CONSERVATION AND IMPROVEMENT  
PROGRAM  
HOLD HARMLESS AGREEMENT**

To the extent permitted by law, I (we) the undersigned owner(s) of the property described herein hereby agree to protect, defend, indemnify and hold harmless the CITY OF SANTA CLARA, its City Council, commissions, officers, agents and employees from and against any and all liabilities, judgments, costs and/or expenses or damages, however same may be caused, including all costs and attorney fees incurred in providing a defense to any claim for which the CITY becomes legally liable, arising from or in consequence of any acts, errors or omissions of the owners or any activities relating to housing rehabilitation provided by the CITY as part of the City of Santa Clara's Housing Rehabilitation Program at:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, and Zip

Because of monetary constraints imposed on the Program, the Scope of the Housing Rehabilitation Program may not and is not intended to address all of the health and safety hazards and code deficiencies that may have been identified during the initial property inspection. Owner(s) acknowledge that it is the sole responsibility of owner(s) to correct such health and safety hazardous and code deficiencies at their own expense. Owner(s) further agree to defend, indemnify and hold harmless the CITY OF SANTA CLARA, its officers, agents, and employees in the event that any future liability is incurred due to failure to correct these remaining safety hazards and/or code deficiencies.

\_\_\_\_\_  
SIGNATURE OF RECORD OWNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF RECORD OWNER

\_\_\_\_\_  
DATE

"I hereby grant the CITY permission to construct a grab bars on my property at no cost to me. I understand that the fixture is permanent and that I will not hold the CITY responsible for its removal." Please initial if you wish a ramp, grab bars or other handicap accessibility \_\_\_\_\_.