



Dear Applicant:

Attached is the application for the City of Bakersfield's Home Accessibility Program. The Home Access Program pays for housing modifications designed to provide or improve access to disabled homeowners and renters. Eligible applicants are those physically disabled persons living within the city limits of Bakersfield who are at a low to moderate income level. Low to moderate income persons, as defined by the Department of Housing and Urban Development (HUD), are those earning 80% or less of the area's median income. This income level is adjusted for household size and is subject to change at the sole discretion of HUD. This program is primarily available to residents of single family dwelling units. Renters must first obtain the property owner's consent in writing to complete modifications on the property.

Limited grant (non-repayable) funds are available for residential accessibility related modifications for qualified residents. (Other limits apply to rental units.) Eligible modifications include ramps, grab bars and widening of doors. **The applicant will not be responsible** for repayment of the grant; this is a one time only basis per home and is in the form of grants that are not repaid.

Please fill this application form out completely and sign the "Certification Section". We ask that you remember to include the following items when you return the application to our office:

- ◆ Proof of all income in the household.
- ◆ Doctor's Prescription or letter stating disability.
- ◆ Owner's approval. Also, if a rental, provide 1) a copy of the tenant's request letter to the landlord, 2) a copy of the landlord's decline letter to the tenant, 3) a copy of the rental agreement, and 4) a copy of the most recent rental receipt.

If you have any questions, please phone Tammany Polk, at 852-7536.

City of Bakersfield • Economic and Community Development Department
1600 Truxtun Avenue, Suite 300, Bakersfield, California 93301
Phone (661) 326-3765 • FAX (661) 328-1548 • TDD (661)-324-3631

HOME ACCESSIBILITY GRANT PROGRAM APPLICATION

ELIGIBILITY DATA

1. Applicant Name: _____
 Social Security Number: _____
 Address including Zip Code: _____
 Nearest Cross Street: _____
 Phone Number: _____
2. Contact Person (if other than applicant):
 Name: _____
 Full Address: _____
 Relationship to Applicant: _____
 Contact Number: _____
3. Number living in Household: _____ Names: _____
 (All residents must be listed.) _____
4. Source of Income – (includes all income in household and who receives it (i.e., Social Security, retirement, disability, etc.)

Source	Received By: Name/Relation	Amount Received	Per Mo/Yr
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: Proof of income must be submitted with this application. (Examples: tax returns, paycheck stub, income verification from Social Security, AFDC, disability, etc.)

DWELLING INFORMATION

5. Type of Dwelling (please check one)
 House _____ Mobile/Modular Home* _____
 Apartment _____ Other _____
- *If mobile or modular home, please provide proof of foundation such as "Notice of Manufactured Home or Commercial Coach, installation on a foundation system form."
6. Is Dwelling owned by another party? Yes No
- If property owner declines to make the requested improvements, include correspondence regarding your request for the improvements, rental agreement and rent receipt.

PHYSICAL HANDICAP

7. What is the physical handicap?

Is the condition permanent? Yes No (If no, please explain)

Please provide a professional certification of your physical condition (a letter from your health care practitioner, prescription, etc.). Physical handicap must be permanent or long-term (minimum 5 years).

IMPROVEMENTS

8. This section is for you to tell us what you feel you need. It does not commit you to or require you to make any of the listed improvements. The improvements requested may or may not be allowable due to restraints such as limited area or other regulations which make the requested item(s) not meet the American With Disabilities Act (ADA) guidelines. What improvements are needed in order to make your dwelling more accessible? (i.e., ramp, widening of a doorway, safety grab bars, etc.). Please list below.

CERTIFICATION

I certify that the above statements are true, accurate and complete to the best of my knowledge and belief. I realize that if I deliberately make false statements or withhold information on my application, I (or the person on whose behalf I am acting) may lose my grant and/or be required to repay the amount of the grant that has been spent on my behalf, and/or I can be prosecuted for fraud.

