



Financial Assistance Application

Late applications will not be accepted.

Completed Applications Due by 6:00 p.m. on November 2, 2023.

To be considered for financial assistance a household must qualify as a Low-Income household as defined in California Health & Safety Code Section 50079.5, complete both sides of the attached application in full and attach 1) proof of income documents for each employed household member age 18 or older, and 2) a completed Declaration of No Income form for each unemployed household member ages 18 or older. Please contact the office if you need additional copies of the Declaration of No Income form.

Deliver your completed application in a sealed envelope titled **Financial Assistance Application** to City Hall, Community Development Department, Housing Division at 110 E. La Habra Blvd., La Habra, to be date stamped or drop off sealed envelope to onsite park management.

The three categories of Low- Income are shown in the chart below. The income limits for each category are updated annually by HCD <https://www.hcd.ca.gov/grants-and-funding/income-limits/state-and-federal-income-rent-and-loan-value-limits>.

ORANGE COUNTY 2023 INCOME LIMITS

# Tenants in Household	1	2	3	4	5	6	7	8
Extremely Low-Income	30,150	34,450	38,750	43,050	46,500	49,950	53,400	56,850
Very Low-Income	50,250	57,400	64,600	71,750	77,500	83,250	89,000	94,750
Low-Income	80,400	91,850	103,350	114,800	124,000	133,200	142,400	151,550

I. Applicant Information: Name of Park _____ Space # _____

Last Name	First Name	Social Security

II. List the names of all other people living in your home other than the applicant:

Name	Relationship to Applicant	Age	Disabled (Yes/No)	Employed (Yes/No)

III. Household Proof of Income:

To be eligible for the Financial Assistance Program, the applicant must provide proof of income for all residents over the age of eighteen (18) living in their home. Attach copies (not originals) of the following documents to this application for all residents who live in your home and are over eighteen (18) years of age:

- 1. Copies of three (3) months of **each resident's** most recent checking, savings, and investment statements
- 2. **AND** one or more of the following documents for each resident to prove the total combined income * of your household:
 - Last year's IRS Tax Return
 - Last 3 paycheck stubs
 - Social Security statement
 - Last 3 stubs or statements of pension, disability, alimony, child support, etc.
- 3. For each unemployed resident, provide a copy of the attached Declaration of No Income

V. Total Household Income Certification:

- 1. What is your current mortgage payment on your home (if any)? \$ _____
- 2. Do you have savings, stocks, bonds, or equity in real property (not including home equity)? that have a combined total value exceeding \$5,000?
(Please include copies of all statements) Yes No
- 3. If you answered "yes" to Question 4 above, how much do you expect to earn from the investments during the next 12 months? \$ _____
- 4. What is the **total combined current annual household income* of all members of your household listed in Section I and III of this application over the age of 18**, including any investment earnings listed in Question 4 above? \$ _____
- 5. Do you own and occupy this house as your full-time primary residence? Yes No

* **Total combined household income includes:** Gross Wages/Salary including overtime, Commissions and Fees, Tips and Bonuses, Welfare Assistance, Interest and Dividends, Social Security, Alimony and Child Support, Gifts and Contributions, Military Pay, Income Tax Credits, Disability Payments, Pensions, Unemployment Benefits.

* **Total combined household income does not include:** Medical Reimbursements, Tuition Scholarships, Combat Pay, Government Relocation Payments, Foster Care Payments, Food Stamps, Job Training Act Payments, Low-Income Home Energy Assistance Payments, Lump Sum Additions to Family Assets such as Inheritances, Insurance Payments (including payments under health and accident insurance and workmen's compensation), Capital Gains, Settlements for Personal or Property Losses, Temporary, Sporadic or Irregular Gifts.

IV. I certify that the foregoing application information including attachments to this application is true, complete and correct. Inquiries may be made to verify statements herein. I also understand that false statements or omissions are grounds for disqualification for this program and/or prosecution under the full extent of California law.

Applicant Signature _____
Date

Email Address: _____ Phone Number: _____

DECLARATION OF NO INCOME

CERTIFICATION FOR EACH HOUSEHOLD RESIDENT EIGHTEEN (18) YEARS OR OLDER

I, _____, do hereby certify that I do NOT receive income from ANY source. I understand sources of income include, but are not limited to the following:

Gross Wages/Salary including overtime,
Commissions and Fees, Tips and Bonuses,
Welfare Assistance
Interest and Dividends
Social Security
Alimony and Child Support

Gifts and Contributions
Military Pay
Income Tax Credits
Disability Payments
Pensions
Unemployment Benefits

I certify that the foregoing information is true, complete and correct. Inquiries may be made to verify statements herein. I also understand that false statements or omissions are grounds for disqualification and/or prosecution under the full extent of California law.

Signature

Date

Email

Phone