



City of Seal Beach

CDBG Bathroom Accessibility Program

Leisure World Seal Beach

Frequently Asked Questions (FAQ):

Where is the Money coming from? The County of Orange Housing & Community Development Department allocates federal grants from HUD every year. This year the City of Seal Beach applied to the County of Orange for a grant in Leisure World and received \$180,000.

What improvements will be made? The grant improvements provide for a shower modification and/or High-Boy toilet installation. The tub will be cut to a 4 inch lip that will allow the resident to “walk-in” without stepping over a high tub wall. (Metal and Porcelain tubs DO NOT qualify for the cut-down modifications.) “High-Boy” toilets may also be installed.

Do I have to pay the money back? No. If you qualify, the improvements are made free of charge...no strings attached.

Who do I contact? CivicStone, Inc. at: (909) 364-9000

Who is CivicStone? CivicStone is a Consulting company hired by the City of Seal Beach to administer the City’s Bathroom Accessibility Program. CivicStone has administered this program for over 10 years.

Who will do the work? The City will select approved contractors to perform the cut-down to the shower, install the new glass door enclosure, as well as install a “High-Boy” toilet, if needed.

What are the requirements?

#1 Funding for the City of Seal Beach’s Bathroom Accessibility Program requires that all applicants are over 55 years of age and have a gross household income less than or equal to the HUD 80% median income for Orange County levels listed on page 4 of this application. **Any applicant exceeding the established income levels will NOT be eligible for the grant.**

#2 A licensed medical doctor must complete the ***Doctor’s Analysis Form*** (included in this package) rating the physical condition of the applicant with respect to mobility problems, pain with movement, or trouble with balance. This rating allows us to help the most needy applicants first until the funds are all spent.

***All of the information submitted with the application is kept strictly confidential.**

City of Seal Beach
c/o Civic**Stone**, Inc.
4195 Chino Hills Pkwy #267
Chino Hills, CA 91709

CDBG GRANT APPLICATION:

Applicant Name: _____

| First | Last | Middle | Sex | Age |
|-------|------|--------|-----|-----|
| | | | | |

Co-Applicant Name: _____

| First | Last | Middle | Sex | Age |
|-------|------|--------|-----|-----|
| | | | | |

ADDRESS:

| Number | Street | Apt # | Mutual # |
|--------|--------|-------|----------|
|--------|--------|-------|----------|

PHONE: (Home) _____ (Cell) _____ (Other) _____

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Single

What is the age of the head of household? ☐ Male ☐ Female

Check the following that apply, you are currently: ☐Senior ☐Disabled ☐Frail Elderly ☐Other

Total number of persons living in the household:

Ethnicity: ☐ White ☐ Hispanic ☐ Asian ☐ Black/African American ☐ American Indian/Alaskan Native
☐ Pacific Islander/Native Hawaiian ☐ American Indian/Alaskan Native AND White ☐ Asian AND White
☐ Black/African American AND White ☐ American Indian/Alaskan Native AND Black/African American
☐ Other Multi-Racial

Are there others living in your household who are NOT Co-Applicant or Applicant? ☐ Yes ☐ No

If so, what is the Age: _____ Sex: _____ Age: _____ Sex: _____

Do you **and/or** your co-applicant work? ☐ Yes ☐ No

Do you **and/or** your co-applicant receive retirement/ pension/ social security? ☐ Yes ☐ No

Do you **and/or** your co-applicant have a checking account? ☐ Yes ☐ No

Do you **and/or** your co-applicant have a savings account? ☐ Yes ☐ No

Do you **and/or** your co-applicant any investments (IRA, stocks, bonds, etc)? ☐ Yes ☐ No

Do you **and/or** your co-applicant receive life insurance payments? ☐ Yes ☐ No

Do you **and/or** your co-applicant file taxes? ☐ Yes ☐ No

Do you **and/or** your co-applicant own any properties , ☐ Yes ☐ No

other than the home you currently live in? If so, what is the address?

Please fill out the **MONTHLY** amount you and/or your co-applicant receive for each question, do not leave blanks. Make sure to include proof of this income in your returned application. Please keep in mind that you are answering these questions under the penalty of perjury.

