



### **City of Antioch Home Repair Program Application Checklist:**

All applicants who have completed and submitted the requirements below are reviewed and appropriately processed. Once all paperwork is submitted and approved the applicant will be contacted and scheduled for a home assessment.

- Program Application
- Household Income Worksheet
- Demographics Survey
- Income Certification
- Property Owner consent Form
- Asset Verification Form

In addition to the program application documents please submit the following:

- Proof of income... see acceptable examples of income sheet attached
- Proof of homeowners insurance

Mail Completed Paperwork to:

Community Energy Services Corporation  
1013 Pardee Street  
Suite # 201  
Berkeley, CA 94710

For further assistance please call our offices:

510-981-7760 or 510-981-7752

Para asistencia en español hable al:

510.981.9819

## EXAMPLES OF PROOF OF INCOME

**All proof of income must be current and must show an income amount.**

- Temporary Assistance for Needy Families (TANF): Notice of Action; computer printout; benefit letter; copy of welfare check;
- Supplemental Security Income: Notice of Planned Action or Form 2458; computer printout from Social Security Office; copy of bank statement showing SSI direct deposit; copy of SSI check;
- Social Security: copy of current check(s); SSA Form 4926, or 2458; computer printout from Social Security Administration Office; Bank Statement showing direct deposit;
- Pension and Annuities: copy of a current check; verification on letterhead or annual statement from pension plan;
- Wages: Copy of current paycheck stub(s) covering a one-month period and showing gross income;
- Interest Income: monthly or quarterly bank statement; statement of interest income from bank or agency;
- Disability Compensation: copy of a current check; printout or letter from agency or insurance company verifying the compensation amount;
- Unemployment Benefits: copy of current check(s); printout from Employment Development Department;
- Child and/or Spousal support: copy of current check;
- Support from an Individual: copy of check and statement signed by person providing the support;
- General Assistance: Notice of Action from County Social Services; copy of a current check;
- Veteran's Benefits: letter indicating receipt of Veteran's Pension; copy of Veteran's Administration check;
- Signed Federal Tax Form 1040: ONLY FOR SELF-EMPLOYED
- If you have ZERO income call us for more information – 1-888-436-3751



# Community Energy Services Corporation

## ⊛Home Safety & Repair Application⊛

CESC is a nonprofit, community-based organization that provides free home safety repairs to low-income City of Antioch homeowners.

**Please fill in all requested information. We cannot serve you without it.  
All information you provide will be held in strict confidence.**

### I. APPLICANT

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### II. ALL OTHER RESIDENTS IN HOME

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

### III. GROSS INCOME FOR ALL HOUSEHOLD MEMBERS *(All sources of income must be reported including but not limited to: SSA, SSI, GA, Child Support, pensions, interest income, Section 8 subsidy, Food Stamps, Etc.).* Please complete the attached income worksheet.

**Total gross** household income (attach worksheet): \_\_\_\_\_ /mo or \_\_\_\_\_ /yr

Exceptionally high monthly expenses (for example: medication, attendant care, etc.): \_\_\_\_\_

**We must have a copy of income verification for each household member. This includes a recent benefit check stub, paystub, bank statement, etc.**

### IV. PROPERTY INFORMATION

Do you own the property? YES \_\_\_ NO \_\_\_

Is the property your principal residence? YES \_\_\_ NO \_\_\_

Year home was built \_\_\_\_\_

### V. DISABILITIES

Do you or others in your home have any physical disabilities and/or medical issues that we should be aware of in assessing the repair needs in your home? Please describe.

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Are you collecting any income for your permanent disability (SSI, pension, etc.)? YES \_\_\_ NO \_\_\_

**VI. REQUESTED REPAIR AND MAINTENANCE**

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	8. _____

**How did you hear about this program?**

Flyer at a church, business or agency

A friend or family member

Meals on Wheels

Center for Independent Living

Other government or agency program \_\_\_\_\_

Other \_\_\_\_\_

**VII. CERTIFICATION**

I certify that the information contained in this application is true and correct. I authorize the CESC to check any references necessary to complete the processing of this application. I understand that this information is confidential and will be used to determine my eligibility for the CESC's programs, to plan for home repair work, and provide statistical information to our funders.

\_\_\_\_\_  
Signature of Applicant(s)

\_\_\_\_\_  
Date

**PLEASE REMEMBER TO INCLUDE PROOF OF INCOME WITH THIS APPLICATION AND RETURN TO:**

**CESC  
1013 Pardee Street, Suite 201  
Berkeley, CA 94710**

**If you have any questions, need help, or need additional copies, please call:  
(510) 981-7760, Fax to (510) 981-0102 or download at [www.ebenergy.org](http://www.ebenergy.org)**

**Home Safety & Repair Program**

**Household Income Worksheet**

**Please complete for all household members.**

**CESC requires full disclosure of all sources of income. Use additional sheets of paper if necessary.**

**Please circle which source of income you receive.**

Source of Income (\$)	Applicant	Co-Applicant	Additional Member 1	Additional Member 2	Additional Member 3	Additional Member 4	Additional Member 5
Wages/Tips/Salary							
Rental Income							
Social Security							
SSA/SSI							
Disability/Unemployment							
Pension/Annuity							
Interest / Dividend							
Alimony/Child Support							
Food Stamps/Section 8							
General Assistance							
Family Support							
Investment Rollovers							
Other: _____							
Other: _____							

Interviewer Signature: \_\_\_\_\_

**AGE: Date of Birth:** \_\_\_\_\_

- 0 – 5
- 6 – 11
- 12 – 17
- 18 – 24

- 25 – 44
- 45 – 54
- 55 - 61
- 62 and over

**ETHNICITY: (Please also make a selection from the “RACE” options in the next box)**

Hispanic / Latino(a):  Yes  No

**RACE:**

(Single Race Categories)

