



County of San Diego

DAVID ESTRELLA
Director
TODD HENDERSON
Assistant Director

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
3989 RUFFIN ROAD, SAN DIEGO, CALIFORNIA 92123-1815

Tel.: (858) 694-4801
Fax: (858) 694-4871
TDD: (866) 945-2207
Toll-free: 1 (877) 478-5478

INSTRUCTIONS FOR COMPLETING AND SUBMITTING LOAN/GRANT APPLICATION

Please complete the attached forms and return all applicable requested documents to:

Attn: Home Repair Program
County of San Diego, Dept. of Housing and Community Development
3989 Ruffin Road
San Diego, CA 92123-1815

Fill in all boxes on the application. If it is not applicable write "NA". Incomplete applications will be returned. All income must be verified. Applications will be processed in the order received. Failure to submit complete and accurate information will result in a delay in the process and possible denial of your application.

Please complete and submit the following:

- Home Repair Loan/Grant Application (Fill in all boxes. If not applicable write "NA")
- Home Repair Loan/Grant Program Form (please be specific about repairs needed)
- Income Tax Return Sworn Statement (If you did not file, sign the box at the bottom of the form)
- Authorization for Release of Information (one for each adult)
- Request for Verification of Regular Contributions (to be completed by anyone contributing regular financial support to your household-not the applicant or co-applicant)
- Statement of Identity
- Notification of Lead-Based Paint
- Agreement Between Housing Authority of the County of San Diego and Owner for Lead-Based Paint Testing

Please submit the following:

- Photocopy of monthly mortgage payment statement
- Photocopy of Deed of Trust (single family home)
- Photocopy of Certificate of Title Mobilehome (mobilehome)
- Photocopy of mobilehome space rent statement (mobilehome)
- Proof of current homeowner's insurance
- Photocopy of two most current bank statements for all accounts (include all pages of statements)
- Photocopy of last two months pay stubs for each adult employed
- Verification of current Social Security benefit
- Verification of current retirement benefits
- Verification of any other sources of income (stocks, dividends, annuities, disability, unemployment, etc.)
- **SIGNED** copies of your two most recent Federal Tax Returns with all schedules and attachments (include W-2s).

If you have any questions or need additional information, please call (858) 694-4810.



Housing Authority of the County of San Diego
HOME REPAIR PROGRAM APPLICATION

I. PROPERTY INFORMATION

Property Address (street, city, state, ZIP)					Year Built	# Bedrooms
Date Purchased	Purchase Price \$	Amount Existing Loans \$	(a) Present Value \$	b) Cost of Repairs \$	Total (a+b) \$	
Title is held in what Name (s)?						

II. BORROWER INFORMATION

Borrower			Co-Borrower		
Borrower's Name (Last Name, First Name, MI)			Co-Borrower's Name (Last Name, First Name, MI)		
Social Security No.	Home Phone ()	Birth date	Social Security No.	Home Phone ()	Birth date
<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Single
<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed		<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	
<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Self Employed
<input type="checkbox"/> Student	<input type="checkbox"/> Retired	<input type="checkbox"/> Disabled	<input type="checkbox"/> Student	<input type="checkbox"/> Retired	<input type="checkbox"/> Disabled
Present Address (street, city, state, ZIP)			Present Address (street, city, state, ZIP)		

If residing at present address for less than two years, complete the following:

Former Address (street, city, state, ZIP) _____ No. Years	Former Address (street, city, state, ZIP) _____ No. Years
Former Address (street, city, state, ZIP) _____ No. Years	Former Address (street, city, state, ZIP) _____ No. Years

III. EMPLOYMENT INFORMATION

Borrower			Co-Borrower		
Name and Address of Employer		Gross Wages Per Month \$	Name and Address of Employer		Gross Wages Per Month \$
Dates	To: From:	Total Yrs.:	Dates	To: From:	Total Yrs.:
Position/Title/Type of Business		Business Phone ()	Position/Title/Type of Business		Business Phone ()

IV. MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION

Gross Monthly Income	Borrower	Co-Borrower	Total	Combined Monthly Housing Expense	Amount
Employment	\$	\$	\$	First Mortgage	\$
Social Security	\$	\$	\$	2nd Mortgage	\$
Disability	\$	\$	\$	Space Rent	\$
Retirement Benefits	\$	\$	\$	Homeowner's Insurance	\$
Veteran's Benefits	\$	\$	\$	Property Taxes	\$
Child Support	\$	\$	\$	Mortgage Insurance	\$
Spousal Support	\$	\$	\$	Homeowner Assn. Dues	\$
Rental Property Income	\$	\$	\$	Gas & Electric	\$
AFDC	\$	\$	\$	Sewer	\$
Other	\$	\$	\$	Water	\$
TOTAL	\$	\$	\$	TOTAL	\$

<i>Describe other income (Dividends, regular contributions from others, quarterly bonuses, etc.)</i>	Monthly Amount
	\$

V. ASSETS

Please fill in all boxes. If not applicable state "NA" or "0". If additional space is needed use page 5.

