



## Home Improvement Roof Grant Application

Thank you for your interest in the Home Improvement Roof Grant Program. The City of Long Beach has created the Home Improvement Roof Grant Program (HIRGP) for owner-occupied, single family residence property owners in CDBG, PBNIS and R/ECAP eligible areas. The goal of the HIRGP is to improve the quality of life for very low-income property owners, specifically those on a fixed income, such as older adults, by helping homeowners acquire a safe and code compliant roof. The Program provides assistance in the form of a Roof Rehabilitation/Replacement grant of up to \$20,000.

To be eligible for a roof grant, you must meet **all** of the following requirements.

### Property Requirements

- The property to be rehabilitated must be located in **designated CDBG, PBNIS and R/ECAP areas within the City of Long Beach.**
- The property to be rehabilitated must be a single-family home and must be owner-occupied.

### Owner Requirements

- The owner-occupied unit must be the owner's **primary place of residence.**
- Total gross income of all household members over the age of 18 must be no greater than The Department of Housing and Urban Development (HUD) guidelines. **It must be equal to, or less than 50% of the area median income adjusted to family size.** See the table below for specifics.

### HUD INCOME LIMITS FOR 2023

FAMILY SIZE	MAXIMUM INCOME
1	\$44,150
2	\$50,450
3	\$56,750
4	\$63,050
5	\$68,100
6	\$73,150
7	\$78,200
8	\$83,250

Please make sure you complete the entire application and submit the required documents. A checklist of the necessary documentation is attached. For assistance in completing this application, or to answer any questions, please contact us at 562.570.6866.



**Instructions:** Information in this application is strictly confidential and will not be released to persons outside of the program without written permission from the applicant. Information is requested to establish eligibility and for federal reporting requirements. If you have any questions about completing the form, please call 562.570.6866 for assistance.

Property Owner Name(s): \_\_\_\_\_

Marital Status (please check): Single  Married  Separated  Divorced  Widowed

Property Address: \_\_\_\_\_ Long Beach, CA 908 \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Is Homeowner over 62? Yes  No  Disabled? Yes  No  Veteran? Yes  No

Total Number of Persons Occupying This Property as Their Primary Residence: \_\_\_\_\_

Year Purchased: \_\_\_\_\_ Year Built: \_\_\_\_\_ Number of Living units: \_\_\_\_\_

**Property Owner(s) Information**

Owner Wages	\$/Year:
Co-Owner Wages	\$/Year:
Pension	\$/Year:
Disability	\$/Year:
Social Security	\$/Year:
Supplemental (SSI)	\$/Year:
Welfare/CalWorks	\$/Year:
Other Income	\$/Year:



**Other Household Members**

Name \_\_\_\_\_ Relationship to Owner \_\_\_\_\_ Age \_\_\_\_\_ Student Y  N

Name \_\_\_\_\_ Relationship to Owner \_\_\_\_\_ Age \_\_\_\_\_ Student Y  N

Name \_\_\_\_\_ Relationship to Owner \_\_\_\_\_ Age \_\_\_\_\_ Student Y  N

Name \_\_\_\_\_ Relationship to Owner \_\_\_\_\_ Age \_\_\_\_\_ Student Y  N

List Income for the “other” household members listed above.

Name: \_\_\_\_\_ Income: \_\_\_\_\_

Employer or Income Source: \_\_\_\_\_

Name: \_\_\_\_\_ Income: \_\_\_\_\_

Employer or Income Source: \_\_\_\_\_

**Information for Government Monitoring Purposes**

The following information is requested by the Federal Government in order to monitor compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. The law provides that a Lender may not discriminate on the basis of this information.

<b>Owner</b>		<b>Co-Owner</b>
<input type="checkbox"/>	Male	<input type="checkbox"/>
<input type="checkbox"/>	Female	<input type="checkbox"/>
<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>
<input type="checkbox"/>	Asian or Pacific Islander	<input type="checkbox"/>
<input type="checkbox"/>	Black, not of Hispanic origin	<input type="checkbox"/>
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>
<input type="checkbox"/>	White, not of Hispanic origin	<input type="checkbox"/>
<input type="checkbox"/>	Other (specify below)	<input type="checkbox"/>



**Owner Certification**

We certify that the information provided in this application is true and correct as of the date set forth opposite our signatures on this application. We further acknowledge our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties. We further certify that the property, for which this grant application is made, is our primary place of residence. We also acknowledge that personal and financial information submitted to the City of Long Beach may be subject to public disclosure under the California Public Records Act.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Owner

\_\_\_\_\_  
Date

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT** 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 statements or representation, 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 \$10,000.00 or imprisoned not more than 5 years or both."

**WHEN COMPLETED MAIL TO:**

Housing & Neighborhood Services Bureau  
411 W. Ocean Blvd., 3<sup>rd</sup> Floor  
Long Beach, CA 90802  
Attention: Home Improvement Roof Grant Program

**For Staff Use:**

Income Eligible: Yes  No  CDBG Area: Yes  No  PBNIS/R/ECAP: Yes  No

Comments: \_\_\_\_\_



## **DOCUMENTS/INFORMATION TO SUBMIT WITH YOUR APPLICATION.**

In order to expedite your application, please submit all documentation with your application. Incomplete information **will not be processed** and the eligibility determination may be delayed.

- 1. Original application form completed and signed by owner and co-owner.
- 2. In order to verify ownership and residency, please submit the following documents:
  - Most recent property tax bill or statement or current mortgage statement for all loans secured by your property, complete with the name and address of the lender and the identifying loan number.
- 3. In order to determine household income, please submit the following documentation, indicating the income of all adult household members over the age of 18.
  - Most recent payroll stub(s). Please provide at least (3) payroll stubs for all household members that are currently working (with year to date totals).
  - Most recent Federal Income Tax Returns with all applicable schedules (self-employed only).
  - Verification of Social Security or Supplemental Social Security benefits for all household members who receive benefits (benefit letter or copies of last two checks or direct deposits)
  - Verification of retirement or pension benefits for all household members who receive benefits, (benefit letter or copies of last two checks or direct deposits).
  - Verification of Welfare benefits (CalWorks) for all household members who receive benefits, (benefit letter)
  - Child Support or alimony.
  - Rental Income, if applicable
  - Documentation of any other sources of income not listed above.
- 4. Copy of Current California Driver License.



To request this information in an alternative format or to request a reasonable accommodation, please contact the Development Services Department at [longbeach.gov/lbds](http://longbeach.gov/lbds) and 562.570.3807. A minimum of three business days is requested to ensure availability; attempts will be made to accommodate requests with shorter notice.