



City of Seal Beach

Bathroom Accessibility Grant Application

Applicant Name: _____
First Last Sex Age

Co-Applicant Name: _____
First Last Sex Age

Address: _____
Number Street Appt. # Mutual #

Phone(s): _____
Home Cell email

Total number of persons living in the household: _____

Are there others living in your household who are NOT the Applicant or Co-Applicant? Y N

ETHNICITY (Circle One)

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

FINANCES (check all that apply)

- Applicant **and/or** Co-applicant works
- Applicant **and/or** Co-applicant receives retirement / pension / social security
- Applicant **and/or** Co-applicant has a checking account
- Applicant **and/or** Co-applicant has a savings account
- Applicant **and/or** Co-applicant has investments (IRA, stocks, bonds, etc.)
- Applicant **and/or** Co-applicant receives life insurance payments
- Applicant **and/or** Co-applicant files taxes
- Applicant **and/or** Co-applicant owns property, other than the Leisure World home currently lived in. If so, what is the address? _____

MONTHLY INCOME

Complete each section with the amount YOU AND/OR THE CO-APPLICANT receive monthly. (Make sure to include proof of this income in your returned application)

- \$_____ **Work:** enter the gross amount of income earned per month
- \$_____ **Business:** if you/co-applicant operate a business or profession or earn income from a rental, real or personal property enter the net monthly income.
- \$_____ **Interest or Dividends:** if you/co-applicant receive income from interest or dividends per month, enter that amount
- \$_____ **Social Security:** enter the gross amount of Social Security payments (including Medicare) you/co-applicant receive per month.
- \$_____ **Periodic Payments:** If you/co-applicant receive periodic payments from pensions, annuities, disability, retirement funds, insurance policies, death benefits, etc. enter that monthly amount.
- \$_____ **In Lieu of Earnings:** enter any payments you/co-applicant receive instead of earnings (unemployment, disability compensation, worker's compensation or severance)
- \$_____ **Public Assistance:** enter any monthly public assistance you/co-applicant receive.
- \$_____ **Armed Forces:** enter all regular pay, special pay and allowances of a member of the Armed Forces that you/co-applicant receive.
- \$_____ **Other:** enter any monthly alimony, child support, regular contributions/gifts, etc. you/co-applicant receive from persons not residing in your home.
- \$_____ **TOTAL Monthly income:** add all the values from the boxes above to get a total monthly income.

\$_____ **Total Annual income:** multiply Total Monthly Income (in the box above) by 12

ASSETS

HUD does NOT penalize you for having savings. HUD only counts the interest you may earn on these assets as income. So for every \$100,000 in assets you have, HUD will count \$2,000 toward income. Please list the value of the assets you and/or the co-applicant have below.

- \$_____ **Checking:** enter the funds in your checking account(s).
- \$_____ **Savings or CD's:** enter the funds in all your savings account(s), CD's, etc.
- \$_____ **Stocks, Bonds, etc:** enter all the funds in your investment account(s)
- \$_____ **Equity in investment property:** If you have investment property (not the Leisure World home you live in), enter the equity amount (value of the property less loan amount)
- \$_____ **Other:** enter any other funds considered assets
- \$_____ **TOTAL Assets:** add all the values from the boxes above to get a total value of household assets.

\$_____ **2% of Assets:** multiply Total Assets (in the box above) by 0.02 and enter the value

ADJUSTED ANNUAL TOTAL HOUSEHOLD INCOME

\$ _____ **TOTAL Annual Income:** (last box in Monthly Income section)


\$ _____ **2% of Assets:** (last box in Assets section)

Adjusted Annual Total Household Income: add the values from the two boxes above to get your adjusted annual household income
 \$ _____

I/We hereby authorize the City of Seal Beach and/or CivicStone, Inc. to obtain any information for verification purposes including; Checking and Savings Accounts, Mortgage Information, Credit Report, and any other information deemed necessary in connection with my request for financial assistance. This information is for confidential use to determine eligibility for the Bathroom Accessibility Program in the City of Seal Beach. A photographic copy of this authorization of the undersigned signature(s) may be deemed to be equivalent to the original and may be used as a duplicated original.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT U.S.C. TITLE 18 SECTION 1001, PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES ... OR MAKE ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED UP TO \$10,000, OR IMPRISONED UP TO 5 YEARS OR BOTH."