Name & Address of Banking Institution	Account Number	Type of Account	Value
1.			\$
2.			\$
3.			\$
4.			\$
Automobiles (make, model, year)	Value	Stocks & Bonds (Company Name/Number/ Description)	Value
	\$		
Life insurance net cash value	Real estate owned (enter market value from schedule of real estate owned below)	Vested interest in retirement fund	Net worth of business(es) owned (attach financial statement)
\$	\$	\$	\$
Other Assets (Itemize)	Value	Other Assets (Itemize)	Value
	\$		\$

Schedule of Real Estate Owned (Real estate other than the home you are living in)

Property Address (enter S if sold, PS if pending sale or R if rental being held for income)	Type of property	Present Market Value	Amount of Mortgages & Liens	Gross Rental Income	Mortgage Payment	Insurance Maintenance Taxes & Misc	Net Rental Income
		\$	\$	\$	\$	\$	\$
Totals		\$	\$	\$	\$	\$	\$

VII. DECLARATIONS

If you answer "yes" to any questions a through e, please use continuation sheet for explanation.	Borrower		Co-Borrower	
	Yes	No	Yes	No
a. Are there any outstanding judgments against you?	()	()	()	()
b. Are you party to a lawsuit?	()	()	()	()
c. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation bond, or loan guarantee? If "Yes," give details as described in the preceding question.	()	()	()	()
d. Are you obligated to pay alimony, child support, or separate maintenance?	()	()	()	()
e. Are you a co-maker or endorser on a note?	()	()	()	()
f. Are you a U.S. citizen?	()	()	()	()
g. Are you a permanent resident alien?	()	()	()	()
h. Do you intend to continue to occupy the property as your primary residence?	()	()	()	()
i. Have you had an ownership interest in a different property in the last year?	()	()	()	()
(1) What type of property did you own—principal residence (PR), second home (SH), or investment property (IP)?				
(2) How did you hold title to the home—sole by yourself (S), jointly with your spouse (SP), or jointly with another person (O)?				

VIII. ADDITIONAL RESIDENT'S INFORMATION

Please complete for all children (adult or minor) living in the home. If additional space is needed use page 5.

Child's Name (Last, First, MI)	Social Security No.	Date of Birth	Place of Birth	School Name

Please complete for all additional adults living in the home:

Adult's Name (Last, First, MI)	Relationship	Social Security No.	Amount of monthly room/board \$
Adult's Name (Last, First, MI)	Relationship	Social Security No.	Amount of monthly room/board \$

IX. CONTACT INFORMATION

Please provide the name, address, and phone number of a friend or relative as a contact person

Name: _____ Phone Number: () _____

Address: _____

Relationship: _____

X. ACKNOWLEDGMENT AND AGREEMENT

The undersigned acknowledge(s) and agree(s) that: (1) the loan requested by this application will be secured by a first mortgage or deed of trust on the property described herein; (2) the property will not be used for any illegal or prohibited purpose or use; (3) all statements made in this application are made for the purpose of obtaining the loan indicated herein; (4) I/we will continue to occupy the property; (5) verification or reverification of any information contained in the application may be made at any time by the Housing Authority, its agents, successors and assigns either directly or through a credit reporting agency, from any source named in this application and the original copy of this application will be retained by the Housing Authority, even if the loan is not approved; (6) the Housing Authority, its agents, successors and assigns will rely on the information contained in the application and I/we have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I/we have represented herein should change prior to closing; (7) in the event my/our payments on the loan indicated in this application become delinquent, the Housing Authority, its agents, successors and assigns may, in addition to all their other rights and remedies, report my/our name(s) and account information to a credit reporting agency; (8) the administration of the loan account may be transferred to an agent, successor or assign of the Housing Authority with prior notice to me; (9) the Housing Authority, its agents, successors and assigns make no representations or warranties, express or implied, to the Borrower(s) regarding the property, the condition of the property, or the value of the property.

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 the Title 18, United States Code, Section 1001, et seq. and liability for monetary damages to the Housing Authority, its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application.

