



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

ADJUSTED ANNUAL TOTAL HOUSEHOLD INCOME

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


\$ _____ **2% of Assets:** (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

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.

 _____ Date _____ Date
Applicant Signature Co-Applicant Signature

HUD INCOME RESTRICTIONS			
# of Persons Living in the Home	1	2	3
Maximum Gross Annual Household Income (Income levels may change with HUD updates)	\$75,900	\$86,750	\$97,600

Please mail this application and all supporting financial documentation to:

**City of Seal Beach 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 _____

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.
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Chino Hills CA 91709**