- 1) \$ _____ Enter the gross amount of income you earn per month from your current employment. If you are retired or unemployed, enter "0".
- 2) \$ _____ Enter the net income you earn per month from operating a business or profession or from rental, real or personal property. If none of this applies, enter "0".
- 3) \$ _____ Enter the income you receive from Interest and dividends per month, if none enter "0".
- 4) \$ _____ Enter the **full or gross** amount of social security payments (including medicare) you receive per month. If you receive none, enter "0".
- 5) \$ _____ Enter the **full or gross** amount of monthly periodic payments you receive from annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar periodic receipts. If there is none, enter "0".
- 6) \$ _____ Enter any payments you receive per month in lieu of earnings, such as: unemployment and disability compensation, worker's compensation or severance pay. If there is none, enter "0".
- 7) \$ _____ Enter any monthly Public Assistance you receive. If there is none, enter "0".
- 8) \$ _____ Enter any monthly alimony and/or child support payments you receive. Add also any regular contributions/gifts that you receive from persons not residing in the dwelling. If there is none, enter "0".
- 9) \$ _____ Enter all regular pay, special pay, and allowances of a member of the Armed Forces (whether or not living in the dwelling) who is head of the family or a spouse. If there is none, enter "0".

To determine your **MONTHLY** income, add the values from #1-9 =

\$ _____

To determine your **ANNUAL** income, multiply your monthly income by 12 (box above) =

\$ _____

Please state the current value of **ALL** assets you and any person residing at your residence have, such as: stocks, bonds, checking accounts, savings accounts, CD's, **equity** of investment property, etc.

Total value of assets: \$ _____ x .03 = \$ _____. Enter this amount in #10 below.

10) \$ _____

Please add the number from #10 to your **annual income** (box above) to get your adjusted annual total household income.

\$ _____

**ADJUSTED ANNUAL TOTAL
HOUSEHOLD INCOME**

Important!!! Your Application will be deemed incomplete if you do *not* include documentation to support it. See attached checklist.

Examples are:

1. Most recent tax return (**all** pages and attachments).
2. ALL pages of most current monthly bank statements (**all** checking & savings accounts).
3. Most current monthly pension/retirement/social security statements.
4. Statements showing interest and dividends received.
5. Statements showing the current **value** of your investments accounts.
6. Documents pertaining to the equity of your investment property.
7. Any other applicable documents that validate the dollar amounts shown above.

Your Total Household Income must be at or below the following limits based on Household Size

| # of Persons Living in the Home | 1 | 2 | 3 |
|---|-----------------|-----------------|-----------------|
| Maximum Gross Annual Household Income (income levels may change with HUD updates) | \$54,600 | \$62,400 | \$70,200 |

I/We hereby authorize the City of Seal Beach 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 Bathroom Accessibility Program in the City of Seal Beach. 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

- FOR OFFICE USE ONLY -

REVIEWED BY: _____ DATE: _____

☐ APPROVED ☐ DENIED - REASON: _____

APPLICATION SUBMISSION CHECKLIST

In order to complete your application for approval, please submit the following information:

1. **The CDBG GRANT APPLICATION** (above) ☐

2. **Verification of finances** (include the following for all members living in the household):
 - a. Your most Recent Tax Return (include all attachments) ☐
 - b. 1099s (where applicable) ☐
 - c. W2 Forms (where applicable) ☐
 - d. Social Security statements (where applicable) ☐
 - e. Current bank statements (checking and savings-**all pages**) ☐
 - f. Investment statements (stocks, bonds, mutual funds, etc.) ☐
 - g. Documentation on any investments, showing portfolio value ☐
 - h. Any other documents that validate the income you receive ☐

3. **Doctor's Note** (Your doctor must use the *Doctor's Analysis Form* that was included with this packet) ☐

Return Entire Application to:

City of Seal Beach
 c/o Civic**Stone**, Inc.
 4195 Chino Hills Pkwy #267
 Chino Hills, CA 91709

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