



**Neighborhood Housing
Services
of the
Inland Empire, Inc.**

1390 North D Street/ San Bernardino, CA 92405 / Phone 909-884-6891 / Fax 909-884-6893 / www.nhsie.org

Dear Mobile Home Owner;

Enclosed is the application you have requested for the Mobile Home Beautification Grant Program. Please complete the forms and mail or return them to:

- *Neighborhood Housing Services of the Inland Empire, Inc.*
Attn: Fred Buhl
1390 North D Street
San Bernardino, Ca 92405

This program is offered through the Redevelopment Agency of the City of San Bernardino (Agency) and is administered by Neighborhood Housing Services of the Inland Empire, Inc. (NHSIE) for the citizens of The City of San Bernardino.

You may qualify to have repairs and corrections made from recently cited City inspections and or to abate certain code violations on the property at no cost to you through the Mobile Home Beautification Grant Program for up to a maximum of \$5,000.

- ∞ *Your income is at 80% of median area income (HUD moderate to low income guide lines).*
- ∞ *You must be the owner*
- ∞ *You must own the mobile for one year or more.*
- ∞ *The mobile home and or park must be within the City of San Bernardino City limits.*
- ∞ *The mobile home is **built 1980 and after.***

If you have any questions please, call me at (909) 884-6891 ext 237.

Thank you,

Fred Buhl
Redevelopment Specialist

Rehabilitation Grant and Loan Programs

Application Instructions & Checklist

This is an Owner Occupied Program. You are applying for a grant and/or loan. Anyone living in the household must be listed on the application. Fill in all blanks as they apply to you. **Incomplete applications**

will be returned. Please remember to sign at the bottom. *ALL personal information is kept confidential within the organization and City.*

Please provide us with the following information as it applies to you.

PLEASE SEND ONLY COPIES

Property Ownership

1. Copy of current mortgage statement
2. Copy of current year property tax bill or registration (if not included in payment)
3. Copy of property insurance statement (if not included in payment)

Evidence of Income

1. Copies of 2 most recent pay stubs
2. Evidence of alimony or child support, if received
3. Copy of most recent Federal tax return

Evidence of Government Assistance

1. Statement of benefits for SSI, SSP, or AFDC
2. Statement of unemployment or disability benefits
3. **Statement of pension or retirement benefits**

Bank Statement

1. Enclose copies of current (2 months) checking and/or savings account statements (all pages)

If you need help in completing the application or have any questions, please call NHSIE, Rehab Division, at (909) 884-6891.

Si usted necesita ayuda para completar esta aplicación, favor de llamar a NHSIE. Nuestros empleados hablan español.

NHSIE is a private, non-profit corporation authorized by the Redevelopment Agency of the City of San Bernardino to administer their Maintenance Grant and other rehabilitation housing programs.

**City Of San Bernardino- Redevelopment Agency
Neighborhood Housing Services of the Inland Empire, Inc.
Mobile Home Grant Program**

Applicant's Name (Last, First, MI)

Applicant's Date of Birth

Applicant's Spouse's Name or Co-Applicant

Co-Applicant's Date of Birth

Street Address

Space #

Applicant's Phone Number

City/Zip

DO YOU HAVE ANY NOTICE OF VIOLATION WITH THE CITY OF SAN BERNARDINO CODE ENFORCEMENT OR ANY OTHER CITY AGENCIES YES _____ IF YES PROVIDE COPY. NO _____

Years lived in residence: _____ List all persons living in residence other than you:

Name	Relationship	Age	Employed	
			Yes	No

Any income must be shown in income section. Must show proof of income to qualify. Written verification must be forwarded with application.

MONTHLY HOUSEHOLD GROSS INCOME					
AFDC	\$	Social Security	\$	SSI/SSP	\$
Disability	\$	Employment	\$	Food Stamps	\$
Unemployment Ins	\$	Pension/Retire	\$	Alimony	\$
Child Support	\$	Other/Real Prop.	\$		
Total Monthly Income:			\$	Total Annual Income	

2008 Income Level (Subject to annual change)	Number of Persons Per Household							
	1	2	3	4	5	6	7	8
Household Annual Gross Income May Not Exceed:								
80% Median Income	37,300	42,650	47,950	53,300	57,550	61,850	66,100	70,350

Ethnicity: (Please check all that apply) Optional

- Sr. Citizen(s)-60 or older Female Head of Household Disabled One or More
- Hispanic Asian/Pacific American Indian
- Black White, Non-Hispanic Other

I certify under penalty of perjury that the information provided above is correct to the best of my knowledge. I understand that the inclusion of any willful misrepresentation on this form constitutes ground for rejection of this application and recapture of any financial benefit I may have received. I authorize NHSIE and or The City of San Bernardino to examine and verify any and all information provided in this application.

Signature _____

Date: _____

Signature _____

Date: _____

**HANDYWORKER GRANT APPLICATION
(Must Be Included With Your Application)**

NAME: _____

MOBILE HOME PARK: _____

ADDRESS: _____ SPACE _____

CITY: _____ ZIP CODE: _____

Please describe the repairs you would like performed on your mobile home and/or include a copy of the Notice of Violation from the City of San Bernardino.

INSIDE: _____

OUTSIDE: _____

SIGNATURE: _____ DATE _____

