

**City Of San Bernardino- Redevelopment Agency
Mobile Home Grant Program**

**Neighborhood Housing Services of the
Inland Empire, Inc.**

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 _____ Space # _____

Applicant's Phone Number _____

City/Zip _____

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 Gross Income May Not Exceed:								
80% Median Income	37,300	42,650	47,950	53,300	57,550	61,850	66,100	70,350

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 San Bernardino to examine and verify any and all information provided in this application.**

Signature _____

Date: _____

Signature _____

Date: _____



Neighborhood Housing Services of the Inland Empire, Inc.
And the Redevelopment Agency of the City Of San Bernardino

Mobile Home Grant Programs

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 or registration (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 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.

NHSIE is a private, non-profit corporation authorized by the Redevelopment Agency of the City of San Bernardino to administer their Maintenance Grant and other rehabilitation housing programs.



MOBILE HOME GRANT APPLICATION
(Must Be Included With Your Application)

NAME: _____

MOBILE HOME PARK: _____

ADDRESS: _____ SPACE _____

CITY: _____ ZIP CODE: _____

Please describe the repairs you would like performed on your mobile home and/or include a copy of the Notice of Violation from the City of San Bernardino.

INSIDE: _____

OUTSIDE: _____

SIGNATURE: _____ DATE _____