



CITY OF LA CAÑADA FLINTRIDGE

1327 Foothill Boulevard
La Cañada Flintridge, California 91011
Program Consultant:(909) 476-6006, Ext. 221

RESIDENTIAL REHABILITATION PROGRAM

GENERAL QUALIFICATIONS AND CONDITIONS FOR GRANT ELIGIBILITY

1. The intent of the Residential Rehabilitation Program is to provide grants to eligible homeowners of owner-occupied single family detached dwellings for the preservation of decent, safe, and sanitary housing. The program was created to address the correction of hazardous conditions, to make improvements considered necessary to eliminate blight, and to correct building and health code violations through the awarding of grants. All property to be repaired must be single-family residential, located within the corporate City Limits of the City of La Cañada Flintridge, and owner-occupied by low and moderate-income elderly, or severely disabled homeowners.
2. Residential Rehabilitation Program grants may be available to a maximum of \$15,000 per household, based on determined repair needs. Program funds are derived from the City of La Cañada Flintridge's Federal Community Development Block Grant (CDBG). Funding is limited and may not be available for all applicants.
3. In order to participate, household income may not exceed those listed in Table "A" below. Household income includes all of the gross unadjusted income from all family members living in the property to be repaired, and is subject to the verification requirements of the City of La Cañada Flintridge.
4. In order to receive assistance, properties must be in current compliance with the City's Building Codes, Zoning Ordinance, and Residential Property Standards.
5. The homeowner is responsible for obtaining acceptable bids for the work to be performed, and agrees to contract only with "B" contractors (License Classification for General Contractors) who maintain a current license in good standing with the California Contractors State License Board. Additionally, the contractor must also maintain the required general liability and workmen's compensation insurance coverage, and obtain a City business license.
6. Rehabilitation work must not commence until all permits are issued and a Proceed Order is issued by the City of La Cañada Flintridge.
7. Do not advance any personal funds to the Contractor. Do not incur any expenses on your own. The City of La Cañada Flintridge will not be responsible for funds advanced. Do not enter into side agreements with the Contractor.
8. All funds disbursed are payable to both the owner(s) and contractor for repair work performed.

9. Grant proceeds may only be used for the costs of services and materials necessary to carry out City approved repair work.
10. Previously contracted or commenced work, materials purchased, and the continuation of work already underway, are not eligible for reimbursement.
11. Eligible repairs may include work to be performed on the main residential unit and accessory structures on the property. Eligible items include, but are not limited to the following:
 - Correction of code violations
 - Correction of incipient violations of the uniform building code
 - Cost effective energy conservation measures, including solar heating, cooling and water systems
 - Removal of lead-based paint hazards
 - Removal of barriers to the handicapped
 - Removal of rodents and roaches (pest control)
 - Removal of termites
 - Repair/Replace roofing
 - Repair/Replace heating
 - Repair/Replace plumbing
 - Repair/Replace screens
 - Install new smoke alarms
 - Repair/Replace kitchen and bath flooring
 - Repair/Replace water heaters
 - Repair/Replace bath fixtures
 - Repair/Replace countertops
 - Repair/Replace electrical work
 - Repair/Replace windows
 - Repair/replace stucco
 - Painting
 - Install new dead bolt locks
 - Handicapped improvements
 - Replacement of carpeting
 - Repair/Replace kitchen or bath cabinets
 - Any items determined eligible by screening committee
 - Install new insulation
 - The elimination of specific conditions detrimental to public health and safety, which have been identified by the Program Inspector, inclusive of mandatory removal or remediation of repair-work affected asbestos and lead based paint.
12. Applicants must provide acceptable proof of ownership and residency for the property to be repaired.
13. Applicants approved under this program shall be eligible for only one grant under this program and can not re-apply for a five-year period, as measured from the last completion date of any previous grant-funded improvements.
14. Applicants will permit City of La Cañada Flintridge staff or its agents to conduct necessary property and repair work inspections.

15. The City of La Cañada Flintridge reserves the right to deny requests in specific instances where the repairs to be completed and/or the application does not conform to these or other program guidelines.
16. The City of La Cañada Flintridge determines the eligibility of the applicant to the program.
17. Grant funding is available to approved eligible applicants on a first-come, first-served basis, and is subject to funding availability.

The following acknowledgement must be signed by all property owners:

I/WE have read and understand the foregoing general qualifications and conditions for program eligibility. I/WE further understand that any misstatements, omissions, misrepresentations, deletions, falsifications, or other actions which result in MY/OUR not conforming to the requirements listed above and in other contract documentation will subject MY/OUR application to immediate cancellation and cause any disbursed funds to become immediately due and payable, and may cause further legal action if warranted.