- American Indian / Alaskan Native
- Asian
- Black / African American
- Native Hawaiian / Other Pacific Islander
- White

(Multiple Race Categories)

- American Indian / Alaskan Native AND Black / African American
- American Indian / Alaskan Native AND White
- Asian AND White
- Black / African American AND White
- Other or Multiracial (please specify): \_\_\_\_\_

*OTHER CHARACTERISTICS*

**Check all that apply:**

*Female*

*Male*

*Single Female Headed Family*

*Disabled\**

*Homeless\**

*Chronically Homeless\**

## INCOME CERTIFICATION

**Interviewer:** *Check the income level of the client and indicate below the source of information used to verify this information. Please see instruction sheet to help with completion.*

- |                                   |   |   |  |
|-----------------------------------|---|---|--|
| <input type="checkbox"/> CalWorks | <input type="checkbox"/> Food Stamps    | <input type="checkbox"/> Medi-CAL       | <input type="checkbox"/> Tax Return (most recent return) |
| <input type="checkbox"/> SSI**    | <input type="checkbox"/> Payroll Stub** | <input type="checkbox"/> Bank Statement | <input type="checkbox"/> Other ** _____                  |
- (\*\*current-within 2 months)
- Self certified. Please explain: \_\_\_\_\_

I hereby certify that, to the best of my knowledge, the above statements are true and correct. I understand this information is subject to verification only by authorized HUD (U.S. Department of Housing & Urban Development) .

### CLIENT

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

### INTERVIEWER

\_\_\_\_\_  
Interviewer Printed Name

\_\_\_\_\_  
Interviewer Signature

\_\_\_\_\_  
Date



## Community Energy Services Corporation

### Property Owner Consent to Repairs

Project ID #:	
Occupant Name:	Address:
Property Owner Name:	Property Owner Address:
	Phone#:

As the property owner of the property located at the address above, I give my consent to Community Energy Services Corporation (CESC) to perform the home repairs or improvements CESC has described to me with the exceptions that I have identified. I understand that these home repairs or improvements are available at no cost to me or the occupant.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date



## UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$4999.99.

Complete one form for households with joint assets or one form per person with separate assets. If a household contains both joint and separate assets, use separate forms and list the joint asset on both forms with the statement (**Joint**) next to the applicable asset.

Household Name: \_\_\_\_\_ Unit No. \_\_\_\_\_

Development Name: \_\_\_\_\_ City: \_\_\_\_\_

**Complete the following:**

1. **Choose one:**

I/we do not have any assets at this time. *(if this box is checked, draw a line through the asset information below, place a zero in #3, sign and date)*

**OR**

My/our assets include:

*(Please complete fully. Put a zero in any columns that do not apply)*

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:				_____
\$ _____	_____	\$ _____	Personal property held as an investment** :				_____
\$ _____	_____	\$ _____	Other (list):				_____

**PLEASE NOTE:** Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

\*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

\*\*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. **Choose one:**

I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

**OR**

Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts\* are included above and are equal to a total of: \$ \_\_\_\_\_ (\*the difference between FMV and the amount received, for each asset on which this occurred).

3. **Please complete:**

**The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the total annual income (add all annual income columns) from the net family assets is \$ \_\_\_\_\_ . This amount is included in total gross annual income.**

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant \_\_\_\_\_ Date \_\_\_\_\_ Applicant/Tenant \_\_\_\_\_ Date \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING UNDER \$5000 ASSET VERIFICATION FORM

*This form is to be completed by tenants whose combined total net assets do not exceed \$4999.99. Complete one form per households with joint assets or on form per person with separate assets. If a household contains both joint and separate assets, use separate forms and list the joint asset on both forms with the statement (**Joint**) next to the applicable asset.*

Household Name                      Enter Last name of the Head of Household

Unit No.                                Enter the Unit number the household is occupying

Development Name                    Enter the name of the Property

City:                                      Enter the name of the City where the Property is located

### Complete the Following:

- Question 1:                              Tenant must select **one** of the two options:  
**Option 1** – I / we do not have any assets at this time. If this box is checked, draw a line through the Asset information below, sign and date form.  
**Option 2** – My / our assets include. If this box is checked, the tenant must list all applicable assets, interest rates and annual income. A zero notation should be put in any columns that do not apply.
- Question 2:                              Tenant must select **one** of the two options:  
**Option 1** - I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years. If this box is checked, go onto Part 3.  
**Option 2** - Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts\* are included above and are equal to a total of: \$\_\_\_\_\_ (\*the difference between FMV and the amount received, for each asset on which this occurred). If this box is checked and the total amount when added to the total annual income from the asset, does not exceed \$5000, go onto Part 3. If the amount exceeds \$5000, then 3<sup>rd</sup> party verification of **all** assets (including those noted above) must be obtained.
- Question 3:                              **The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the total annual income (add all annual income columns) from the net family assets is \$\_\_\_\_\_.**  
**This amount is included in total gross annual income.** All totals in the Annual Income column should be added together and the number written on the line. If no assets are present or Question 1 indicates that there are no household or individual assets, place a Zero on the line.

### Signature Statement

It is the responsibility of the tenant(s) to sign and date the document, as accurate under penalty of perjury. Management should ensure that the form is filled out completely and in its entirety.

*These instructions should not be considered a complete guide on tax credit compliance. The responsibility for compliance with federal program regulations lies with the owner of the building(s) for which the credit is allowable.*