

# Pre-Application HOUSING REHABILITATION EMERGENCY AND MINOR HOME REPAIR PROGRAM

## PROGRAM TERMS AND CONDITIONS

The City of Hanford Housing Rehabilitation Emergency and Minor Home Repair Program is designed to assist low—to moderate-income people in making emergency/minor repairs and/or disability accessibility modifications to their homes. Emergency repairs are necessary to safeguard against imminent danger to human life, health, or safety or to protect property from further structural damage. Minor repairs do not require immediate work.

## THE APPLICATION PROCESS

Notices of available funding will be sent to those on the program's interest list. Completing the attached form will place you on the list. **Unfortunately, there is NEVER enough funding to fund everyone on the list, and not everyone will qualify for the program.**

Because funds are limited, priority will be given:

1. According to the seriousness of the emergency repairs determined by City staff.
2. Senior Citizens and/or permanently disabled homeowners.

## DETERMINING INCOME ELIGIBILITY

To determine income eligibility, the city will use **"projected income," which means we will take the current pay amount and project it forward 12 months. Income verification applies to all adults (18 YEARS OR OLDER) who live in the home, whether they will be named on the loan.**

**Please return the completed information to:**

City of Hanford  
Community Development Housing  
317 North Douty St.  
Hanford, CA 93230

**For additional information, contact:**

Sandra Lerma  
Housing Administrative Analyst  
Ph:559-585-4766

Sheila H. Martinez  
Housing Program Specialist  
Ph:559-585-2587

[housing@cityofhanfordca.com](mailto:housing@cityofhanfordca.com)

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*The CITY OF HANFORD is an equal opportunity provider. No person shall be denied benefits or be subject to discrimination based on race, color, religion, sex, marital status, national origin, ancestry, familial status, disability, or sexual orientation.*



## CITY ASSISTANCE

⇒ Up to **\$24,999** in financing for EMERGENCY REPAIRS ONLY per household. Assistance for this program is provided on a one-time basis.

*The Minor Home Repair Program (MRP)* is for projects up to \$24,999 that address accessibility improvements and minor repairs that do not require immediate work and qualify for the ERP.

- This program features a 3-year forgivable grant for projects under \$14,999
- This program features a 5-year grant forgivable for projects under \$19,999
- This program features a 7-year grant forgivable for projects under \$24,999

*The Emergency Repair Program (ERP)* provides up to \$24,999 for repairs that require immediate work to maintain the health and safety of household members.

## HOW DOES IT WORK

- ⇒ AFTER initial eligibility is determined, the homeowner will be asked to submit at least three estimates from a qualifying business or contractor for the repair(s)
- ⇒ The business/Contractor is paid directly by the City of Hanford for the actual cost of repairs.
- ⇒ A grant agreement is recorded against the property, conditioning the owner to live there for years, depending on the funding amount after assistance is provided. *\*See repayment clause above*
- ⇒ A Release of the Grant Agreement is recorded after the term is served, provided the owner still resides in the home.
- ⇒ If the owner sells or vacates the property during the allotted period (after assistance), they will be required to repay the full amount of the aid through the Emergency Repair Program.

## HOMEOWNER QUALIFICATIONS

- ⇒ Must be the owner of a record and live in the home that will be repaired.
- ⇒ Must be current on mortgage and property taxes.
- ⇒ Must have an emergency repair need.
- ⇒ **Household** income cannot exceed the limits allowed for family size, as illustrated below:

*The chart below provides the income levels for households that qualify for the home repair programs.*

Eligibility	Current Income Limits, subject to change	Persons in Family							
		1	2	3	4	5	6	7	8
Eligible for up to \$24,999 of Assistance	Maximum Low-Income Limit to Qualify	\$52,600	\$60,100	\$67,600	\$75,100	\$81,150	\$87,150	\$93,150	\$91,150

\*FY 2025 HUD Income Limits Kings County

## QUALIFYING REPAIRS

Items that can be repaired through this program include, but are not limited to, the following:  
Plumbing, Roofs, Electrical, ADA Modifications, Heating and Cooling, and Broken Windows

Funds must be used to address any hazardous or life-threatening code violations and eliminate other housing code violations, especially those that threaten the long-term habitability of the house.