Borrower's Signature	Date	Co-Borrower's Signature	Date
X		X	

XI. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Housing Authority's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations the Housing Authority is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. (Housing Authority must review the above material to assure that the disclosure satisfies all requirements to which the Housing Authority is subject under applicable state law for the particular type of loan applied for.)

BORROWER

I do not wish to furnish this information

- Race/National Origin:**
- American Indian or Alaskan Native
 - Asian or Pacific Islander
 - Black, not of Hispanic origin
 - Hispanic
 - White, not of Hispanic origin
 - Filipino
 - Other (specify) _____

Sex: Female Male

CO-BORROWER

I do not wish to furnish this information

- Race/National Origin:**
- American Indian or Alaskan Native
 - Asian or Pacific Islander
 - Black, not of Hispanic origin
 - Hispanic
 - White, not of Hispanic origin
 - Filipino
 - Other (specify) _____

Sex: Female Male



Housing Authority of the County of San Diego HOME REPAIR PROGRAM FORM

Thank you for your interest in the County of San Diego Home Repair Program. The purpose of the Home Repair Program is to provide low interest (3%) deferred loans to eligible single-family homeowners or grants to eligible mobilehome owners for making minor home repairs to address health and safety items. There is no monthly payment. Loans are payable upon sale, transfer of title, or if you cease to personally occupy the property, whichever comes first.

Eligible repairs:

- Electrical system repair
- Plumbing repair, up to or including replacement
- Furnace or water heater repair, up to or including replacement
- Handicapped accessibility
- Roof repair, up to or including replacement
- Leveling of Mobile Home
- Termite fumigation
- Air conditioning or swamp cooler systems
- Soft spots in mobile home sub-floors
- Carpet or flooring repair if its current condition creates a health and safety hazard such as tripping and slipping, or dirty beyond cleanable.
- Repair primary entryways (may include steps, porches, railings etc) if it can be demonstrated that its disrepair creates a health and safety issue.
- Stoves and ovens if unsafe, unsanitary, or unhealthy, or if due to advanced age it can reasonably be assumed replacement will be imminent.
- Drywall if necessary to maintain the integrity of the wall, or repairs to properly close off the walls.
- Weatherization and energy efficiency improvements such as additional insulation, windows and door replacement, water-saving toilets, energy efficient home appliances and fixtures replacement.
- Exterior painting of single-family residence or mobile home when structure shows peeling, chipping , deterioration of paint and stucco
- Mobile home skirting repair/replacement
- Cited Code or Homeowner Association violations specific to the housing unit due to age and/or deterioration.
- Other items to be addressed on a case-by-case basis for reasonableness and compliance with regulations.

Ineligible items include:

- New patios and decks, and patio covers (repairs on existing can be eligible if determined to be appropriate or necessary)
- New fences (repairs on existing can be eligible if determined to be appropriate or necessary)
- Sidewalks and driveways (unless tripping and safety hazard).
- Non-housing structures and equipment (such as garages, storage sheds)
- Swimming pools, spas, barbecues
- Remodeling improvements
- Foundation repairs (to be determined on a case by case basis and can be allowed within loan limits)
- New kitchen cabinets (repairs can be allowed if determined appropriate or necessary)
- Cleaning or replacing air ducts (unless necessary to replace heater/furnace or for documented health reasons)
- Items normally covered under the applicant's homeowners insurance policy, i.e., repair caused by water leaks, fire damage, etc.

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Name: _____

HOME REPAIR LOAN PROGRAM FORM

Please list repairs **in order of priority and** reason for repair. Do not obtain formal bids from contractors until instructed to do so.

Repair	Reason for Repair
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	

Comments:



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INCOME TAX RETURN SWORN STATEMENT

I/We _____ hereby certify that the copies of federal income tax returns furnished to the Housing Authority of the County of San Diego are exact copies of the returns filed with the Internal Revenue Service.

I/We understand that said copies will be used in conjunction with other verifications and sworn statements, to determine my/our income eligibility for the Home Repair Program of the County of San Diego.

I/We certify that the information I/We furnish to the Housing Authority of the County of San Diego is true and complete to the best of My/Our knowledge.

I/We further understand that willful misrepresentation of income and or assets will jeopardize any funds provided to me/us by the Housing Authority.

Applicant's Signature Date Co-Applicant's Signature Date

I/We did not file income taxes for 20__, 20__ (list years that apply).

