CITY OF LONG BEACH

Community Development Department
Housing & Neighborhood Services Bureau
411 W. Ocean Boulevard, 3rd Floor, Long Beach, CA 90802
562.570.6949 | longbeach.gov/lbcd

Home Improvement Roof Grant Application

Thank you for your interest in the Home Improvement Roof Grant Program. The program provides a grant to replace/rehabilitate aging and deteriorated roofs for single-family homeowners in eligible areas of Long Beach. The goal of the program is to improve the quality of life for very low-income homeowners, specifically those on a fixed income such as older adults, by helping homeowners acquire a safe and code compliant roof.

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

Property Requirements

- The property to be rehabilitated must be in **federally-designated Community Development Block Grant (CDBG) areas within the City of Long Beach**. See map of eligible areas: longbeach.gov/HIRGP.
  - If your home is located outside of these areas, you may apply to be placed on a waitlist in the event that additional funding is available in the future.
- The property to be rehabilitated must be a single-family home and must be owner-occupied.

Owner Requirements

- The home must be the owner's **primary place of residence**.
- Total gross income of all household members ages 18 or older must be equal to, or less than, 50% of the Los Angeles area median income adjusted to household size.

FEDERAL INCOME LIMITS 2025

Household size:	Maximum annual gross income:
1	$53,000
2	$60,600
3	$68,150
4	$75,750
5	$81,800
6	$87,850
7	$93,900
8	$100,000

Please make sure you complete the entire application and submit the required documents. A checklist of the necessary documentation is attached. For assistance, please contact us at:

CD-RoofGrant@longbeach.gov or 562.570.6949.

Instructions: Information will be used to establish eligibility and for federal reporting requirements. If you have any questions about completing the form, please contact us at CD-RoofGrant@longbeach.gov or 562.570.6949 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: _____

E-Mail: _____

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

Number of persons occupying the property: _____ Number of housing units on the property: _____

Roof Condition*: Active Leaks? Yes ☐ No ☐ Water Damage? Yes ☐ No ☐
Does **not impact eligibility.*

Other Household Members

Name _____ Relationship to Owner _____ Age _____ Student Y ☐ N ☐
Name _____ Relationship to Owner _____ Age _____ Student Y ☐ N ☐
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Name _____ Relationship to Owner _____ Age _____ Student Y ☐ N ☐

Information for Government Monitoring Purposes

The following information is optional and requested by the Federal Government to monitor compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. The law provides that an entity may not discriminate based on this information.

Owner		**Co-Owner**
☐	Male	☐
☐	Female	☐
☐	American Indian or Alaska Native	☐
☐	Asian or Pacific Islander	☐
☐	Black, not of Hispanic origin	☐
☐	Hispanic	☐
☐	White, not of Hispanic origin	☐
☐	Other (specify)	☐

Household Income

List income for all household members ages 18 and older. Include **all** sources of income, such as wages, pension, retirement distributions, social security, supplement (SSI), disability, CalWorks/welfare benefits, self-employment income, rental income, child support, alimony, and any other income. Attach additional pages as necessary.

Name:_____ Annual Income: _____

Employer or Income Source: _____

Name:_____ Annual Income: _____

Employer or Income Source: _____

Name:_____ Annual Income: _____

Employer or Income Source: _____

Name:_____ Annual Income: _____

Employer or Income Source: _____

Name:_____ Annual Income: _____

Employer or Income Source: _____

Name:_____ Annual Income: _____

Employer or Income Source: _____

Name:_____ Annual Income: _____

Employer or Income Source: _____

Owner Certification

I/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. I/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. I/We further certify that the property, for which this grant application is made, is our primary place of residence.

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."

Application Submission

Submit completed application and supporting documents:

- By email: **CD-RoofGrant@longbeach.gov**
- By mail:

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

CITY OF LONG BEACH

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DOCUMENTS TO SUBMIT WITH YOUR APPLICATION

Submit all documentation with your application. **Incomplete information will not be processed,** and the eligibility determination may be delayed. The City of Long Beach may request additional documentation as needed to determine eligibility.

☐ 1. Application form completed and signed by owner and co-owner.

☐ 2. To verify ownership and residency, please submit all of the following documents:
- Most recent property tax bill.
- Homeowner's Insurance Policy.
- Current mortgage statement for all loans.

☐ 3. 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) consecutive payroll stubs for all household members that are currently working (with year-to-date totals).
- Self-employment income: Most recent Federal Income Tax Returns with all applicable schedules.
- 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 and/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 for homeowner(s).

Home Improvement Roof Grant Program

Better Roof. Better Protection. Better Home.

To request this information in an alternative format or to request reasonable accommodation, please contact the Community Development Department at longbeach.gov/lbcd 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.