

HOME IMPROVEMENT PROGRAM

Emergency Grant

The Palm Desert Housing Authority provides emergency home improvement grants to qualifying City of Palm Desert residents who own and occupy a single family home or mobile home. A qualified household is one that has an annual income 80% below area median income (AMI). Household income is adjusted based on household size.

WHAT IS CONSIDERED AN EMERGENCY IMPROVEMENT?

- Repairs or replacement of air conditioning units (during summer months)
- Repair or replace heating systems (during winter months)
- Repair or replace roof leaks (during rainy conditions)
- Repairs to plumbing leaks
- Other health and safety related repairs

**FOR MORE INFORMATION,
CONTACT THE CITY OF PALM DESERT
HOUSING DIVISION**



PALM DESERT

cityofpalmdesert.org/housing
760-346-0611 ext. 412

Emergency Grant (EG) Component

Due to very limited funding, various procedures and terms outlined in the HIP Guidelines, under the EG component, have since been modified.

County Median Income Limits for 2024

Income Level	AMI	Income Limits (based on household size)							
		1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Very Low	50%	\$35,900	\$41,000	\$46,100	\$51,250	\$55,350	\$59,450	\$63,550	\$67,650
Low	80%	\$57,400	\$65,600	\$73,800	\$82,000	\$88,600	\$95,150	\$101,650	\$108,250

Funding Terms

- For very low and low-income households whose income does not exceed: 50% of AMI (for very low-income households; 80% of AMI (for low-income households)
- Maximum grant amount of **\$7,500** for very low-income households; **\$5,000** for low-income households
- Grant agreement that proportionally **forwards** the obligation to repay over five **(5) years** (For example, with a grant of \$5,000, \$1,000 is forgiven annually)
- Deed of trust recorded as security for the performance of the obligations under the grant agreement.
- No repayment is required during the term of the grant agreement unless the property is sold or transferred to a household that exceeds 80% of the AMI.
- Assumable if property is sold or transferred to a household whose income equals or is less than 80% of the AMI.

Basic Qualifications

To qualify for the Program, both participant and the property must satisfy eligibility criteria, including but not limited to the following:

- **Title** - Participants must have title to the property for which the request for funding of improvements is being made.
- **Owner-Occupancy**: Participants, including all persons holding title to property, must occupy the property as their sole and principal residence, and not own any other improved real property.
- **Income Eligibility**: The gross household income of all applicants, co-applicants, persons holding title to property, and all occupants 18 years of age or older, will be included to determine eligibility, as outlined on the HIP Income Eligibility Limits form, pursuant to the applicable percentages of the AMI for Riverside County
- **Frequency of Assistance**: There is no waiting period under the EG; however total EG assistance may not exceed twice the maximum emergency grant amount, provided Total Assistance is not exceeded.
- **Priorities**: Funding is based on a first- come-first-served basis, limited to emergency items only, and until Program funds are expended
- **Eligible Improvements**: Covers emergency conditions, as determined by the Administrator, including but not limited to the following:
 - repair or replacement of roof leaks (during rainy conditions)
 - repair of plumbing leaks
 - repair or replacement of inoperable air conditioner (summer months) or heating system (winter months) *****When all public utility funding programs have been exhausted and/or denied.***

**CITY OF PALM DESERT – HOUSING DIVISION
HOME IMPROVEMENT PROGRAM (HIP)
EMERGENCY GRANT APPLICATION**

1. APPLICANT AND PROPERTY INFORMATION

Applicant's Name: _____ Co-Applicant/Spouse's Name: _____

Address: _____ Palm Desert, CA, (ZIP) _____

Mailing Address (if different than above): _____

Email Address (optional): _____

Home Phone: _____ Cell Phone: _____ Work/Other: _____

Is there an additional co-owner, other than listed above? ____ Yes ____ No

If yes, please provide their name and relationship to you: Name _____ Relationship _____

2. HOUSEHOLD OCCUPANCY

Total number residing in household (including yourself): _____

Please list the names of any household occupant(s) (including yourself), their relationship to you, and age(s).

