



CITY OF RIALTO MOBILE HOME REHAB PROGRAM

Dear Prospective Applicant:

Thank you for your interest in the City of Rialto Mobile Home Rehab Program. The Mobile Home Rehab Program assists Rialto residents who reside in eligible mobile home parks within the City of Rialto. The Mobile Home Rehab Program offers eligible applicants to receive a maximum grant amount up-to \$10,000.00 per mobile home. Enclosed you will find a preliminary application, an information sheet with details on the program, a list of eligible improvements, Income determination and a checklist indicating the documentation that must be provided to fully determine your eligibility.

Please review all requirements below before submitting your grant application. Once you have completed the preliminary application and have obtained all necessary documents, please submit the completed packet (*please do not send original documents) to the City of Rialto's Community Development Department. Homeowners must meet the income guidelines below to qualify for assistance. We will review your application to determine eligibility and contact you to schedule an application review meeting as soon as possible.

Eligibility Requirements

- Applicant Mobile Home must be within the City of Rialto.
- Mobile Homes constructed before 1978 do not qualify for the program
- The home must be owner occupied and reside in the mobile home requesting the repairs for at least one year
- The home must be located within the incorporated Rialto City limits
- One application per Household
- Household income cannot exceed 80% of San Bernardino County Income Limits
- Property cannot be located within a flood hazard zone

Eligible Repairs

Eligible repairs include serious health and safety issues as defined in Section 17920.3 of the California Health & Safety Code and the City of Rialto Municipal Code section 18.72. An inspection will be conducted by department staff to determine serious code violations/deficiencies once approval of application.

- Accessibility Issues
- Unsanitary Plumbing Conditions
- Hazardous Electrical Systems
- Roof Replacements
- Inoperative HVAC systems



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Income Determination Table

Staff will review all documents to determine annual household income and verify eligibility.

Maximum Annual Household Income Limits as Determined by HUD effective April 1, 2021								
	Persons in Household							
	1	2	3	4	5	6	7	8
80% Moderate Income	\$44,250	\$50,600	\$56,900	\$63,200	\$68,300	\$73,350	\$78,400	\$83,450
50% Low-Income	\$27,650	\$31,600	\$35,550	\$39,500	\$42,700	\$45,850	\$49,000	\$52,150
30% Extremely Low-Income	\$16,600	\$19,000	\$21,960	\$26,500	\$31,040	\$35,580	\$40,120	\$44,660

Required Documents

Documents listed below must be submitted. ***PLEASE DO NOT SEND ORIGINALS**

- ☐ Copies of ALL current House Mortgage Statement(s).
- ☐ Copy of current homeowners insurance (declaration page).
- ☐ Copies of **two (2) months most** recent employment pay stubs for ALL household members.
- ☐ Copies of all other sources of income for all household members for the past two (2) months, including but not limited to Social Security/SSI benefits, Unemployment checks/statements, retirement/pensions, and public assistance.
- ☐ Copy of recorded grant deed or quit claim deed.
- ☐ Copy of current Property Tax Statement.
- ☐ Copies of **two (2) months** most recent bank statements for all household members.
- ☐ Copies of **two (2) years** recent Income Tax Returns, include all schedules and attachments, W-2's and/or 1099 forms for ALL household members.
- ☐ Copies of most current electrical, gas and water utility bills.
- ☐ Copy of Photo I.D. of Applicant



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1. APPLICANT INFORMATION

Date: _____

Applicant's Name:		Co-Applicant's Name:	
Property Address:			
Phone:		Phone:	
E-Mail Address:		E-Mail Address:	

2. HOUSEHOLD INFORMATION

a. Head of household is: (please check all that apply)

☐ Male ☐ Female ☐ 62 years or older ☐ Handicapped or disabled (please check all that apply)

b. Total Number of persons who occupy the household: _____

c. Please provide requested information for all household members, including yourself.

Names of all Household	Age	Annual Income	Income Source	Relation to Homeowner
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

d. Are all sources of income listed above?

☐ Yes ☐ No

If no, please list any other regular income available to the household.



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3. PROPERTY INFORMATION

- a. Do you own and occupy the home in which improvements are desired?

☐ Yes ☐ No

Proposed improvements: Only health and safety, code items, deferred maintenance
(interior/exterior) improvements are allowed and subject to City's approval.

- ☐ Plumbing ☐ Heating ☐ Structural ☐ Painting (exterior) ☐ Kitchen
☐ Roofing ☐ Bathroom ☐ Electrical ☐ Code work ☐ Windows/doors
☐ Other

Specify improvements: _____

- b. Does your property have any outstanding Building Safety and/or Code Enforcement violations? ☐ Yes ☐ No

If yes, please specify: _____

- c. Property profile

Purchase Amount	\$
Year Purchased	
Balance due on current mortgage (s)	\$
Has the property been refinanced?	<input type="checkbox"/> Yes Year _____ <input type="checkbox"/> No



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4. Certification

The above information and statements are true and accurate to the best of my/our knowledge. **If eligible**, I/we understand that I/we may receive financial assistance from the City of Rialto.

