



1390 North D Street/ San Bernardino, CA 92405 / Phone 909-884-6891 / Fax 909-884-6893 / www.nhsie.org

Dear Homeowner,

Enclosed is the application you have requested for the City of Banning Exterior Rehabilitation Assistants Program. Please complete the application in full, sign and return it to:

- ◆ **Neighborhood Housing Services of the Inland Empire, Inc.**
1390 North D Street
San Bernardino, Ca 92405
Attn: Luisa Ross

This Program is offered on a *FIRST-COME, FIRST-SERVED* (date stamped in our office) basis through the City of Banning Economic Development Agency, and is administered by N.H.S.I.E.

- It services citizens at 120 percent of median income (low to moderate income), who are in need of general repairs, or to abate certain code violations to their property (see application for details).
- Homeowners must *own* their home and *occupy* it for a minimum of one-year (1) prior to the rehabilitation work being done.
- Homeowners are required to sign a *Maintenance Agreement Covenant* which is recorded by the Agency. It states the Homeowner will continue to upkeep their improved property after the work is completed, and *if the Homeowners sells, removes their name off the grant deed, or refinances the property for equity, within one (1) year after the completion of the their project they must pay back the amount of the grant which was spent on their repairs.*

You may qualify to have repairs and or corrections made at no cost to you through the Exterior Rehabilitation Assistance *Grant Program*, **Up To A** maximum of \$10,000.

If you have any questions or need help in filling out the application, please call me at (909) 884-6891 ext.241

Thank you,

Luisa Ross
Program/Rehab Specialist

Neighborhood Housing Services of the Inland Empire, Inc.
And the
City of Banning

Rehabilitation Grant

Application Instructions & Checklist

This is an *Owner Occupied Program*. You are applying for a grant and/or loan. Anyone living in the household must be listed on the application. Fill in all blanks as they apply to you. ***Incomplete applications will be returned.*** Please remember to sign at the bottom. *ALL personal information is kept confidential within the organization and City.*

Please provide us with the following information as it applies to you.

PLEASE SEND ONLY COPIES

Property Ownership

1. Copy of current mortgage statement
2. Copy of current year property tax bill (if not included in payment)
3. Copy of property insurance statement (if not included in payment)

Evidence of Income

1. Copies of 2 most recent pay stubs
2. Evidence of alimony or child support, if received
3. Copy of most recent Federal and State tax return

Evidence of Government Assistance

1. Statement of benefits for SSI, SSP, or AFDC
2. Statement of unemployment or disability benefits
3. Statement of pension or retirement benefits

Bank Statement

1. Enclose copies of current (2 months) checking and/or savings account statements (all pages)

If you need help in completing the application or have any questions, please call NHSIE, Rehab Division, at (909) 884-6891.

Si usted necesita ayuda para completar esta aplicación, favor de llamar a NHSIE. Nuestros empleados hablan español.

**City of Banning Community Redevelopment Agency
Exterior Rehabilitation Assistance Application**

**Neighborhood Housing Services of the
Inland Empire Services, Inc. (NHSIE)**

Applicant's Name (Last, First, MI) _____

Applicant's Date of Birth _____

Applicant's Spouse's Name or Co-Applicant _____

Co-Applicant's Date of Birth _____

Street Address _____

Applicant's Phone Number _____

City/Zip _____

DO YOU HAVE ANY NOTICE OF VIOLATION WITH THE CITY OF BANNING CODE ENFORCEMENT OR ANY OTHER CITY AGENCIES YES _____ IF YES PROVIDE COPY. _____ NO _____

Years lived in residence: _____

List all persons living in residence other than you:

Name	Relationship	Age	Employed	
			Yes	No

Any income must be shown in income section. Must show proof of income to qualify. Written verification must be forwarded with application.

MONTHLY HOUSEHOLD GROSS INCOME					
AFDC	\$	Social Security	\$	SSI/SSP	\$
Disability	\$	Employment	\$	Food Stamps	\$
Unemployment Ins	\$	Pension/Retire	\$	Alimony	\$
Child Support	\$	Other/Real Prop.	\$		
Total Monthly Income: \$			Total Annual Income \$		

2009 HUD Income Level (Subject to annual change)	Number of Persons Per Household							
	1	2	3	4	5	6	7	8
Household Annual Income May Not Exceed:								
120% Median Income	54,200	61,900	69,650	77,400	83,600	89,800	96,000	102,150

Ethnicity: (Please check all that apply) Optional

- | | | |
|---|---|---|
| <input type="checkbox"/> Sr. Citizen(s)-60 or older | <input type="checkbox"/> Female Head of Household | <input type="checkbox"/> Disabled One or More |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian/Pacific | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Black | <input type="checkbox"/> White, Non-Hispanic | <input type="checkbox"/> Veteran |

I certify under penalty of perjury that the information provided above is correct to the best of my knowledge. I understand that the inclusion of any willful misrepresentation on this form constitutes ground for rejection of this application and recapture of any financial benefit I may have received. **I authorize NHSIE and or The City of Banning to examine and verify any and all information provided in this application.**

Date: _____

Signature _____

Date: _____

Signature _____

Neighborhood Housing Services of the Inland Empire, Inc.
EXTERIOR REHABILITATION GRANT NEEDS
(Please Include with your Application)

Homeowner Name: _____

Address: _____

Telephone (Day): _____ (Eve): _____

City (*Mail Address): _____ ZIP: _____

(* You must live in the City of Banning to qualify for assistance)

THE GRANT IS ONLY FOR FRONT EXTERIOR BEAUTIFICATION. WE DO NOT WORK INSIDE OF THE HOME OR THE BACK YARD.

ELIGIBLE IMPROVEMENTS: Please circle items as many as needed. An Agency/NHSIE Inspector will determine improvements based on grant funding, evident need, program guidelines, and code health and safety issues. Priority consideration will be given to most pressing items within limitations as determined by Agency/NHSIE inspection.

- | | |
|-------------------------|-----------------------------|
| 1. Roof Replacement | 6. Driveway replacement |
| 2. Exterior Painting | 7. Window replacement |
| 3. Landscaping | 8. Security Lighting |
| 4. Automatic Sprinklers | 9. Security Doors |
| 5. Fencing | 10. Garage Door replacement |

Other: _____

SIGNATURE: _____ DATE _____