		Self
Applicant's Name	Age	Relationship
Spouse/Co-Applicant's Name	Age	Relationship
Household Occupant's Name	Age	Relationship
Household Occupant's Name	Age	Relationship
Household Occupant's Name	Age	Relationship
Household Occupant's Name	Age	Relationship
Household Occupant's Name	Age	Relationship
Household Occupant's Name	Age	Relationship

3. RECIPIENT OF PREVIOUS HIP FUNDS

Have you ever received a loan or grant under our Home Improvement Program (HIP)? ____ Yes ____ No

If yes, has 3 years elapsed (as measured from the date of the final *Certification of Satisfactory Completion of Work* for the previous HIP loan or grant, except if an Emergency Grant)? ____ Yes ____ No

4. IMPROVEMENTS REQUESTED

Repairs/Improvements desired or needed: _____

Eligible Improvements: ☐ Roof Leak/Repair ☐ Plumbing Leaks ☐ Inoperable air conditioner (summer months) or heating system (winter months) when all public utility funding programs have been exhausted and/or denied

5. CODE VIOLATION (if applicable)

Has the City/County initiated code enforcement action on your property? (circle one) Yes / No

If yes, when and for what reason? (Please provide a copy of this action)

6. OUTSIDE AGENCY FUNDING

Have you applied for or received funds from any Federal, State, County or other lending program for the same purpose of rehabilitating your home? _____ Yes _____ No If yes, please provide the following information:

Name of Agency you applied with: _____
Amount Received (or Amount Anticipated to Receive): _____
Scope of Work Requested or Completed: _____

7. INSURANCE CLAIM

(Applicants must exhaust all available resources for repairs, prior to being approved for HIP Assistance. Therefore, as indicated on Page 6, certain repairs require that you submit a letter from your homeowner's insurance company, showing acceptance or denial of your insurance claim.)

Have you filed an insurance claim for the same repairs you are seeking assistance through the HIP Program? _____ Yes _____ No If yes, please provide the following information:

Name of insurance company: _____
Status of Claim: _____ Denied _____ Accepted If accepted, please provide the following information:
Settlement Amount (or Amount Anticipated to Receive): \$ _____
Describe scope of work completed with insurance monies: _____

8. MARITAL STATUS (Applicant)

Married _____ Unmarried _____ Separated _____

9. MONTHLY INCOME (Gross)

	Applicant:	Spouse/Co-Applicant:	Other Occupants
Base Salary	_____	_____	_____
Overtime	_____	_____	_____
Bonuses	_____	_____	_____
Social Security	_____	_____	_____
Pension	_____	_____	_____
Alimony/Child Support*	_____	_____	_____
Unemployment Benefits	_____	_____	_____
Other	_____	_____	_____
Subtotal:	_____	_____	_____

Total Gross (before taxes) Monthly Household Income: \$ _____

* *Alimony, child support, etc. (if received regularly)*

10. INCOME SOURCE

Applicant's Employer or Source of Income

Name: _____
Address: _____

Telephone: _____
Position: _____

Spouse/Co-Applicant's Employer or Source of Income

Name: _____
Address: _____

Telephone: _____
Position: _____

SECOND Employer or **PREVIOUS** Employer (if less than one year in current position).

Applicant's Employer or Source of Income*

Name: _____
Address: _____

Telephone: _____
Position: _____

Spouse/Co-Applicant's Employer or Source of Income*

Name: _____
Address: _____

Telephone: _____
Position: _____

INCOME SOURCE CONTINUED

PREVIOUS Employer (if less than one year in current position).

