



**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 lower 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:

- ☐ Proof of homeowner's insurance
- ☐ A signed Hold harmless agreement (pg. 4 of this form)
- ☐ The most recent mortgage statement

Required Documents from every ADULT family member living in the household:

- ☐ Copy of California Driver's License or ID.
- ☐ Tax Return for the previous tax year, if filed
- ☐ Three (3) months of **all** income sources documents:
 - ☐ Paystubs
 - ☐ Social Security Statements
 - ☐ Unemployment Compensation Statements
 - ☐ Bank Statements
 - ☐ Pension Statements
 - ☐ Investment Statements
 - ☐ Other _____

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

INCOME GUIDELINES: Please review the income guidelines on page 3. 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)

- | | | | | |
|-------------------------------------|--|--------------------------------------|---|---|
| <input type="checkbox"/> Bath | <input type="checkbox"/> Brickwork | <input type="checkbox"/> Concrete | <input type="checkbox"/> Dry Rot Damage | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Flooring | <input type="checkbox"/> Garage Door | <input type="checkbox"/> Handicapped Access | <input type="checkbox"/> Insulation |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Painting | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Re Roofing | <input type="checkbox"/> Termite Damage |
| <input type="checkbox"/> Tile Work | <input type="checkbox"/> Weatherproofing | <input type="checkbox"/> Windows | | |

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 #:	BIRTHDATE:	CDL/CID #
_____	_____	____-____-____	____/____/____	_____
_____	_____	____-____-____	____/____/____	_____
_____	_____	____-____-____	____/____/____	_____

Name(s) on Title: _____

Is the Property in Trust ☐ YES ☐ NO Name of Trust _____ Date of Trust: _____

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 _____ 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	\$ _____	\$ _____	\$ _____	\$ _____.
<u>TOTAL</u>	\$ _____	\$ _____	\$ _____	\$ _____.

IMPORTANT - READ BEFORE SIGNING

I DECLARE THAT THE PROPERTY LOCATED AT _____ IS MY PRINCIPAL RESIDENCE.

I (WE) DECLARE 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: _____

INCOME GUIDELINES: Maximum Income Levels*

HOUSEHOLD SIZE	30% of MEDIAN	50% of MEDIAN	80% of MEDIAN
1	\$38,750	\$64,550	\$102,300
2	\$44,250	\$73,750	\$116,900
3	\$49,800	\$82,950	\$131,500
4	\$55,300	\$92,150	\$146,100
5	\$59,750	\$99,550	\$157,800
6	\$64,150	\$106,900	\$169,500
7	\$68,600	\$114,300	\$181,200
8	\$73,000	\$121,650	\$192,900

*Income categories for Santa Clara County effective May 1, 2024 as published by Federal Department of Housing and Urban Development (HUD). Figures provided and annually updated by the City of Santa Clara

How did you hear about the NCIP program?

- ☐ Newspaper
☐ City of Santa Clara Website
☐ Family/Friend

- ☐ Art & Wine Festival
☐ Workshop, City Event
☐ Other _____

The following information is requested by the federal government in order to monitor the program's compliance with federal laws regarding equal opportunity. You are not required to furnish this information but are encouraged to do so. The law provides that this program may neither discriminate on the basis of this information, nor on whether you choose to furnish it.

ETHNICITY (Check Only One)

- ☐ Hispanic or Latino ☐ Not Hispanic or Latino

RACE CATEGORIES (Check Only One)

- ☐ American Indian or Alaska Native ☐ American Indian or Alaska Native *and* White
☐ Asian ☐ Asian *and* White
☐ Black or African American ☐ Black or African American *and* White
☐ Native Hawaiian or Other Pacific Islander ☐ American Indian or Alaska Native *and* Black or African
☐ White ☐ Balance/Other

PLEASE RETURN COMPLETED APPLICATION AND SUPPORTING DOCUMENTATION 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

Eligible @ 30% _____ 50% _____ 80% _____ Ineligible _____

Approved By: _____, Staff Analyst

CLIENT # _____

Date: _____

**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_____.