



CITY OF ARCADIA

DEVELOPMENT SERVICES DEPARTMENT

240 West Huntington Drive, Arcadia, CA 91007 – (626) 574-5446
www.ci.arcadia.ca.us

HOME IMPROVEMENT PROGRAM APPLICATION

NAME: (Applicant) _____ (Co-Applicant) _____
(Please Print) (Please Print)

ADDRESS: _____
(Please Print)

TELEPHONE NOS.: (Home) _____ (Cell) _____

EMAIL ADDRESS: _____

APPLICANT'S SOCIAL SECURITY NUMBER _____ (CO-APPLICANT'S) _____

APPLICANT'S DATE OF BIRTH _____ (CO-APPLICANT'S) _____

TOTAL NUMBER OF PERSONS IN HOUSEHOLD ____ / HEAD OF HOUSEHOLD: ☐ Male / ☐ Female

IS THIS YOUR FIRST TIME PARTICIPATING IN THE HOME IMPROVEMENT PROGRAM? ☐ Yes / ☐ No

TOTAL NUMBER OF PERSONS IN HOUSEHOLD CLAIMED AS DEPENDENTS _____

NAME(S) AND AGE(S) OF ALL THE DEPENDENTS IN THE HOUSEHOLD:

NAME _____ AGE _____ NAME _____ AGE _____

NAME _____ AGE _____ NAME _____ AGE _____

IS THIS PROPERTY A CONDOMINIUM OR TOWNHOUSE? ☒ Yes / ☐ No

SINCE WHEN HAVE YOU OWNED THIS PROPERTY? _____

ARE THERE ANY HANDICAPPED MEMBERS OF YOUR HOUSEHOLD? ☐ Yes / ☐ No

ANNUAL GROSS INCOME FROM ALL SOURCES FOR TOTAL HOUSEHOLD: \$ _____

MONTHLY MORTGAGE PAYMENT & HOA FEES (if applicable): \$ _____

TOTAL MONTHLY EXPENSES EXCLUDING MORTGAGE: \$ _____

DO YOU HAVE ASSETS OTHER THAN YOUR HOME? ☐ Yes / ☐ No

IF YES, LIST THE ASSETS: _____

SOURCE(S) OF INCOME: List all sources of income for every resident in your household – include (as applicable) wages, social security, child support, alimony, disability, retirement, interest and dividend income from checking and savings accounts, etc.

_____ \$ _____

_____ \$ _____

_____ \$ _____

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Voluntary: Please indicate which race and ethnic group represents your household. (This information is requested for statistical purposes only for the United States Department of Housing and Urban Development (HUD) and will not be considered in determining an applicant's eligibility.)

Racial Category	CHECK ONE	Ethnic Category	
		Hispanic	Not Hispanic
Black/African American			
Asian			
American Indian/Alaskan Native			
Native Hawaiian/Other Pacific Islander			
White			
American Indian/Alaskan & White			
Asian & White			
Black/African American & White			
American Indian/Alaskan Native & Black/African American			
Other Race (specify racial category here):			

DOCUMENTATION: All applicants are required to provide proof of income. The City may require the following documentation as proof of income:

- | | |
|---|---|
| (1) Most Recent Mortgage Statements | (5) Federal Income Tax Form 1040(s) |
| (2) W-2 Form(s) and/or Pay Check Stubs | (6) Copies of Social Security Checks |
| (3) Annual Interest Statement(s) | (7) Annual Dividend Statement(s) |
| (4) Annual Social Security Benefit Statement(s) | (8) Annual Pension Benefit Statement(s) |

WHAT IMPROVEMENTS ARE YOU INTERESTED IN MAKING? _____

I/We HEREBY CERTIFY that the aforementioned facts are true and correct. Furthermore, I/we will be liable for all costs incurred through the Program if any information provided is determined to be false and/or incorrect which may have initially qualified me/us for the Home Improvement Program.

Applicant's signature

Date

Co-Applicant's signature

Date

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FOR OFFICE USE ONLY

☐ Low Income / ☐ Moderate Income

☐ Elderly / ☐ Female Head of Household

☐ Small Family / ☐ Large Family

Household Income \$ _____ / Maximum HUD Income Limit \$ _____