

For Office Use ONLY	
Application Mailed out on:	

ATTACHMENT E

**Redevelopment Agency of the City Of San Bernardino-
Single Family Beautification Grant Program 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
(Office Use Only)

City/Zip _____ Map Verification _____
Date: _____ Initials: _____

**DO YOU HAVE ANY NOTICE OF VIOLATION WITH THE CITY OF SAN BERNARDINO 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 \$		

2008 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	52,100	59,500	67,000	74,400	80,400	86,300	92,300	98,200

Ethnicity: (Please check all that apply) Optional

- Sr. Citizen(s)-60 or older
- Female Head of Household
- Disabled One or More
- Hispanic
- Asian/Pacific
- American Indian
- Black
- White, Non-Hispanic
- 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 Redevelopment Agency of the City of San Bernardino to examine and verify any and all information provided in this application.

Signature _____ Date: _____

Signature _____ Date: _____



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

Single Family Beautification Grant Program **Application Instructions & Checklist**

This is a Single Family Beautification Grant Program. 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 the Redevelopment Agency of the City of San Bernardino (Agency).*

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

PLEASE SEND ONLY COPIES

Property Ownership

1. Copy of current mortgage statement and GRANT DEED.
2. Copy of current year property tax bill (if not included in payment)
3. Copy of property insurance declaration 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 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, Housing and Redevelopment Division, at (909) 884-6891.

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

NHSIE is a private, non-profit corporation authorized by the Redevelopment Agency of the City of San Bernardino to administer their Single Family Beautification Grant and other redevelopment housing programs



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MAINTENANCE GRANT NEEDS (Please Include with your Application)

Homeowner Name: _____

Address: _____

Telephone (Day): _____ (Eve): _____

City (*Mail Address): _____ ZIP: _____

(* You must live in the City of San Bernardino 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. A NHSIE Redevelopment Specialist 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 NHSIE assessment.

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

Other: _____

SIGNATURE: _____ DATE _____