Date

Applicant's Signature

Co-Applicant's Signature

TABLE "A"

**City of La Cañada Flintridge
Residential Rehabilitation Program**

(LA County CDC: Effective June 4, 2018)

2018 INCOME LIMITS

Household Size	CDBG	Extremely-Low Income Equal to or less than 30% of Area Median	Low Income 31% to 50% of Area Median	Moderate Income 51% to 80% of Area Median
1		\$20,350	\$33,950	\$54,250
2		\$23,250	\$38,800	\$62,000
3		\$26,150	\$43,650	\$69,750
4		\$29,050	\$48,450	\$77,500
5		\$31,400	\$52,350	\$83,700
6		\$33,740	\$56,250	\$89,900
7		\$38,060	\$60,100	\$96,100
8		\$42,380	\$64,000	\$102,300

Based on 2018 Median Family Income for the Los Angeles County is \$69,300

I. ANNUAL INCOME DEFINITION

Annual income shall be defined as the total income received from all sources by an individual or family, including the head of household, spouse, and each additional member of the household who has earned or received income during a 12-month period prior to their application for services.

II. INCOME ELIGIBLE FOR REVIEW

Reviewed income must include, but not be limited to, the following:

1. **Personal Service Income**, including the full amount of all earnings, before any payroll deductions of wages and/or salaries, overtime pay, commissions, fees, tips, bonuses, and other compensation for personal services.
2. **Business or Professional Service Income**, including net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness must not be used as deductions in determining net income. Any withdrawal of cash or assets from the operation of a business or profession will be considered income, except to the extent the withdrawal is a reimbursement of cash or assets invested in the operation by the family. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation as provided in Internal Revenue Service regulations.
3. **Interest and Dividends Income**, including interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as a deduction in determining net income. An allowance for depreciation is permitted only as authorized in Section II.2., above. Any withdrawal of cash or assets from an investment will be included as part of net income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rates as determined by the U.S. Department of Housing and Urban Development (HUD).
4. **Payments in Lieu of Earnings**, such as unemployment and disability compensation, worker's compensation and severance pay (except for lump-sum payments described in Section III.2., below).
5. **Periodic Payments**, including the full amount of periodic payments received from social security, annuities, insurance policies, retirement, pensions, disability or death benefits and other similar types of periodic receipts, including a lump-sum payment for the delayed start of a periodic payment.
6. **Periodic and Determinable Allowance**, such as alimony and child support payments, and regular contributions of gifts received from persons not residing in the dwelling.
7. **Welfare Assistance**, including the amount of welfare allowance or grant, but excluding any funds specifically designed for shelter and utilities that are subject to adjustment by the welfare assistance agency (in accordance with the actual cost of shelter and utilities).
8. **Armed Forces**, including all regular pay, special pay and allowances of a member of the Armed Forces (but exempting armed forces special pay described in Section III.6., below).
9. **Tax Credits**, including any earned income tax credit to the extent it exceeds income tax liability.

III. INCOME EXEMPT FROM REVIEW

The calculation of annual income **shall not** include the following:

1. **Income from Children**, including income from the employment of children (including foster children) under the age of 18 years, or payments received for the care of foster children.
2. **Lump-Sum Payments**, including additions to family assets, such as inheritances, insurance payments (e.g. health and accident insurance, and worker's compensation), capital gains and settlement for personal or property losses [see Sections II.4. and II.5., above for income that should be included].
3. **Reimbursement for Medical Costs**, including all payments received by the family that are specifically for or in reimbursement of medical expenses for any family member.
4. **Live-in Aide**, including the income of a live-in aide employed because of a medical condition of a family member.
5. **Education**, including educational scholarships paid directly to the student or to the educational institution, and Government funds paid to a veteran for tuition fees, books, equipment, materials, supplies, transportation and miscellaneous personal expenses of the student. Any amount of such scholarship or payment to a veteran not used for the above purposes that is available for subsistence is to be included in income.
6. **Armed Forces (Special Pay)**, special pay to a family member serving in the Armed Forces, exposed to hostile fire.
7. **Government Programs**, including the following:
 - a. Amounts received under training programs funded by HUD.
 - b. Amounts received by a disabled person that are disregarded for a limited time for purposes of Supplemental Security Income (SSI) eligibility and benefits, because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS).
 - c. Amount received by a participant in other publicly-assisted programs, which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and made solely to allow participation in a specific program.
 - d. Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under the U.S. Housing Act of 1937.
8. **Temporary Income**, considered temporary, nonrecurring or sporadic in nature (including gifts).

Income determinations are subject to the submission and verification requirements of the City of La Canada Flintridge, and are subject to change based on the programmatic requirements of the Community Development Grant Program (CDBG), or the Los Angeles Urban County CDBG Program.

