



Safe Homes

For O.C. Seniors
Grant Application



Applicant Name: _____
First Last Sex Age

Co-Applicant Name: _____
First Last Sex Age

Address: _____
Number Street City Zip Code

Are there others adults living in your household who are NOT the Applicant or Co-Applicant? Y N
 If yes, please list them on Page 5 of this application.

Total number of persons living in the household: _____

How long have you lived at the above address? _____

Whose name(s) is/are on the Title Deed to this property? _____

Contact: _____
Home Phone Cell Phone email

If we are unable to contact you, please list another contact:

Name Cell email

ETHNICITY (Mark One)

- | | |
|--|--|
| White | Hispanic/Latino |
| Black/African American | Asian |
| American Indian/Alaskan Native | Native Hawaiian/Other Pacific Islander |
| American Indian/Alaskan Native & White | Asian & White |
| Black/African American & White | Am. Indian/Alaskan Nat & Black /African American |
| Other Multi-Racial | |

FINANCES (check all that apply)

- Applicant **and/or** Adult Household Member(s) works
 - Applicant **and/or** Adult Household Member(s) receives retirement / pension / social security
 - Applicant **and/or** Adult Household Member(s) has a checking account
 - Applicant **and/or** Adult Household Member(s) has a savings account
 - Applicant **and/or** Adult Household Member(s) has investments (IRA, stocks, bonds, etc.)
 - Applicant **and/or** Adult Household Member(s) receives life insurance payments
 - Applicant **and/or** Adult Household Member(s) files taxes
 - Applicant **and/or** Adult Household Member(s) owns property, other than the home currently lived in.
If so, what is the address?
-

MONTHLY INCOME

Complete each section with the amount YOU AND/OR THE CO-APPLICANT & ANY OTHER ADULTS IN THE HOUSEHOLD receive monthly. (Make sure to include proof of this income in your returned application)

- \$ _____ **Work:** enter the gross amount of income earned per month.
- \$ _____ **Business:** if you/co-applicant operate a business or profession or earn income from a rental, real or personal property enter the net monthly income.
- \$ _____ **Interest or Dividends:** if you/co-applicant receive income from interest or dividends per month, enter that amount.
- \$ _____ **Social Security:** enter the gross amount of Social Security payments (including Medicare) you/co-applicant receive per month.
- \$ _____ **Periodic Payments:** If you/co-applicant receive periodic payments from pensions, annuities, disability, retirement funds, insurance policies, death benefits, etc. enter that monthly amount.
- \$ _____ **In Lieu of Earnings:** enter any payments you/co-applicant receive instead of earnings (unemployment, disability compensation, worker's compensation or severance).
- \$ _____ **Public Assistance:** enter any monthly public assistance you/co-applicant receive.
- \$ _____ **Armed Forces:** enter all regular pay, special pay and allowances of a member of the Armed Forces that you/co-applicant receive.
- \$ _____ **Other:** enter any monthly alimony, child support, regular contributions/gifts, etc. you/co-applicant receive from persons not residing in your home.
- \$ _____ **TOTAL Monthly income:** add all the values from the boxes above to get a total monthly income.
- | |
|----------|
| \$ _____ |
|----------|

Total Annual income: multiply Total Monthly Income (in the box above) by 12

ASSETS

HUD does NOT penalize you for having savings. HUD only counts the interest you may earn on these assets as income. Please list the ANNUAL interest received as income for any assets you and/or the co-applicant or any other adults in the household have below.

Interest or Asset Income Amount	Type of Asset
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	Other: enter any other income from funds considered assets

\$ _____ **Total Amount of Asset Income**

ADJUSTED ANNUAL TOTAL HOUSEHOLD INCOME

\$ _____ **TOTAL Annual Income:** (last box in Monthly Income section)

\$ _____ **Assets Income:** (last box in Assets section)

\$ _____ **Adjusted Annual Total Household Income:** add the values from the two boxes above to get your adjusted annual household income

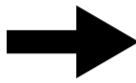
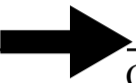
HUD INCOME RESTRICTIONS

# of Persons Living in the Home	1	2	3
Maximum Gross Annual Household Income (Income levels may change with HUD updates)	\$88,400	\$101,000	\$113,650

I/We hereby authorize the County of Orange and/or CivicStone, Inc. to obtain any information for verification purposes including; Checking and Savings Accounts, Mortgage Information, Credit Report, and any other information deemed necessary in connection with my request for financial assistance. This information is for confidential use to determine eligibility for the Safe Homes for O.C. Seniors program. A photographic copy of this authorization of the undersigned signature(s) may be deemed to be equivalent to the original and may be used as a duplicated original.

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 STATEMENT OR ENTRY, SHALL BE FINED UP TO \$10,000, OR IMPRISONED UP TO 5 YEARS OR BOTH."

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.

	_____	_____		_____	_____
	Applicant Signature	Date		Co-Applicant Signature	Date
_____		_____	_____		_____
Household Member		Date	Household Member		Date
(If applicable)			(If applicable)		

Please mail this application and all supporting financial documentation to:

County of Orange c/o CivicStone, Inc.
4195 Chino Hills Pkwy #267
Chino Hills CA 91709

909-364-9000 phone

909-333-4030 fax

FOR OFFICE USE ONLY	
REVIEWED BY: _____	DATE: _____
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED - REASON _____

Additional Adult Household Members

(If applicable)

Members Name:

First	Last	Sex	Age
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Members Name:

First	Last	Sex	Age
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Members Name:

First	Last	Sex	Age
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APPLICATION SUBMISSION CHECKLIST

In order to complete your application for approval, please submit the following information:
(feel free to cross out Social Security # and all but the last 4 digits of account numbers)

The Safe Homes for OC Seniors Grant Application

Verification of finances (include the following for all members living in the household)

- All pages of current bank statements - checking and savings
- Investment statements (stocks, bonds, mutual funds, etc.)
- Social Security statements if you have them
- Your most recent Federal Tax Returns if you file them (all pages)
- Documentation on any investments to show your financial portfolio value
- W2s or 1099s where applicable

Return Entire Application & supporting documentation to:



**County of Orange
c/o CivicStone, Inc.
4195 Chino Hills Pkwy #267
Chino Hills CA 91709**

