

Alternative formats of this application may be made available. Assistance will be provided by contacting the Human Resources Department at (559) 661-5401. Persons who are hard of hearing may call 1-800-735-2929, for voice users call 1-866-735-2922 TTY Relay Services. Spanish speaking users call 1-800-855-3000.

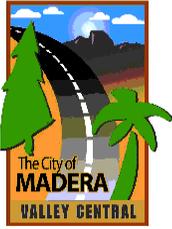


**City of Madera
CalHome Owner Occupied (OOR)
Residential Rehabilitation Program Application**

APPLICANT				
Name:				
Single: _____ Married: _____ Divorced: _____ Separated: _____ Widowed: _____				
Address:				
City/State/Zip:				
Telephone Nos:				
Home:		Work:		Cell:
Email Address:				

Household Members:

List all household members who live in the home:	Relationship	Sex	Age	DOB	Social Security #	Disabled Yes/No	Veteran Yes/No
	Self						



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Head of Household Statistical Information:

Married: Yes _____ No _____

Male: _____ Female: _____

Race/Ethnicity

This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws and shall not be considered in determining eligibility. Please note that self-identification of ethnicity/race is voluntary. Both Ethnicity and Race categories were revised through a HUD Memorandum dated August 13, 2002. Ethnicity is asked first and applicants must select only one category. Race is asked second and applicants can select one or more categories.

Ethnicity (Select Only One):

Hispanic or Latino _____

Non-Hispanic or Latino _____

Race (Select All That Apply):

American Indian or Alaska Native _____

Asian _____

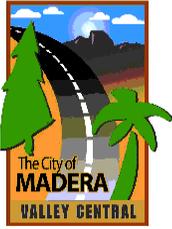
Black or African American _____

Native Hawaiian or Other Pacific Islander _____

White _____

Other _____

INCOME INFORMATION		
Gross household income includes income earned by all people living in the property who are at least 18 years of age. Please report income earned from any of the following sources, yet not limited to: income from wages, salary, tips, business income, farming income, interest and dividend income, retirement and insurance income, unemployment and disability income, welfare assistance, alimony, child support, gift income, and armed forces income.		
PERSON RECEIVING INCOME	SOURCE OF INCOME (NAME, ADDRESS & ZIP)	GROSS MONTHLY AMOUNT



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PERSON RECEIVING INCOME	SOURCE OF INCOME (NAME, ADDRESS & ZIP)	GROSS MONTHLY AMOUNT
Total Monthly Gross Household Income		\$

OTHER PROGRAM-RELATED INFORMATION

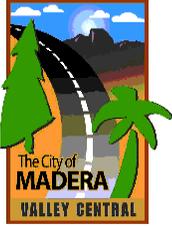
(Please Circle Your Answer to the Following Questions)

Will this property remain as your primary residence?	YES	NO	Are you a U.S. Citizen? If "NO" please give your Resident Alien number.	YES	NO
			No:		
Do you or does anyone in your household own, or have any interests in, any other home, business property or vacant land, have access to an IRA, Roth, Stock, Bonds, 401K or other retirement account?				YES	NO

The above information is true and complete to the best of my/our knowledge and I/we intend it to be relied upon for the purposes of this application. I/We authorize the City of Madera CalHome Owner Occupied Residential Rehabilitation Program to make whatever inquiries it considers appropriate concerning such information. I/We understand that you will keep this application whether or not this application is approved.

The applicant will comply with Section 504 of the Rehabilitation Act of 1973, as amended, and implementing regulations. No person shall, on the grounds of age, ancestry, color, creed, physical or mental disability, marital or familial status, medical condition, national origin, race, religion, gender or sexual orientation be excluded, denied benefits or subjected to discrimination under the Owner Occupied Residential Rehabilitation Program. The City of Madera will ensure that all persons, including those qualified individuals with disabilities have access to the CalHome Owner Occupied Residential Rehabilitation Program.

I/We understand that it may be a federal crime punishable by fines or imprisonment, or both, to knowingly make any false statement concerning any of the above facts as applicable under the provisions of the United States Criminal Code.



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Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Please return this fully completed OOR Application and all supporting materials to the City of Madera Grants Administration office located at 205 W. Fourth Street, Madera, CA 93637 on or before _____.