



## MOBILE HOME GRANT HOUSING REHABILITATION PROGRAM APPLICATION PACKET

The City of Brea Housing Rehabilitation Program manages federal funds, allocated through the County of Orange, to help Brea families finance home repairs, such as roof leaks, cracks, termite damage, plumbing leaks, water damage, electrical problems, etc. City representatives will assist in determining needed repairs, hiring contractors, and administering contracts. Program funds are based on availability, and applicants must meet income and other general criteria.

The Mobile Home Grant is for families earning 50% or less of the County median income. The maximum grant amount provided is \$7,000, and the maximum length of the grant is five (5) years. The grant must be paid back if any of the following occurs within five years: owner moves, sells, conveys, or leases any of the owner’s interest in the property.

Current income limits for mobile home owners are listed in the table. Please note: you must include the income of ALL persons in the household who are 18 years of age or older. If your annual gross income (before taxes and other deductions) is higher than the income limit for your household size, you are not eligible for this program.

**\*Please note: Maximum income levels change annually\***

HOUSEHOLD SIZE	MAXIMUM INCOME
1	\$55,250
2	\$63,100
3	\$71,050
4	\$78,900
5	\$85,250
6	\$91,550
7	\$97,850
8	\$104,150

### Pre-Qualification Questions

1. Is the mobile home located in the City of Brea? Yes No
2. Is the applicant the legal owner of the mobile home? Yes No
3. Does my annual household income meet the qualifications in the table above? Yes No

**\*If you answered “Yes” to all the questions above, you may proceed to the next question.**

4. Does the applicant own other residential property? Yes No

**\*If you answered “No” to question #4, you are qualified to submit this application.**



Please provide the names of ALL persons who live in the residence (including yourself):

_____	_____	_____
Name	Self/Age	Annual Income
_____	_____	_____
Name	Relationship/Age	Annual Income
_____	_____	_____
Name	Relationship/Age	Annual Income
_____	_____	_____
Name	Relationship/Age	Annual Income
_____	_____	_____
Name	Relationship/Age	Annual Income
_____	_____	_____
Name	Relationship/Age	Annual Income
_____	_____	_____
Name	Relationship/Age	Annual Income

Please list liquid assets and financial institution (for example: checking and savings accounts)

Type: _____	Amount: \$ _____

Property Information

Street address of property to be improved: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_

Title stands in the name of: \_\_\_\_\_

Improvements Needed

Estimate  
(if available)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL: \$ \_\_\_\_\_**

I hereby certify that the above information is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

OWNERSHIP DECLARATION OF REAL PROPERTY

Applicant \_\_\_\_\_  
Name Phone Number

Address of Property to be Rehabilitated \_\_\_\_\_

If you own other property, please fill in below:

Address of Property \_\_\_\_\_ Type of Property \_\_\_\_\_

Present Market Value \_\_\_\_\_ Amount Owed on Mortgage \_\_\_\_\_

Mortgage Payments \_\_\_\_\_ Gross Rental Income \_\_\_\_\_

Address of Property \_\_\_\_\_ Type of Property \_\_\_\_\_

Present Market Value \_\_\_\_\_ Amount Owed on Mortgage \_\_\_\_\_

Mortgage Payments \_\_\_\_\_ Gross Rental Income \_\_\_\_\_

I/we certify that the above information represents our present real property position. If there is a change in the above information prior to the funding of this project, I/we agree to notify the City immediately.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

## APPLICANT STATISTICAL INFORMATION

The Housing Rehabilitation Program is asking all applicants to the program to complete this form in order to comply with the U.S. Department of Housing and Urban Development (HUD) requirements. Data collected is used for statistical purposes only and will be kept confidential.

### Applicant

Check one space only for the ethnic category you most closely identify with.

- White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian subcontinent.
- Black (not of Hispanic origin): All persons having origins in any of the black racial groups.
- Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islanders: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America.

Please check one:

- Male
- Female

### Co-Applicant

Check one space only for the ethnic category you most closely identify with.

- White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian subcontinent.
- Black (not of Hispanic origin): All persons having origins in any of the black racial groups.
- Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islanders: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America.

Please check one:

- Male
- Female

How did you hear about the Housing Rehabilitation Program? \_\_\_\_\_

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***\*\*Please Note: This application is for PRE-approval only. The following documentation will be required at a later date to finalize the application approval process.***

- State of California Housing and Community Development Certificate of Mobile Home Title
- Federal Income Tax Return for the most recent filing period for ALL household members 18 years and older, including ALL attachments
- Paycheck stubs for three (3) months, Social Security award letter, pension statement, etc. for ALL household members 18 years and older
- Complete bank statements for three (3) months for ALL bank accounts and ALL household members 18 years and older

If you have any questions about the Housing Rehabilitation Program or the application, you may call (714) 671-4448.

Completed Mobile Home Grant Applications can be returned to:

**Community Development Department  
Attention: Housing Rehab  
1 Civic Center Circle  
Brea, CA 92821**