Applicant's Previous Employer or Source of Income

Name: _____

Address: _____

Approximate ending date of employment: _____

Position: _____

Spouse/Co-Applicant's Previous Employer or Source of Income

Name: _____

Address: _____

Approximate ending date of employment: _____

Position: _____

11. MORTGAGE INFORMATION

Do you owe any money on the house you are seeking to repair? ____ Yes ____ No

If yes, please provide the address where you make your loan payments, the account number, and approximate balance of all loans. Account in the name(s) of: ____ Joint (Applicant & Co-Applicant), or _____.

Other Name(s)

1st

Mortgage

Lender _____

Account No. _____

Street _____

City _____

State _____

Zip _____

\$ _____

Approximate Balance Owed

\$ _____

Monthly Payment Amount

Does your monthly mortgage payment amount include taxes & insurance? ____ Yes ____ No

2nd

Mortgage

Lender _____

Account No. _____

Street _____

City _____

State _____

Zip _____

\$ _____

Approximate Balance Owed

\$ _____

Monthly Payment Amount

3rd

Mortgage

____ Yes ____ No

12. BANKING INFORMATION

Please list all bank account information for all financial institutions:

Account in the name(s) of: ____ Joint (Applicant & Co-Applicant), or _____.

Other Name(s)

Checking

Name of Institution _____

Account No. _____

Street _____

City _____

State _____

Zip _____

Account in the name(s) of: ____ Joint (Applicant & Co-Applicant), or _____.

Savings

Name of Institution _____

Account No. _____

Street _____

City _____

State _____

Zip _____

Other Name(s)

BANKING INFORMATION CONTINUED

Account in the name(s) of: ____ Joint (Applicant & Co-Applicant), or ____.

Checking

Name of Institution Account No.

Street City State Zip

Account in the name(s) of: ____ Joint (Applicant & Co-Applicant), or ____
Other Name(s)

Savings

Name of Institution Account No.

Street City State Zip

13. BANKRUPTCY INFORMATION

Have you now or in the past ever filed for bankruptcy? ____ Yes ____ No

If yes, please provide a copy of *Discharge of Bankruptcy*, and explain: _____

14. ACKNOWLEDGEMENT

I/We am/are applying for a grant to repair and rehabilitate the property described above. I/We understand that the City has an interest in ensuring that the work is completed in a satisfactory manner, and that the City requires that grant funds be disbursed in payments to the chosen licensed contractors. I/We further understand that the City will provide inspections, and the City must sign, in addition to my/our own signature(s), all authorizations for payment to contractors.

I/We hereby acknowledge that I/We ____ **DO** ____ **DO NOT** intend to occupy the property as my primary residence.

I/We hereby acknowledge that I/We ____ **DO** ____ **DO NOT** own improved real property, other than what is disclosed on this application. (As part of the application process, the City will perform a title search to confirm applicant/co-applicant does not own any other improved real property, other than the subject property for which applicant/co-applicant is seeking HIP assistance.

I/We hereby acknowledge receipt of the HIP Guidelines, included in the HIP application packet.

Certification: I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq. and liability for monetary damages to the Lender, its agents, successors and assigns, insurer's and any other person who may suffer any loss due to reliance upon any misrepresentation which I/We have made on this application.

ACKNOWLEDGMENT & ACCEPTANCE

Applicant Signature		Co-Applicant Signature	
Date		Date	

CHECKLIST FOR APPLICATION

PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS, WHICH WILL BE MADE A PART OF THE APPLICATION HERETO AND MUST BE RECEIVED IN ORDER TO REVIEW YOUR REQUEST:

