



City of Seal Beach

Bathroom Accessibility Grant Application

Applicant Name: _____

First

Last

Sex

Age

Co-Applicant Name: _____

First

Last

Sex

Age

Address: _____

Number

Street

Appt. #

Mutual #

Phone(s): _____

Home

Cell

email

Total number of persons living in the household: _____

Are there others living in your household who are NOT the Applicant or Co-Applicant? Y N

ETHNICITY (Circle 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** Co-applicant works

Applicant **and/or** Co-applicant receives retirement / pension / social security

Applicant **and/or** Co-applicant has a checking account

Applicant **and/or** Co-applicant has a savings account

Applicant **and/or** Co-applicant has investments (IRA, stocks, bonds, etc.)

Applicant **and/or** Co-applicant receives life insurance payments

Applicant **and/or** Co-applicant files taxes

Applicant **and/or** Co-applicant owns property, other than the Leisure World home currently lived in. If so, what is the address? _____

MONTHLY INCOME

Complete each section with the amount YOU AND/OR THE CO-APPLICANT 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. So for every \$100,000 in assets you have, HUD will count \$2,000 toward income. Please list the value of the assets you and/or the co-applicant have below.

- \$_____ **Checking:** enter the funds in your checking account(s).
- \$_____ **Savings or CD's:** enter the funds in all your savings account(s), CD's, etc.
- \$_____ **Stocks, Bonds, etc:** enter all the funds in your investment account(s)
- \$_____ **Equity in investment property:** If you have investment property (not the Leisure World home you live in), enter the equity amount (value of the property less loan amount)
- \$_____ **Other:** enter any other funds considered assets
- \$_____ **TOTAL Assets:** add all the values from the boxes above to get a total value of household assets.

\$_____ **2% of Assets:** multiply Total Assets (in the box above) by 0.02 and enter the value

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 City of Seal Beach Bathroom Accessibility 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

- Doctor's Analysis Form.** (Your doctor must complete the Doctor's Analysis Form that was included with this packet, but may mail the form separately from your application) The Doctor's form is required only for fiberglass bathtub cut-down and not for high-boy toilets.

*NOTE: only fiberglass shower/tub units are able to be modified on this program.

Return Entire Application & supporting documentation to:



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