

**BEVERLY HILLS RESIDENTIAL REHABILITATION
PROGRAM APPLICATION QUESTIONNAIRE
FY 2019-2020**

Applicant Name:	Home Phone:	Cell Phone:
Co-Applicant Name (if applicable):	Email Address:	
Property Address:	<i>For Internal Use Only</i> APN: Census Tract No.	

DO YOU: ☐ RENT ☐ OWN

If Rent, what is your monthly rental amount? \$_____

If Renting:

Name of Owner/Agent of Property:
Address:
Telephone Numbers (Include Fax # When Available) :
Email Address:

Is the Applicant the Female Head of Household?

☐ YES ☐ NO

Is the Applicant and/or Co-Applicant Disabled?

☐ YES ☐ NO

HOUSEHOLD INFORMATION:

Name	Relationship	Date Of Birth	Monthly Income*	Source
	Applicant			

*Total gross income to be calculated from all sources and all members of the household who are 18 years of age or older and are not full-time students. Income from unrelated individuals residing at the property must be included.

HAVE YOU RECEIVED SERVICES FROM THE BEVERLY HILLS HOUSING REHABILITATION PROGRAM?

☐ YES ☐ NO If Yes, when? _____

DO YOU OWN ANY OTHER REAL PROPERTY? ☐ YES ☐ NO

LIST TYPE OF REHABILITATION WORK REQUESTED (include code violations if applicable):

Client Certification of Eligibility (Please Read)

Client hereby certifies the above information is complete and correct to the best of my knowledge and we acknowledge that it will be relied upon for the purpose of assessing my/our qualifications for the Beverly Hills Residential Rehabilitation Program (Program) provided by the City of Beverly Hills (City). I authorize the City and Michael Baker International (Consultant) to make any inquiries considered necessary in order to ascertain the veracity of this information. I understand that providing false information shall be grounds for termination from the program and for repayment of the cost of completed work to the City. I understand that the City or Contractor will retain this form, and supporting documentation, whether or not this project receives funding approval. Property owners further certify that the home is not currently listed, advertised or otherwise made available for sale, and the work completed by the Program will be for the client's use as the occupant and owner of the home.

Signatures of Applicant & Co-Applicant

Date

Photography Permission (Please Read)

Client hereby agrees and consent to taking images of my home (addressed above) by the Program for its purposes and the purposes of the City including the Community Development Commission of the County of Los Angeles, the Housing Authority of the County of Los Angeles, and their officers, employees, and agents (collectively the "County"). Client understands that these images can be used for an indefinite period. Client holds harmless and specifically waives and releases the City and County from any and all claims, now or in the future, that may arise out of the Program, City, and County's use and/or publication of the images.

Signatures of Applicant & Co-Applicant

Date

	RACE CATEGORIES	CHECK ONLY ONE	HISPANIC/LATINO ETHNICITY IF YES, PLS SPECIFY BELOW	Yes/ No
1	American Indian or Alaska Native	<input type="checkbox"/>	Mexican or Mexican American	
2	Asian	<input type="checkbox"/>	Cuban	
3	Black or African American	<input type="checkbox"/>	Puerto Rican	
4	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	Other:	
5	White	<input type="checkbox"/>		
6	American Indian or Alaska Native and White	<input type="checkbox"/>		
7	Asian and White	<input type="checkbox"/>		
8	Black or African American and White	<input type="checkbox"/>		
9	American Indian or Alaska Native and Black or African American	<input type="checkbox"/>		
10	Other Multi Racial	<input type="checkbox"/>		

2019 INCOME LIMITS (effective 06/28/2019)

	Household Size (Number of Persons)							
	1	2	3	4	5	6	7	8
Moderate	\$61,400	\$70,150	\$78,950	\$87,700	\$94,700	\$101,750	\$108,750	\$115,750



Submit applications to Shannon Andrews at
shannon.andrews@mbakerintl.com or call (562) 202-0893

