

CDBG HOME REPAIR VOUCHER PROGRAM

City of South San Francisco
Department of Economic & Community Development
400 Grand Avenue, South San Francisco, CA 94080
Phone: (650) 829-6620 Fax: (650) 829-6623
Email: housingrehab@ssf.net

Esta forma es disponible en español

PURPOSE:

The City's Economic Development and Housing Division (EDH) administers a housing rehabilitation voucher program that makes emergency home repair vouchers available to qualified low and moderate-income homeowners. Vouchers are provided as grants of up to \$2500 for qualifying homeowners. These vouchers apply to emergency repairs and code violations, such as broken sewer lines, roof repairs, broken windows, etc. Please note that this program is only available to homeowners.

IN ORDER TO BE ELIGIBLE FOR A VOUCHER, THIS APPLICATION AND ALL ADDITIONAL DOCUMENTS MUST BE SUBMITTED AND APPROVED BY THE CITY PRIOR TO COMMENCEMENT OF WORK

PROCEDURES:

1. Contact the EDH Office to determine if the repairs needed qualify for the Home Repair Voucher Program
Phone: (650) 829-6620
Email: housingrehab@ssf.net
In Person: 400 Grand Avenue, 2nd Floor, South San Francisco, CA
2. EDH staff verifies that homeowner lives in South San Francisco. EDH staff mails or emails homeowner Emergency Home Repair Voucher Application.
3. EDH staff determine if the proposed repair(s) qualifies for the Home Repair Voucher Program or is more suited for the Housing Rehabilitation Loan Program. Examples of suitable repairs are: sewer repair, heater repair/replacement, roof repair, broken window/door.
4. If the repairs qualify, homeowner completes and signs the Home Repair Voucher Application.
5. Proof of income is also required with the application in order to validate income for all earners in the household (this includes working dependents/ adult children). Acceptable documents for proof of income can be either of the following:
 - a. Copy of most recent federal income tax forms AND copies of last two pay stubs OR
 - b. Evidence of Supplemental Security Income (SSI) or other income-tested government assistance
6. EDH Office verifies that the applicant is the owner of the house.
7. Homeowner obtains three (3) separate Contractor Bids from Qualified Contractors for the repairs however in emergency situations the City will accept less than 3 contractor estimates.
8. Application, Proof of Income, and Estimates are submitted to the EDH.
9. If the income requirements are met, EDH staff may visit the property and take photos.
10. Voucher Recipient selects contractor. EDH staff ensure that selected contractor is not a Debarred Contractor prior to contract execution between the homeowner and contractor. No contractor listed on the list of debarred or suspended contractors may work on any rehabilitation job.
11. EDH office approves or denies the request for repair(s) and confirms the amount to be issued. If approved, the EDH Office:
 - a. Conducts an environmental review to the extent necessary and determines if the project is subject to Lead-Based Paint Requirements by using the Lead Hazards Review Worksheet.
 - b. Completes voucher
 - c. Sends copy of voucher and a list of approved repairs to Voucher Recipient and selected contractor
12. Voucher Recipient signs contract with contractor. A copy of the contract is submitted to the EDH office. Voucher Recipient is also responsible for scheduling repair activities with the contractor. At this time, the contractor is also responsible for contacting the Building Division to determine if the project requires a Building Permit(s). The contractor is fully responsible for any corrections requested by the Building Division, including any tear-down and/or re-build work required due to the contractor failing to obtain a Building Permit(s).
13. Upon completion of work, Voucher Recipient or Contractor submits invoice to EDH.
14. EDH Office reviews and approves invoice and submits payment directly to the Contractor. Payment will only be made for authorized repairs and upon completion of all work.
15. Voucher Recipient is responsible for all other costs beyond the amount listed on the voucher.

