



# City of Seal Beach

## Bathroom Accessibility Grant Application

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Thank you for your interest in the Seal Beach Bathroom Accessibility Grant Program. This program is designed to help qualifying Leisure World residents improve the safety and usability of their bathrooms.

### Eligible improvements include:

- Bathtub cut-down for conversion to a walk-in shower
- Installation of a high-boy toilet
- Addition of grab bars as needed
- Alteration or creation of shower bench

### This program assists:

- Residents of Leisure World
- Low- to moderate-income households
- Individuals with mobility, health, or accessibility needs

If you have questions, please call (909) 364-9000 or email [monique@civicstone.com](mailto:monique@civicstone.com).

Prefer to apply online? Visit [www.civicstone.com](http://www.civicstone.com) to complete the application digitally, submit documents, and sign electronically through DocuSign.

- **Note:** *While online submission is available, paper applications are still accepted for those more comfortable with printed forms.*

### Program Steps (Overview)

1. **Apply:** Complete and submit this application with all required documentation.
2. **Eligibility Review:** We will review your application for completeness and verify household income and program eligibility.
3. **Doctor's Form** (if applicable): If your modification request involves a medical need (e.g., bathtub cut-down), your doctor must complete a short form. This helps us prioritize applicants fairly—those with the greatest needs are assisted first.
4. **Site Visit & Scope of Work:** Once approved, a contractor will visit your home to confirm your tub's material, outline the scope of work, and plan the construction timeline.
5. **Construction:** The approved work will be completed by a program contractor. Once finished, a city inspector will verify the project is done properly.
6. **No Cost to You:** This is a grant program provided by the City of Seal Beach. You will not be charged for eligible improvements approved under this program.

## Household Information

Applicant Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

First Last

Co-Applicant Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

First Last

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

Number Street Unit # Mutual #

Phone: \_\_\_\_\_

Home Cell

Email: \_\_\_\_\_

Primary Secondary

Total # of people in household: \_\_\_\_\_ How many are disabled? \_\_\_\_\_

Is anyone NOT the Applicant or Co-Applicant living there?  Yes  No

## Ethnicity (Circle One)

White	Hispanic/Latino
Black/African American	Asian
American Indian/Alaskan Native	Native Hawaiian/Other Pacific Islander
American Indian/Alaskan Native & White	Asian & White
Black/African American & White	Am. Indian/Alaskan Nat & Black /African American
Other Multi-Racial	

## Monthly Income

The income amounts reported below should represent the combined monthly income from all household members. Please provide supporting documentation for each income source and each household member.

Income Source	Monthly Amount (\$)
Work (Gross wages)	
Self-employed or rental income (Net)	
Social Security (including Medicare)	
Pension/Annuity/Retirement	
Unemployment/Disability/Other Benefits	
Public Assistance	
Other (e.g., alimony, gifts)	
<b>Total Monthly Income</b>	
<b>Total Annual Income (x12)</b>	

Need help understanding what counts as income or how to calculate it? See **Appendix A** at the end of this application.

## Assets (Include recent statements for each household member)

Please list each account separately. Include the name of the institution and the last four digits of the account number for each asset listed.

Asset Type	Institution Name	Last 4 Digits of Acct #	Value (\$)
Checking Account			
Checking Account			
Savings/CDs			
Savings/CDs			
Stocks/Bonds/Investments			
Equity in Other Property			

Other Assets			
<b>Total Household Assets</b>			
<b>2% of Total Assets</b>			

Need help understanding what counts as an asset? See **Appendix A** at the end of this application.

## Final Income Calculation

Step	Description	Amount (\$)
1	Total Annual Income (from above)	
2	2% of Total Assets (from above)	
3	<b>Household Income (Add Line 1 + 2)</b>	

<b>Maximum Income Allowed (80% AMI - 2025 HUD Limits):</b>	
1 Person Household	\$94,750
2 Person Household	\$108,300

## Applicant Certification

I/We certify under penalty of perjury that all information provided in this application is true and correct to the best of my/our knowledge. I/We understand that providing false information may result in disqualification from the program and potential legal consequences.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Required Documents Checklist

Please include copies of the following for each household member:

- All pages of bank statements (checking & savings)
- Investment statements (stocks, bonds, etc.)
- Social Security award letters
- Federal Tax Returns (most recent year, all pages)
- Any documents to support stated income and investments
- Doctor's Analysis Form (only required for bathtub modifications)

- **Tip:** You may cross out your full Social Security number and display only the last 4 digits of account numbers to protect your privacy. (cross out) Social Security numbers and all but the last 4 digits of account numbers

## Mail or Deliver Your Application To:

**City of Seal Beach**

c/o CivicStone, Inc.  
4195 Chino Hills Parkway #267  
Chino Hills, CA 91709

Fax: (909) 333-4030

Email: [monique@civicstone.com](mailto:monique@civicstone.com)

### FOR OFFICE USE ONLY

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved     Denied - Reason \_\_\_\_\_

## Appendix A: Clarifying Income & Asset Information

**What Counts as Income?** Include all income sources for both the applicant and co-applicant. These should reflect the gross monthly amounts received by each household member. Examples include:

- Wages from employment – Include gross earnings before taxes. Also include any regular pay, special pay, or allowances received by a member of the Armed Forces.
- Self-employment or rental income – If you or your co-applicant operate a business, work independently, or earn income from rental of property (real or personal), report the net monthly income after expenses.
- Social Security benefits – Include the gross amount (before deductions for Medicare) received monthly through Social Security Retirement, SSI, or SSDI.
- Pensions, annuities, or retirement distributions – Include any regular monthly payments received from pensions, annuities, IRAs, or retirement accounts, as well as insurance payments or death benefits.
- Unemployment, disability, or worker’s compensation – Report the gross monthly amount received from any of these sources.
- Public assistance – Include monthly benefits such as CalFresh (food stamps), cash aid, or other public assistance programs.
- Other income – Include regular contributions from others outside your household, such as gifts, alimony, or child support.

**What Counts as Assets?** Include the current value of all assets held by any household member. This includes but is not limited to:

- Checking and savings accounts
- Money Market Accounts
- Certificates of deposit (CDs)
- Investment accounts (stocks, bonds, mutual funds, etc.)
- Cryptocurrency wallets or digital assets

- Trust funds (if accessible)
- Cash value of life insurance policies
- Equity in any property you own, other than your current Seal Beach residence
- Retirement accounts (IRA, 401(k), etc.)

**How HUD Treats Assets:** HUD does *not* count the total value of your assets as income. Instead, it assumes your assets earn about 2% annually. For example:

- \$50,000 in total assets = \$1,000 in additional calculated income
- \$100,000 in total assets = \$2,000 in calculated income

Only the **interest or imputed income** from these assets is included in your income total.

- **Note:** If you are unsure whether something counts, include it and we will help you determine eligibility.