Applicant's Signature Date Co-Applicant's Signature Date

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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ (legal name), do hereby authorize any agencies, offices, groups, organizations or business firms to release to the HOUSING AUTHORITY OF THE COUNTY OF SAN DIEGO any information or materials which are deemed necessary to complete and verify my application for participation in the Home Repair Program. The information needed may include verification or inquiries regarding my identity, household members, employment and income, assets and residency. These organizations are to include, but are not limited to: financial institutions; Employment Security Commission; educational institutions; past or present employers; Social Security Administration; welfare and food stamps agencies; Veteran's Administration, court clerks; utility companies; Workmen's Compensation Payers; public and private retirement systems; law enforcement agencies; medical facilities and credit providers.

I understand that the Department of Housing and Urban Development (HUD) and/or the Housing Authority of the County of San Diego (HACSD) may conduct computer matching programs in order to verify the information supplied on my application. It is understood and agreed that this authorization or the information obtained with its use may be given to and used by HUD and/or HACSD in the administration and enforcement of program rules and regulations and that HUD and/or HACSD may in the course of its duties obtain such information from other Federal, State or local agencies, including State Employment Security Agencies; Department of Defense; Office of Personnel Management; the Social Security Administration; and State welfare and food stamp agencies.

It is with my understanding and consent that a photocopy of this authorization may be used for the purposes stated above.

Address City State Zip

Social Security Number Date of Birth Telephone No.

Signature Date



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REQUEST FOR VERIFICATION OF REGULAR CONTRIBUTIONS

(To be completed by anyone making regular financial contributions to the applicant's household)

Regulations require the Housing Authority to verify all sources of income received by household members for the purpose of determining the household's eligibility for the Home Repair Program.

Applicant Name

Signature

This form should be completed and signed by the donor. In no event should it be completed by the household member. Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy.

I hereby certify that I make the following regular contributions for the benefit and support of the above individual and/or family. I make these regular contributions in the following way(s):

- | | | | | | |
|----|-------------------------|------------------------------|-------------------------------|----------------|----------|
| 1. | Rent | <input type="checkbox"/> All | <input type="checkbox"/> Part | Monthly Amount | \$ _____ |
| 2. | Utilities | <input type="checkbox"/> All | <input type="checkbox"/> Part | Monthly Amount | \$ _____ |
| 3. | Food | <input type="checkbox"/> All | <input type="checkbox"/> Part | Monthly Amount | \$ _____ |
| 4. | Cash | | | Monthly Amount | \$ _____ |
| 5. | Other (Please describe) | | | | |
| | _____ | | | Monthly Amount | \$ _____ |
| | _____ | | | Monthly Amount | \$ _____ |

All of the information provided is true and correct to the best of my knowledge and belief.

Print Name

Address

Signature

Phone

Date

Relationship to Applicant

Serving as the Housing Authority of the County of San Diego

STATEMENT OF IDENTITY

For confidential use by Chicago Title Company in connection with the Residential Rehabilitation Loan Application.

This Statement is to be completed and **SIGNED PERSONALLY** by each party to the transaction and by **BOTH HUSBAND AND WIFE**. This information is necessary because we have been asked to insure a title to real property in which you are interested. In searching your title we may encounter judgments, bankruptcies, divorces, and income-tax liens against persons with names similar to yours. We can quickly eliminate such matters which otherwise cloud the title to this property. You will help us by **COMPLETELY** filling in the following information.

APPLICANT {

First Name _____ Full middle name-if none, indicate _____ Last Name _____

Birthplace _____ Date of Birth _____

Social Security No. _____ I have lived continuously in the U.S.A. since _____

Business Phone _____ Home Phone _____

Driver's License No. _____

IF MARRIED, COMPLETE THE FOLLOWING

SPOUSE {

First Name _____ Full middle name-if none, indicate _____ Last Name _____

Birthplace _____ Date of Birth _____

Social Security No. _____ I have lived continuously in the U.S.A. since _____

Business Phone _____ Home Phone _____

Driver's License No. _____

We were married on _____ at _____

Wife's maiden name _____

RESIDENCES

Residences and Occupations Last 10 Years {

Number and Street	City	From (Date)	To (Date)
_____	_____	_____	_____
_____	_____	_____	_____

OCCUPATIONS

(Husband's) _____

Firm Name	Location
_____	_____
_____	_____

(Wife's) _____

Firm Name	Location
_____	_____
_____	_____

(If more space if needed, use reverse side of form.)

FORMER MARRIAGES

Former Marriage(s) {

If no former marriages, write "NONE" _____ otherwise, please complete the following

Name of former wife _____

Deceased _____ Divorced _____ When _____ Where _____

Name of former husband _____

Deceased _____ Divorced _____ When _____ Where _____

CHILDREN BY CURRENT OR PREVIOUS MARRIAGE

CHILDREN {

Name	Birthdate	Name	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Street Address of Property _____

The undersigned declare, under penalty of perjury, that the foregoing is true and correct.