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Do you own this home? Yes No Year home was built: _____

Homeowner Name: _____ Phone: _____

Address: _____ Email: _____

Code Enforcement Violation? Yes No
Code violation numbers/deficiencies (list all):

Reason for the voucher: _____

Repairs to be made: _____

- Is the head of household: Female? Disabled? Elderly (62+ years)? (Check all that apply)
- Please circle your family size and annual gross (pre-tax) household income. You must also **provide proof of income** with your application to validate income for all adults in the household. Acceptable documents for proof of income can be either of the following:
 - Copy of your most recent federal income tax forms **AND** copies of your last two pay stubs
 - Evidence of Supplemental Security Income (SSI) or other income-tested government assistance

2015	1 Person	2 People	3 People	4 People
30% AMI	\$24,650 or less	\$28,150 or less	\$31,650 or less	\$35,150 or less
50% AMI	\$24,651 - \$41,050	\$28,151 - \$46,900	\$31,651 - \$52,750	\$35,151 - \$58,600
80% AMI	\$41,051 - \$65,700	\$46,901 - \$75,100	\$52,750 - \$84,500	\$58,601 - \$93,850
	5 People	6 People	7 People	8 or More People
30% AMI	\$38,000 or less	\$40,800 or less	\$43,600 or less	\$46,400 or less
50% AMI	\$38,001 - \$63,300	\$40,801 - \$68,000	\$43,601 - \$72,700	\$46,401 - \$77,400
80% AMI	\$63,301 - \$101,400	\$68,001 - \$108,900	\$72,701 - \$116,400	\$77,401 - \$123,900

- List all persons living in the home including all children and the applicant (attach separate sheet if necessary):

Name	Relationship to Applicant	Age*	Monthly Income
Applicant:	Self		

*For each adult (over age 18) in the household without income, complete and attach a Zero Income Affidavit

- Please select one of the following ethnic backgrounds (for statistical purposes only):

If you are NOT Hispanic/Latino:

- American Indian/ Alaska Native
- American Indian/ Alaska Native and Black/African American
- American Indian/Alaska Native and White
- Asian
- Asian and White
- Black/African American
- Black/African American and White
- Native Hawaiian/Other Pacific Islander
- White
- Other _____

If you ARE Hispanic/Latino:

- Hispanic/Latino American Indian/Alaska Native
- Hispanic/Latino Am. Indian/Alaska Native and Black/African Am.
- Hispanic/Latino American Indian/Alaska Native and White
- Hispanic/Latino Asian
- Hispanic/Latino Asian and White
- Hispanic/Latino Black/African American
- Hispanic/Latino Black/African American and White
- Hispanic/Latino Native Hawaiian/Other Pacific Islander
- Hispanic/Latino White
- Hispanic/Latino Other _____

I certify under penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my knowledge. I further understand that providing false representations herein constitutes an act of fraud and that false, misleading, or incomplete information may result in the termination of the execution of the activity (28 U.S. Code 1746).

Signature of Homeowner

Date

Signature of Homeowner

Date

For City Use Only

Issued By: _____ Date: _____ Voucher Number: _____

ZERO INCOME AFFIDAVIT

(Program Name)

Household Member Income Information

(To be completed by all adult household members who receive zero income)

Last Name of Head of Household: _____

Address: _____

Full Name of Household Member: _____

Telephone: _____

Email Address: _____

1. I hereby certify that I do not individually receive income from any of the following sources:
 - Gross wages, salaries, overtime pay, commissions, fees, tips and bonuses
 - Net income from operation of a business or from rental or real personal property
 - Interest, dividends and other net income of any kind for real personal property
 - Periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of period receipts
 - Lump sum payment(s) for the delayed start of a periodic payment
 - Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay
 - Public assistance
 - Alimony and child support payments (whether through the court system or not)
 - Regular pay, special pay and allowances of a head of household or spouse who is a member of the Armed Forces (whether or not living in the dwelling)
 - Regular monetary gifts from family and/or friends

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status within the next 12 months or within the duration of the activity, whichever is shorter.

I certify under penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my knowledge. I further understand that providing false representations herein constitutes an act of fraud and that false, misleading, or incomplete information may result in the termination of the execution of the activity (28 U.S. Code 1746).

Print Name _____
(Full Name)

Executed on _____
(Date)

Signed _____
(Signature)