



CITY OF RIALTO

Rialto Blueprint for Better Living: Mobile Home Repair Loan Program

APPLICATION CHECKLIST

Dear Homeowner(s):

Please complete the attached application, and attach copies of the following items required for the evaluation of your application:

1. Completed Application: filled out and signed by all applicants.
2. Proof of ownership of single-family residence. For conventional single-family house or a manufactured home on a permanent foundation, submit a copy of the most recent property tax bill and a copy of the Grant Deed. For a manufactured home not on a permanent foundation, submit a copy the Certificate of Title, Decal/License Number, Serial Number, and HCD Insignia No.
3. Copy of property hazard insurance policy (Front page coverage only).
4. Proof of residency at the residence for which you are applying: a copy of your most recent utility bill (water, gas, telephone, or electric).
5. Complete signed copies of the most recent Federal Tax Returns (1040) (two (2) most recent years if self employed) and corresponding W-2's (Wage and Tax Statement) for all income earning household members over the age of 18 years old, who are not full-time students, inclusive of all tax attachments and schedules.
6. Bank statements for each of the applicants for the last three (3) months.
7. Proof of Income for all household members. Examples of acceptable proof are: A copy of the last three (3) consecutive pay stubs for all family members living at home with the intent to remain and/or with their names appearing on the property title, or, verifications of income such as award letters or notifications from sources of income (i.e. Social Security), or other forms of verification acceptable to the City.
8. Verification of other income, whether taxable or not (including, but not limited to Social Security, SSI, AFDC, disability, unemployment, IRA withdrawals, etc.).
9. A photocopy of each of the Homeowner's current identification such as: (a) Driver's License, or (b) Passport, or (c) Resident Alien Card or California Identification Card.
10. Proof of family household make-up: a copy of the birth certificate and social security card for each and every member of the family living at the residence.
11. Signature(s) on the General Qualification and Conditions form, and page 10 of the Application form.
12. Signed copy of the attached Confirmation of Receipt of Lead Based Paint Pamphlet.

When submitting the requested supporting documentation – DO NOT SEND ORIGINALS – please provide photocopies, as submissions will not be returned.

We cannot accept incomplete applications. Only those applications furnishing all required information at the time of submission will receive consideration.





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GENERAL QUALIFICATIONS AND CONDITIONS

1. The intent of the CalHome Owner-Occupied (Manufactured Homes) Rialto Blueprint for Better Living: Mobile Home Repair Loan Program is to provide financial assistance to low- and moderate-income owner-occupants of single-family homes for the preservation of decent, safe, and sanitary housing; to correct hazardous structural conditions; to make improvements considered necessary to eliminate blight; and, to correct building and health code violations. All property to be repaired must be residential property located within the corporate city limits of the City of Rialto.

In order to participate in the City of Rialto (City) Rialto Blueprint for Better Living: Mobile Home Repair Loan Program, the family income may not exceed those listed in the table below. Family income includes all income from all family members living in the household to be repaired.

2025 ELIGIBILITY INCOME LIMITS FOR CALHOME FUNDED PROJECTS Effective April 2025

Household Size	Moderate Income (80% of Area Median)
1	\$62,650
2	\$71,600
3	\$80,550
4	\$89,500
5	\$96,700
6	\$103,850
7	\$111,000
8	\$118,150

Based on 2025 Median Family Income for the County of San Bernardino

2. The City will prepare the description of work to be completed and will provide all necessary documentation to the Homeowner to assist the Homeowner in the procurement and contracting process to retain a qualified construction licensed contractor (Contractor) to complete the required repairs. Contracts shall be awarded to the lowest of the bids from Contractors that are obtained by the Homeowner (minimum of three (3) bids).
3. Subsequent to all required program approvals and the execution of a Grant/Loan Acceptance Agreement, the Homeowner will be authorized to contract with the appropriately awarded Contractor who maintains a current license in good standing with the Contractors State License Board, who has the required comprehensive general (public) liability and property damage insurance, worker's compensation, unemployment and disability insurance, and who will obtain or already has a current City business license.
4. Rehabilitation work may not commence until all required permits are issued and a Notice to Proceed is issued by the City.
5. The City will not be responsible for any work initiated or performed prior to funding approval, or for any personal funds advanced to the Contractor or any expenses incurred by the Homeowner. Side agreements entered with the Contractor are prohibited.
6. All funds are disbursed through the City upon receipt of an invoice and proper documentation from the Contractor, as well as written acceptance and consent from the Homeowner, and review and approval by the City. All funds disbursed are payable to the Contractor/Vendor for work performed.