- ☐ **Eligibility Documentation:** (for ALL applicants and household occupants): Submit copies of documentation that demonstrates each applicant and household occupant is a U.S. Citizen or "qualified alien" as defined in 8 USC § 1641"
- ☐ **Income Documentation** (for ALL applicants and household occupants that are 18 years of age and older): Submit copies of all applicable income documentation. 1) 2 months of current payroll stubs; 2) Social Security (SSA-1099 Benefit Statement, or direct deposit verification via bank statements); 3) Pension (last 2 check stubs, monthly or end-of-year statements); 4) Unemployment or Disability (check stub, award statement and/or end-of-year statement); 5) Rental income (provide a letter, clarifying the following: rental amount, term of rental, household occupant's name; also provide a copy of the lease agreement); 6) Alimony/Child Support (Divorce Decree, Separation Agreement, or verified by deposits shown on bank account statements)
- ☐ **If Self Employed** you will need to provide 3 years business tax returns, 6 most recent business bank statements and YTD Profit and Loss Statements
- ☐ **Income Tax Returns (Federal):** Last 2 years IRS returns; include **ALL pages** (i.e. schedules, attachments, W-2s, 1098s, and 1099s). **If you are exempt from filing Federal Income Tax Returns**, you must certify by signing a Declaration of Taxpayer Non-Filing of Federal Income Tax Return Status form (our office will provide you with this form, if applicable)
- ☐ **Bank Account Statements:** Last 2 months bank statements (**all pages**) for ALL financial institutions
- ☐ **Mortgage payment coupon(s) or mortgage statement:** (for ALL loans against the property)
- ☐ **Homeowners Insurance Policy:** Copy of Declaration Page of homeowner's insurance policy
- ☐ **Property Tax Bill:** Should you not have a copy available, you may obtain the property tax information via the Riverside County website, *Office of the Treasurer – Tax Collector* (www.co.riverside.ca.us); if you do not have access to a computer, our office will obtain this information for you upon request
- ☐ **Utility Bill:** Last 2 months utility bill in the name of the applicant or co-applicant
- ☐ **Grant Deed:** Copy of Grant Deed on the property for which you are seeking HIP assistance for
- ☐ **Pictures of Conditions:** Pictures of the subject repair items/areas (i.e., roof or plumbing damaged area, etc.) that you are seeking HIP assistance for
- ☐ **Insurance Claim Letter:** In the case of emergency conditions (i.e., roof, plumbing, or other items typically covered through a homeowner's insurance policy), provide a letter from your homeowner's insurance company showing acceptance or denial of your insurance claim.)
- ☐ **Available Funds:** A letter confirming whether or not you have available monies/resources to pay the difference between the HIP Grant amount and construction contract in advance of HIP monies (necessary, in the event the bid/contract exceeds the HIP Grant amount); specify the maximum amount you are able to pay & the source from which these monies will come from (documentation of the source must be provided)

MOBILE HOME APPLICANTS (In addition to the above, the following information must be submitted):

- ☐ **Registration Card:** Copy of Registration Card (available through CA Dept. of Housing & Community Development)
- ☐ **Letter of Clarification:** Clarify the following: **1)** Is manufactured home permanently affixed to ground?; **2)** Do you own the land that manufactured home is placed on? (If not, what is monthly rent for land?; **3)** Do you owe any money on mobile home? (If yes, provide copy of note agreement or clarify payment amount and terms?) **NOTE:** Other documents may be required depending upon negative credit history or other circumstances

STATE OF CALIFORNIA FAIR LENDING NOTICE

STATE OF CALIFORNIA FAIR LENDING NOTICE: Under the Housing Financial Discrimination Act of 1977, it is unlawful to discriminate in the provision of or in the availability of financial assistance because of the consideration of:

1. Trends, characteristics or conditions in the neighborhood or geographic area surrounding a housing accommodation, unless the financial institution can demonstrate in the particular case that such consideration is required to avoid an unsafe and unsound practice; or
2. Race, color, religion, sex, marital status, national origin or ancestry.

It is illegal to consider the racial, ethnic, religious, or national origin composition of a neighborhood or geographic area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, or under what terms or conditions, to provide financial assistance.

These provisions govern financial assistance for the purpose of the purchase, construction, rehabilitation or refinancing of one-to-four unit family residences occupied by the owner for the purpose of the home improvement of any one-to-four unit family residence.

