Bathroom Accessibility Grant Application

Applicant Name:						
	First	Las	st		Sex	Age
Co-Applicant Name:						
••	First	La	lst		Sex	Age
Address:						
	Number	Street	Appt. #		Zip C	Code
Phone(s):						
	Home	Cell		email		

City of Seal Beach

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/Africian 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? _____

Questions? Call 909-364-9000 monique@civicstone.com Seal Beach Bathroom Accessibility Grant Application Page 1 of 4

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 coapplicant 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.

An	nlicant	Signature
лμ	pheam	. Signature

\$

\$_

Date

Co-Applicant Signature

Date

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:		
APPROVED	DENIED - REASON			

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APPLICATION SUBMISSION CHECKLIS

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)

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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



Doctor's Instructions

The City of Seal Beach has received a limited amount of funds to perform bathroom accessibility modifications for residents of Seal Beach. These funds are intended to help those who are in physical and financial need of assistance. The bathroom modification will take the existing tub and modify it into a walk-in shower; a bench can be added if desired. These improvements are completely <u>free</u> to Program Recipients and are paid for by HUD and the County of Orange. There are more needy applicants than funds available, so <u>please carefully report the true physical condition of your patient</u>.

Please complete the attached form for your patient at your earliest convince and either fax, email or mail it to the address below. Please rest assured that CivicStone, Inc. will keep your report of your patient's health condition confidential.

There is a tight deadline for all applications and the sooner you complete and return the attached Doctor's Form, the sooner your patient's application will be reviewed.

Thank you for your assistance in this matter.

Monique Miner

Civic**Stone**, Inc. 4195 Chino Hills Parkway, #267 Chino Hills CA 91709 909-364-9000 phone 909-333-4030 fax monique@civicstone.com





After Cut Down





City of Seal Beach Doctor's Analysis Form

Leisure World Bathroom Accessibility Grant

To be completed by the Doctor ONLY - Please answer ALL questions

Patient's Name:____

Please rate the patient according to the following guidelines:

Serious or Severe = patient struggles to get in and out of the tub/shower. There is a high likelihood of injury or accident. Discomfort or pain impedes appropriate hygiene.

Moderate = patient can get in and out of the tub/shower without fear of injury or accident. Manageable discomfort or pain does not impede appropriate hygiene.

Mild = patient has minor difficulty accessing the tub/shower. Appropriate hygiene is not impeded by pain or discomfort.

Does the patient suffer from a condition that					
causes mobility problems?		□ Yes □ No			
If yes, the patient's mob	ility problems are:	🗆 Mild 🗆 Mod	derate 🛛 Serious or Severe		
The patient's mobility pr	oblem is:	Temporary Permanent			
Does the patient suffer fro	m a condition				
that causes pain with mov	ement?	🗆 Yes 🗆 No			
If yes, the patient's pain is:		Mild Decoderate Decision Severe			
The patient's condition that causes pain is:		Temporary Permanent			
Does the patient suffer fro	m a condition that causes				
a sudden loss of balance?		🗆 Yes 🗆 No			
If yes, the frequency of loss of balance is:		Mild Distribution Moderate Distribution Severe			
If yes, the cause of the loss of balance is:		Temporary Permanent			
Doctor Comments:					
Print Doctor's Name	Doctor's Signature	Date	Doctor's Phone #		
*All information on this form is	strictly confidential and will be used	only for the application revi	iew process and not for public information.		

Fax form to 909-333-4030, mail to CivicStone Inc. 4195 Chino Hills Pkwy #267 Chino Hills CA 91709 or email to: monique@civicstone.com