7. Program grant/loan proceeds may only be used for the costs of services and materials necessary to carry out the repair work. No direct payments shall be made to the Homeowner.
8. Previously contracted or commenced work or materials purchased, or the continuation of work underway prior to the Program contract approval, are not eligible for reimbursement.
9. Eligible repairs may include work to be performed on the main residential unit and limited repairs on accessory structures on the property. The City will establish the priority of repairs included in the grant-funded work scope.
10. Homeowners must provide proof of ownership of the property to be repaired.
11. Homeowners shall be eligible for only one (1) loan or grant under this Program.
12. Homeowners shall permit City Staff, Consultant or its Agents to conduct necessary property and repair work inspections.
13. The City reserves the right to deny requests in specific instances where the repairs to be completed do not conform to these or other program guidelines.
14. The City determines the eligibility of the Homeowner for participation in the Program.
15. Lead-Based Paint. Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Prior to disturbance, remodeling or demolition activities, these materials should be properly sampled and/or abated by a certified, licensed Lead Professional.
16. Asbestos. Buildings constructed prior to 1980 are likely to contain Asbestos. Confirming that a material is asbestos-containing requires sampling of the material by certified asbestos professionals, then analysis by a licensed asbestos analytical laboratory to determine if the samples are asbestos-containing. Any material that is "presumed" to contain asbestos must be treated as "asbestos-containing" and therefore must be properly abated by an asbestos abatement contractor prior to any building renovation or demolition activities.
17. The undersigned acknowledges that for those projects in which Federal funds are used to perform housing rehabilitation repairs, the City may be required to have the subject property inspected and tested for the presence of lead-based paint and/or asbestos hazards. The costs associated with the lead testing typically range between \$300-\$700, depending on the severity or lack of the presence of lead or asbestos. Should a lead or asbestos hazard be discovered, abatement or mitigation of the hazard will take priority over all other housing repairs. Please keep in mind that abatement or mitigation measures may be costly. Therefore, depending on the severity of the presence of lead and/or asbestos, if any, you may not be able to perform all the housing repairs indicated in your scope of work. Please note that all costs associated with the testing and/or abatement services will be included as part of the overall funding award for each project. No out-of-pocket expenses will be incurred.
18. After a property is inspected for the presence of lead-based paint, a report is prepared that describes any lead hazards in the home. Federal Law (24 CFR part 35 and 40 CFR part 745) mandates that any report related to the presence of lead-based paint in your home must be provided to new lessees (tenants) and purchasers of your property before they become obligated under a lease or sales contract.

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 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.



Applicant's Signature

Date

Co-Applicant's Signature

Date



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PROGRAM APPLICATION

Please complete all entries. Where items are non-applicable, please enter none or "n/a." Where insufficient space is supplied, attach additional sheets as necessary. Applications must be complete to be considered for program participation.

Address and Space of the Property to be Repaired	
Mailing Address	Name of Mobilehome Park

APPLICANT				CO-APPLICANT			
Name				Name			
Date of Birth			Gender	Date of Birth			Gender
Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated			Number of Dependents	Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated			Number of Dependents
Day Telephone No.		Evening Telephone No.		Day Telephone No.		Evening Telephone No.	

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

Applicant Name	Age	Self	Employment Status	Social Security Number
Co-Applicant Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number

Enter Household Size: _____ persons

Please list All Other Asset Accounts and their respective values (checking/savings/stocks/401K/bonds/annuities/pensions/cash value of life insurance policies, etc.)

Account Category	Current Cash Value
Total Value of Checking/Savings/Other Cash Accounts Indicated Above	\$
Stocks/Bond/Other Investment Accounts	\$
Life Insurance Net Cash Value	\$

Net Worth of Business	\$
Other Assets (list):	\$
Other Assets (list):	\$
Other Assets (list):	\$
Other Assets (list):	\$
Total Assets	\$

Do you currently own, or have an interest in any real estate (residential, commercial, or other real property), other than the property which you are seeking to acquire under this program?