If you have any questions about your right, or if you wish to file a complaint, contact the management of this financial institution or:

Office of Fair Lending
1120 N. Street
Sacramento, CA 95814
(916) 322-9851
www.hud.gov

If you file a complaint, the law requires that you receive a decision within thirty days.

ACKNOWLEDGMENT & ACCEPTANCE OF DISCLOSURE

Applicant Signature	Date	Co-Applicant Signature	Date

LOAN/GRANT APPLICATION DISCLOSURE

DISCLAIMER OF COMMITMENT: The signing of an application form and/or any related documents in connection with our application for a home improvement loan/grant with the **CITY OF PALM DESERT – HOUSING DIVISION** (hereinafter called “**City**”) does not mean or imply that there is a commitment on the part of the **City** to grant us any loan/grant. Any expression to us of confidence that we might obtain a loan/grant, at a particular rate or amount, is an expression of belief and opinion only by the one making it, and no to be relied upon by us as a representation by an authorized agent of the **City**. I/We further understand that if I/we should cause the loan/grant to cancel after the construction contract has been executed and the rehabilitation work has commenced, I/we are liable for any costs associated with the cancellation from the time of the loan application (i.e. credit report fee, etc.).

FAIR CREDIT REPORTING ACT (FCRA): An investigation will be made as to the credit standing of all individuals seeking credit in this application. The nature and scope of any investigation will be furnished to you upon written request made within a reasonable period of time. In the event of credit denial due to an unfavorable consumer report, you will be advised of the identity of the Consumer Reporting Agency making such report and of your right to request within sixty (60) days the reason for the adverse action, pursuant to provisions of section 615(b) of the Fair Credit Reporting Act.

EQUAL CREDIT OPPORTUNITY ACT (ECOA): The Federal Equal Opportunity Act prohibits discrimination against credit applicants on the basis of sex and marital status. Beginning March 23, 1977, the Act extends this protection to race, color, religion, natural origin, age (provided that the applicant has the capacity to contract), whether all or part of the applicants income is derived from any public assistance program, or if the applicant has in good faith exercised any right from the Consumer Credit Protection Act. The Federal Agency that administers compliance with this law concerning this agency is the Federal Trade Commission, Pennsylvania and 6th Street, NW, Washington, DC 20580. We are required to disclose to you that you need not disclose income for alimony, child support or separate maintenance payment if you choose not to do so. Having made this disclosure to you, we are permitted to inquire if any of the income shown on your application is derived from such a source and to consider the likelihood of consistent payment as we do with any income on which you are relying to qualify for the loan for which you are applying.

ACKNOWLEDGMENT & ACCEPTANCE OF DISCLOSURE

Applicant Signature	Date	Co-Applicant Signature	Date

BORROWER(S) SIGNATURE AUTHORIZATION FORM

I/We hereby authorize **CITY OF PALM DESERT – HOUSING DIVISION** to verify my past and present employment earnings records, bank accounts, stockholdings, and any other asset balances that are needed to process my mortgage loan/grant application. I/We further authorize **CITY OF PALM DESERT – HOUSING DIVISION** to order a consumer credit report and verify other credit information, including past and present mortgages and landlord references.

CITY OF PALM DESERT – HOUSING DIVISION may also utilize the services of CREDIT SERVICE CO. to further verify my personal credit information and the information **CITY OF PALM DESERT – HOUSING DIVISION** obtains is only to be used in the processing of my application for a mortgage loan/grant. It is understood that a copy of this form will also serve as authorization. This authorization expires 120 days from the date indicated below.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FMHA).

Borrower Signature

Date

Borrower Signature

Date

Borrower Signature

Date

Borrower Signature

Date

Lender: City of Palm Desert – Housing Division
73-510 Fred Waring Drive
Palm Desert, CA 92260
(760) 346-0611

Credit Service Agency: Credit Service Co.
7120 Hayvenhurst Ave., Ste. 300
Van Nuys, CA 91406
(818) 787-0191