**HOUSING REHABILITATION  
EMERGENCY AND MINOR HOME REPAIR  
PROGRAM**

Upon completion and submittal of this application, you will be placed on the program’s interest list.

Applicant’s Name: \_\_\_\_\_

Co-Applicants Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

Are you the sole owner? ☐ Y ☐ N    **Year House Built:** \_\_\_\_\_

If No, Name Additional Owners: \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

Household Size: \_\_\_\_\_ Total Household Annual Income: \$ \_\_\_\_\_

**Main E-Mail Contact Address:** \_\_\_\_\_@\_\_\_\_\_

_____ Applicant Signature	_____ Print Name	_____ Date
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_____ Co-Applicant Signature	_____ Print Name	_____ Date
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How did you hear about our program?

Mail <input type="checkbox"/>	Code Enforcement <input type="checkbox"/>	City Library <input type="checkbox"/>
Newspaper AD <input type="checkbox"/>	City Website <input type="checkbox"/>	Neighbor/Friend <input type="checkbox"/>
Local Business <input type="checkbox"/>		

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**EMERGENCY and MINOR HOME REPAIR(S): EVALUATION**

Please indicate the type of repair and explain the existing problem. Include a brief description of the work to be done (repair/modification) under the CDBG Emergency and Minor Home Repair Program. **Emergency** repairs are necessary to safeguard against imminent danger to human life, health, or safety, or to protect property from further structural damage. **Minor** repairs do not require immediate work and do not qualify as Emergency. Check **ONLY** the items that should be addressed. Please note that assistance is limited and cannot exceed \$24,999 in total cost.

✓	HEALTH & SAFETY ITEM	YES	NO	PLEASE SPECIFY
	ROOF  LEAKING ROOF  HOW LONG LEAKING			
	ELECTRICAL WIRING			
	PLUMBING/SEWER			
	HEATING SYSTEM (SEASONAL)			
	COOLING SYSTEM (SEASONAL)			
	HOLES IN FLOOR			
	DISABILITY ACCESSIBILITY/ MODIFICATIONS SUCH AS A RAMP, BATHROOM, BEDROOM DOORS WIDER, ETC.			
	OTHER (specify)			

For purposes of participating in the program, I (we) will allow the City of Hanford Representatives to my (our) home, including a photographic record, as may be necessary for the administration, monitoring, and completion of this project under the City's Emergency Repair Program. I (we) certify that I am the owner(s) of this property and that the statements contained in this pre-application are true and correct.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**BACKGROUND INFORMATION:** The City of Hanford does not discriminate against persons based on race, color, religion, sex, marital status, national origin, ancestry, familial status, disability, or sexual orientation. To demonstrate that we meet equal opportunity and fair housing requirements, we must report statistical information about applicants to the Department of Housing and Urban Development (HUD). Your participation is voluntary and would be greatly appreciated. THIS INFORMATION WILL BE KEPT SEPARATE AND CONFIDENTIAL AND WILL NOT BE USED IN ANY WAY TO MAKE LOAN SELECTION DECISIONS.

Please complete **a, b, and c** of the following:

**a. ETHNICITY, SELECT ONLY ONE OF THE FOLLOWING:**

- ☐ HISPANIC OR LATINO  
☐ NOT HISPANIC OR LATINO

**b. RACE, SELECT ONE OR MORE OF THE FOLLOWING:**

- ☐ American Indian or Alaska Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ White

**c. DISABILITY** Definition: Any person who has, is regarded as having, or has a record of having a physical or mental impairment which substantially limits one or more major life activities, such as difficulty in securing, retaining, or advancing in employment; OR, any person who has impairment of sight, hearing or speech, or impairment which requires special education or related services.

- ☐ I HAVE a disability which meets the definition above.  
☐ I DO NOT have a disability.

☐ Is this a female-headed household? ☐ Yes ☐ No

**Please check off one of the following:**

AGE
<input type="checkbox"/> 0 to 18
<input type="checkbox"/> 19 to 24
<input type="checkbox"/> 25 to 44
<input type="checkbox"/> 45 to 64
<input type="checkbox"/> 65 +