☐ Yes ☐ No
If YES, you must complete and submit the attached Schedule of Real Estate Owned

Employment and Income – Please complete the following

APPLICANT	CO-APPLICANT
Current Employer	Current Employer
Employer Address	Employer Address
Business Phone	Business Phone
Position/Title	Position/Title
Length of Time Currently Employed	Length of Time Currently Employed
Previous Employer (If employed less than three years at current employer)	Previous Employer (If employed less than three years at current employer)
Previous Employer Address (If employed less than three years at current employer)	Previous Employer Address (If employed less than three years at current employer)
Previous Business Phone (If employed less than three years at current employer)	Previous Business Phone (If employed less than three years at current employer)
Current Hourly Rate of Pay: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Current Hourly Rate of Pay: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

INCOME EARNED BY OTHER HOUSEHOLD MEMBERS				
Household Member Name	Employer Name	Employer Address	Current Hourly Rate of Pay <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Annual Income
Household Member Name	Employer Name	Employer Address	Current Hourly Rate of Pay <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Annual Income
Household Member Name	Employer Name	Employer Address	Current Hourly Rate of Pay <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Annual Income

All additional sources of income must be disclosed, whether taxable or not. List all additional sources of income within the household:

EMPLOYMENT EARNINGS FROM APPLICANT		Annual Income
EMPLOYMENT EARNINGS FROM CO-APPLICANT		Annual Income
EMPLOYMENT EARNINGS FROM OTHER HOUSEHOLD MEMBERS		Annual Income
Pension/Retirement/Social Security (Specify)	Recipient	Annual Income

CONSENT AND DECLARATION

I/We, as undersigned, hereby consent to an authorized representative of the City of Rialto ("City") to enter my/our single family residence for the purpose of evaluating the housing structure. This evaluation will be performed jointly by the undersigned property owner (or property owner's agent), and an authorized representative of the City. In addition, by signing below, I/We declare that the information provided within my/our application package is true and accurate to the best of my/our belief and knowledge that I/We made no misrepresentations in the application or its related documents, nor did I/We omit pertinent information and that I/We under penalty of perjury have received and read the City's Rialto Blueprint for Better Living: Mobile Home Repair Loan Program Guidelines and Procedures.

The undersigned certify the following: I/We have applied for funding under the Rialto Blueprint for Better Living: Mobile Home Repair Loan Program funded by the City. In applying for assistance, I/We completed this application containing private information for the purpose of obtaining funding. I/We understand and agree that the City shall maintain my/our application package as a confidential file and shall not reveal any of it to any third party without my/our authorization, unless the City is required to treat such information differently pursuant to applicable law or court order.

I/We understand and agree that the City, reserves the right to change the review process to a full documentation program on a case-by-case basis. This may include independent verification of the information provided on the application. I/We expressly consent to and authorize City to verify the information on the application and hereby instruct all persons so requested to fully cooperate with the City, including, but not limited to providing further confirmation or documentation as the City may request from time to time. I/We understand and agree that the City reserves the right to change the requirements of this application and the Rialto Blueprint for Better Living: Mobile Home Repair Loan Program at any time.

PENALTY FOR FALSE OR FRAUDULENT STATEMENTS

U.S.C. TITLE 18, SECTION 1001, PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES...OR MAKE ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED UP TO \$10,000, OR IMPRISONED UP TO 5 YEARS OR BOTH."

I have read and understand the foregoing, and agree and consent by my signature below:

Applicant's Signature

Date

Co-Applicant's Signature

Date

PLEASE REMEMBER TO ATTACH ALL INFORMATION REQUESTED IN THE APPLICATION CHECKLIST.

DO NOT SEND ORIGINALS.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

For further information regarding the program, please contact:



City of Rialto
Community Development Department
Attention: Housing Division
Rialto Blueprint for Better Living:
Mobile Home Repair Loan Program
150 S. Palm Avenue
Rialto, CA, 92367
(909) 820-2505



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SCHEDULE OF REAL ESTATE OWNED

SCHEDULE OF REAL ESTATE OWNED								
Property Address	Type of Property (Residential/ Commercial/ Vacant)	Market Value	Outstanding Mortgage/ Loan Amounts	Monthly Gross Rents	Monthly Loan Payments	Taxes and Insurance	Other Monthly Operating Expenses	Monthly Income
TOTALS								

Applicant's Signature

Date

Co-Applicant's Signature

Date



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CONFIRMATION OF RECEIPT OF LEAD PAMPHLET

Certification:

I/WE have received a copy of the pamphlet, *"Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools"* informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I/WE received this pamphlet before the work began.

Printed name of Owner

Date

Signature of Owner

Printed name of Co-owner

Date

Signature of Co-owner

[Attach "Renovate Right: Important Lead Hazard Information
for Families, Child Care Providers and Schools"]

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