I/we understand and agree that the initial interview or City review of application does **not** constitute approval of the application for the Mobile Home Rehab Program.

I/we understand and agree that the City of Rialto is under no obligation to approve any grant except in accordance with the City of Rialto's Mobile Home Rehab Program Policies and Procedures Manual and all applicable federal, state, and local laws, regulations, and codes.

I/we understand and agree that the City of Rialto's participation in the Mobile Home Rehab Program and any action the City may take in conjunction therewith, is solely for the Participant(s)' benefit and that the City assumes no responsibility or liability to Participant(s) or to any other party for any action, or failure of action, by a contractor or any third party.

I/We understand that it may be a federal crime to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code.

I/We acknowledge that this application and the information in this application may be used for purposes of determining eligibility by the City or by its agents.

I/we understand that the property must meet Housing and Quality Standards and be free from any defects that may pose a danger to the health and safety of occupants.

I/We hereby agree that the City and/or its representative may enter the property to inspect the rehabilitation activities.

I/WE DECLARE UNDER THE PENALTY OF PERJURY THAT THE INFORMATION ON THIS APPLICATION IS GIVEN VOLUNTARILY, AND THAT INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.

Applicant's Signature _____ Date: _____



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5. Income Documentation Requirements

To assist you with your application, please check all items that apply and return this form with your application and the documents requested.

	Type of Income	Source/Third Party Documentation
1	Wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services	<ul style="list-style-type: none">• Copy of the most recent filed and signed Federal Income Tax Return with all schedules, attachments, W-2's, etc.• A minimum of two (2) months consecutive paystubs
2	The net income from the operation of a business or profession	<ul style="list-style-type: none">• Copies of the last two (2) most recent filed and signed Federal Income Tax Returns with all schedules, attachments, W-2, etc.• A minimum of two (2) months consecutive paystubs
3	Interest, dividends, and other net income of any kind from real or personal property	<ul style="list-style-type: none">• A minimum of two (2) months consecutive statements for all asset accounts
4	The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability, or death benefits, and other similar types of periodic receipts	<ul style="list-style-type: none">• A copy of the annual letter received from Social Security listing the gross monthly payment• A copy of the two (2) most recent consecutive months of payment checks or statements indicating the gross amount of the payment
5	Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay	<ul style="list-style-type: none">• A copy of the two (2) most recent consecutive months of payment checks or statements indicating the gross amount or the payment
6	Welfare Assistance payments made under the Temporary Assistance for Needy Families (TANF) program are included in annual	<ul style="list-style-type: none">• A letter from the household's caseworker indicating the amount of assistance provided and the nature of the assistance, including specific amounts designated for the shelter utilities
7	Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling	<ul style="list-style-type: none">• A copy of the divorce decree/judgment listing the amount, period, and duration of alimony payments. A copy of the court order for child support payments, including the amount, period, and duration of child support payments• A letter from the individual or organization outside of the household that provides a periodic payment. The letter should include the reason, amount, period, and duration that the payments are expected to continue.
8	All regular pay, special pay, and allowances of a member of the Armed Forces	<ul style="list-style-type: none">• A minimum of two (2) months consecutive paystubs

***An incomplete application will result in delay in processing your rehabilitation grant**



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CONFLICT OF INTEREST DISCLOSURE

As a prospective applicant of the Community Development Block Grant in the City of Rialto, I understand that I must disclose my relationship with other persons who I may be associated with in the City. I, therefore, attest to the following:

_____ I **am not** a current City of Rialto official, employee, board member, commissioner, Council member, agent and/or other representative of the City.

_____ I **am** a current City of Rialto official, employee, board member, commissioner, Council member, agent and/or other representative of the City.

_____ I **am** a former City of Rialto official, employee, board member, commissioner, Council member, agent and/or other representative of the City.

Position/Title: _____ Employment Term: _____

_____ To the best of my knowledge, I **am not** aware of any current City of Rialto official, employee, board member, commissioner, Council Member, agent and/or other representative of the City who is related to me or with whom I am a business associate.

_____ I **am** related to or have a business relationship with a current City of Rialto official, employee, board member, commissioner, Council Member, agent and/or other representative.

His/Her name is: _____

This person is associated with the City in the capacity as:

The relationship of the person is as follows:

☐ Other ☐ Parent ☐ Immediate

☐ Spouse ☐ Family ☐ Business Associate

Participant(s) Signature _____ Date _____

*PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. Title 18, Section 1001, provides: "Whoever in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies ... or makes any false fictitious or fraudulent statement of representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both.