Applicant's Signature _____ Date _____ Co-Applicant's Signature _____ Date _____



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Lead-Based Paint Hazard Control

Federal regulations require that all federally funded rehabilitation projects be evaluated for lead hazards and that reduction activities be carried out for dwellings constructed before 1978. If your home/mobilehome was constructed before 1978 there is a possibility that it contains lead-based paint and a lead risk assessment must be completed before repair work can begin.

To expedite this process an informational pamphlet describing lead-based paint hazards has been included in your application packet. Please read the pamphlet and sign and return the enclosed "Notification of Lead-Based Paint" form. Also included is an "Agreement Between Housing Authority of the County of San Diego and Owner for Lead-Based Paint Testing." Please fill in the appropriate information, sign, and return the form. The agreement will only be valid if your application is approved.

If you have any further questions or need additional information, please contact me at (858) 694-4810.

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Notification of Lead-Based Paint

If your property was constructed before 1978 there is a possibility it contains lead-based paint. Please read the enclosed pamphlet and sign this receipt.

Confirmation of Receipt of Lead Pamphlet

I have received a copy of the pamphlet, *Protect Your Family From Lead in Your Home*, informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

Printed name of recipient

Date

Signature of recipient

Agreement Between Housing Authority of the County of San Diego and Owner for Lead-Based Paint Testing

This Agreement entered into this day _____, by and between the Housing Authority of the County of San Diego, hereinafter referred to as "Housing Authority", and (owners' names) _____ hereinafter referred to as "owner":

WITNESSETH:

WHEREAS, the Housing Authority desires to provide a non-repayable grant to property owners who have been certified as eligible for the Home Repair Loan Program, NOW THEREFORE, the Housing Authority and Owner agree:

- a. The Housing Authority agrees to make a non-repayable grant in an amount not to exceed \$ 424.00 for the benefit of the owner for Lead-Based Paint Testing to be performed by Allstate Services Environmental. The grant will cover all costs associated with lead testing for property located at (property address) _____, provided:
- b. Owner will not use, or allow to be used any portion of the grant for any purpose other than the testing for Lead-Based Paint Hazards approved and authorized by the Housing Authority.
- c. Owner and Housing Authority will to the extent possible, provide employment opportunities for businesses and lower-income persons in connection with assisted projects consistent with Section 3 of the Housing and Urban Development Act of 1968.
- d. Housing Authority designates the Deputy Director of the Housing Authority of the County of San Diego, 3989 Ruffin Road, San Diego, California, 92123, or his/her designated representative to administer this Agreement on behalf of the Housing Authority.
- e. The Housing Authority assumes no responsibility for performance under any contracts with others (including contracts with the construction contractor), entered into by the owner for the home repairs made subject to this grant.
- f. Owner shall have worker's compensation coverage for his/her employees, if any, under this Agreement.
- g. This Agreement may be amended by a written Agreement signed by both parties.
- h. For the purpose of making this grant, Housing Authority agrees to issue a warrant in the specified amount made payable to Allstate Services Environmental providing services pursuant to the project funding breakdown sheet and any amendments made there to (change order).
- i. Each and every provision of law and clause required by law to be inserted in this Agreement shall be read and enforced as though it were included herein, and if for any reason any such provision is not inserted, or is not correctly stated, then upon application of either party the Agreement shall forthwith be physically amended to make such insertion or correction.

Owner's Signature _____ Date _____

Owner's Signature _____ Date _____

Deputy Director's Signature _____ Date _____



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REQUEST FOR VERIFICATION OF SOCIAL SECURITY BENEFITS

Please provide written verification of the current, gross monthly Social Security Benefit received by each member of your household.

To obtain a current statement of benefits you may call the toll free number provided below. Request written verification of the current monthly benefit for each member of your household receiving benefits. The Social Security office will mail the verification of monthly benefit to your address. Please provide this information to the Housing Authority before your scheduled deadline date.

**SOCIAL SECURITY TOLL FREE NUMBER
1-800-772-1213**

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REQUEST FOR COPY OF CERTIFICATE OF TITLE MOBILEHOME

An original Certificate of Title Mobilehome or Ownership Certificate is required to process your Home Repair Application. If you need to obtain a copy, call or visit the office listed below. Please provide a copy of the original certificate to the Housing Authority before your scheduled deadline date.

**STATE DEPARTMENT OF HOUSING
Mobilehome Registration and Titling
7777 Alvarado, Suite 302
La Mesa, CA 91941**

(619) 645-2960

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