I agree to allow the approved licensed Contractor to do the prescribed work. I understand that the Contractor guarantees the work to be performed under normal conditions for one year. I also agree that I will not hold the Contractor or the City of Bakersfield responsible for any damage caused by or arising from the work performed under this program. I will warn the Contractor of any dangerous conditions on my property before work is begun and take all reasonable precautions to insure the safety of any individuals who enter my property for the purpose of affecting the accessibility improvements as part of the Home Accessibility Grant Program.

Applicant, Guardian, or Authorized Representative

Date

Co-Applicant

Date

The following information is requested by the Federal Government in order to monitor compliance with equal credit opportunity and fair housing laws. This information is confidential. Please note that self-identification of race/ethnicity is voluntary. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it.

APPLICANT I do not wish to furnish this information. (initials) _____

RACE

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaska Native AND White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian AND White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American AND White |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> American Indian or Alaska Native AND Black/African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other: _____ |

HISPANIC/LATINO ETHNICITY Yes No

- | | |
|---|--|
| <input type="checkbox"/> Yes, Mexican/Chicano | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Other Hispanic/Latino: _____ |

SEX: Female Male

AGE: Under 62 62 and over

CO-APPLICANT I do not wish to furnish this information. (initials) _____

RACE

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaska Native AND White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian AND White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American AND White |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> American Indian or Alaska Native AND Black/African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other: _____ |

HISPANIC/LATINO ETHNICITY Yes No

- | | |
|---|--|
| <input type="checkbox"/> Yes, Mexican/Chicano | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Other Hispanic/Latino: _____ |

SEX: Female Male

AGE: Under 62 62 and over

PROPERTY OWNER'S CONSENT FORM

I/We, _____, owner(s) of the property located at _____ request to have the above referenced unit retrofitted with the necessary handicap accessibility devices to render this unit accessible for my tenant at no cost to me/us (unless I have already used this program for my rental properties*). By signing this form I am stating that I am financially unable to pay for these modifications.

I understand that the accessibility modifications to this unit must remain in place for no less than five years after the modifications have been made.

By signing this document, I agree to abide by the provisions described above.

Tenant's Name

Property Owner Signature

Date

Property Owner Signature

Date

* The owner of multi-units will be required to pay 50% of home accessibility cost for all additional units if previously used before the work can begin.

**TO BE COMPLETED BY PHYSICIAN / HEALTH CARE PRACTITIONER
FOR USE OF THE HOME ACCESSIBILITY GRANT PROGRAM**

Patient's Name: _____

Patients Address: _____

Physician's Name: _____
(Health Care Practitioner's)

Physician's Address: _____

Physician's Phone No. _____

TO THE PHYSICIAN:

The above named person has applied for assistance for the "*Home Accessibility Grant Program*" administered by the City of Bakersfield Economic and Community Development Department. The aim of the program is to reduce or eliminate, where physically and economically feasible, barriers which restrict mobility and accessibility of disabled persons within their housing units.

Your help is requested in determining the physical limitations of the person named above. Of particular importance are the limitations and degree of limitation in movement or use which the person experiences in his/her living environment. This information will help us greatly in determining the specific kinds of modifications which can be made to the person's housing unit. Please be as accurate and complete as possible—we can only make improvements which are supported by the physical limitations cited on this form.

DIAGNOSIS: PLEASE INDICATE DEGREE, SEVERITY, PROGNOSIS, AND PERMANENCE:

Signed: _____ **Dated:** _____

Physician's/ Physician Assistant's or Health Care
Practitioner's signature

PLEASE RETURN TO:

**City of Bakersfield
Economic & Community Development Department
1600 Truxtun Ave., Suite 300
Bakersfield, CA 93301-4820**

If you have questions, please feel free to contact Tammany Polk at (661) 852-7536. Also, you may fax this form directly to the department at 328-1548.