ITEMS NEEDED TO DETERMINE ELIGIBILITY

To evaluate your application for a Rehabilitation Program Grant, our office requires submission of the following:

- **COPY OF YOUR GRANT DEED OR DEED OF TRUST**
This document will verify that you are the owner of the property and confirm how title is held.
- **COPY OF A RECENT UTILITY BILL**
This document is needed to verify residence.
- **COPY OF INSURANCE DOCUMENTATION FOR YOUR PROPERTY**
Please provide photocopies of property insurance documentation.
- **PRELIMINARY APPLICATION**
Included in this packet. Please fill out as completely as possible.
- **COPY OF YOUR INCOME TAX FORMS (Entire signed tax return including all attachments and forms) FOR THE PRIOR YEAR (Most Recent) for all income producing Household Members**
- **COPY OF YOUR CURRENT PROPERTY TAX BILL**
- **COPY OF RECENT PAYROLL CHECK STUBS (3 month sequential pay stubs) for all income producing Household Members**
This includes payroll stubs, social security checks, SSI checks, AFDC checks or pension and retirement checks for all members in household.
- **COPY OF ASSET VERIFICATION STATEMENTS (3 months sequential statements)**
This includes recent summary account statements (bank, investment, other asset holdings) for all members in household.
- **SIGNED COPY OF LEAD-BASED PAINT NOTICE**
- **GENERAL QUALIFICATIONS AND CONDITIONS FORMS**
Included above. Please read and sign this document.
- **PHOTO IDENTIFICATION**
Provide a photocopy of driver's license, passport, or CA identification for every person who is on the title of the subject property.

When submitting the grant deed, utility bills, property tax bill, photo identification, and insurance documentation – **DO NOT SEND ORIGINALS** – *please provide photocopies, submissions will not be returned.*

Thank you for your interest in our program.



**THE CITY OF LA CANADA FLINTRIDGE
RESIDENTIAL REHABILITATION PROGRAM**

APPLICATION

Applicant Name(s)	
Address of the Property to be Repaired	Day Telephone No.
Mailing Address	Evening Telephone No.

APPLICANT		CO-APPLICANT	
Name		Name	
SSN	Date of Birth	SSN	Date of Birth
Current Employer		Current Employer	
Employer Address		Employer Address	
Business Phone		Business Phone	
Position		Position	
Length of Time Currently Employed		Length of Time Currently Employed	
Current Annual Gross Income		Current Annual Gross Income	
List and Explain any Additional Sources of Income within the Household			

Household – Please enter the requested information for all property residents (attach additional sheets, if necessary)

Applicant Name	Age	Handicapped/Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		Annual Income
Name	Age	Handicapped/Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship	Annual Income
Name	Age	Handicapped/Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship	Annual Income
Name	Age	Handicapped/Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship	Annual Income
Name	Age	Handicapped/Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship	Annual Income
Enter Household Size: _____ persons		Enter Total Annual Household Income: \$ _____		

Financial Information

Please list All Applicable Savings and Checking Account Information for Each Account Held

Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:
Address:	Savings or Checking:
Current Account Balance:	

Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:
Address:	Savings or Checking:
Current Account Balance:	

Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:
Address:	Savings or Checking:
Current Account Balance:	

Please list All Other Asset Accounts and their respective values

Account Category	Current Cash Value
Stocks/Bond/Other Investment Accounts	\$
Life Insurance Net Cash Value	\$
Net Worth of Business	\$
Other Assets (list) _____	\$
Other Assets (list) _____	\$

Property Information

Do you own the above listed property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you owned this property?	_____ years
Are you a permanent full-time resident of this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the property taxes current on the above listed property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all financial obligations current for which the property is used as collateral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any outstanding or pending liens against the above listed property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate the names of all persons listed on title to this property:	

Repairs - Please supply a detailed list of all repairs you are seeking to have completed under this program. Be as detailed as possible (attach additional sheets if necessary), and provide photocopies of any cost estimates which you have already obtained.

Please indicate the repairs you would like to have performed on your property:

Ethnicity/Head of Household (For Statistical Purposes Only)- Demographic information will be held strictly confidential, and is not considered as a factor in the review of your grant application. However, in accordance with Department of Housing and Urban Development (HUD) requirements, this information must be collected for your participation in this program. Please complete the following:

HEAD OF HOUSEHOLD	
Female Head of Household	<input type="checkbox"/> Yes <input type="checkbox"/> No

RACIAL BACKGROUND	
SINGLE CATEGORIES	DOUBLE CATEGORIES
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other – For individuals that do not identify with any of the above	<input type="checkbox"/> American Indian or Alaska Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black or African American and White <input type="checkbox"/> American Indian or Alaska Native and Black or African American

ETHNIC BACKGROUND
<input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino Ethnicity <ul style="list-style-type: none"> <input type="checkbox"/> Mexican-American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic/Latino _____

I hereby certify under penalty of perjury that the aforementioned statements are true. If at any time this information is found to be false or incorrect, and it is then determined that I do not qualify for the Residential Rehabilitation Program, I understand that I am liable for all costs incurred through the program.

Applicant Signature:	Date:
Co-Applicant Signature:	Date:

PLEASE REMEMBER TO ATTACH ALL INFORMATION REQUESTED IN THE GENERAL QUALIFICATIONS SHEET. DO NOT SEND ORIGINALS.

For further information regarding the program please contact:

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La Cañada Flintridge, California 91011
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acasanas@lcf.ca.gov



City of La Canada Flintridge

Confirmation of Receipt of Lead Pamphlet

Certification:

I have received a copy of the pamphlet, *Protect Your Family From Lead in Your Home*, informing me of the potential risk of lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

Printed name of recipient

Date

Signature of recipient