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.

 _____ Date _____ Date
 Applicant Signature Co-Applicant Signature

HUD INCOME RESTRICTIONS			
# of Persons Living in the Home	1	2	3
Maximum Gross Annual Household Income (Income levels may change with HUD updates)	\$75,900	\$86,750	\$97,600

Please mail this application and all supporting financial documentation to:

**City of Seal Beach c/o CivicStone, Inc.
 4195 Chino Hills Pkwy #267
 Chino Hills CA 91709**

909-364-9000 phone

909-333-4030 fax

FOR OFFICE USE ONLY	
REVIEWED BY: _____	DATE: _____
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED - REASON _____

APPLICATION SUBMISSION CHECKLIST

In order to complete your application for approval, please submit the following information:
(feel free to cross out Social Security # and all but the last 4 digits of account numbers)

- The City of Seal Beach Bathroom Accessibility Grant Application**

Verification of finances (include the following for all members living in the household)

- All pages of current bank statements - checking and savings
- Investment statements (stocks, bonds, mutual funds, etc.)
- Social Security statements if you have them
- Your most recent Federal Tax Returns if you file them (all pages)
- Documentation on any investments to show your financial portfolio value
W2s or 1099s where applicable

- Doctor's Analysis Form.** (Your doctor must complete the Doctor's Analysis Form that was included with this packet, but may mail the form separately from your application) The Doctor's form is required only for fiberglass bathtub cut-down and not for high-boy toilets.

*NOTE: only fiberglass shower/tub units are able to be modified on this program.

Return Entire Application & supporting documentation to:



**City of Seal Beach
c/o CivicStone, Inc.
4195 Chino Hills Pkwy #267
Chino Hills CA 91709**



Doctors Instructions

The City of Seal Beach has received a limited amount of funds to perform bathroom accessibility modifications for residents of Leisure World. These funds are intended to help those who are in great physical and financial need. The bathroom modification will take their existing tub and modify it into a walk-in shower. There are more needy applicants than funds available, so please carefully report the true physical condition of your patient.

Please complete the attached form for your patient. To prevent any undue pressure to exaggerate medical conditions, we've provided a self-addressed envelope for the completed form. Please rest assured that CivicStone, Inc. will keep your report of your patient's health condition confidential.

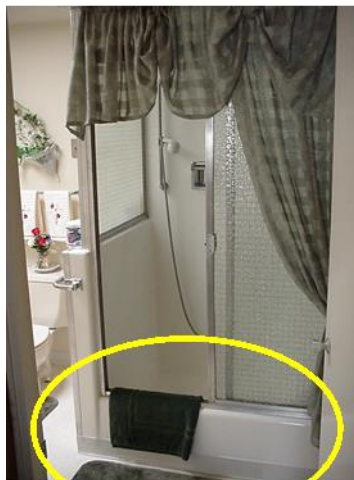
Once you have completed the form, please return it to CivicStone, Inc. in the attached self addressed envelope or fax it to 909-333-4030. There is a tight deadline for all applications and the sooner you complete and return the attached Doctor's Form, the sooner your patient's application will be reviewed.

Thank you for your assistance in this matter.

Monique Miner

CivicStone, Inc.
4195 Chino Hills Parkway, #267
Chino Hills CA 91709
909-364-9000 phone
909-333-4030 fax
monique@civicstone.com

Before Cut Down



After Cut Down





City of Seal Beach Doctor's Analysis Form

Leisure World Bathroom Accessibility Grant

To be completed by the Doctor ONLY - Please answer **ALL** questions

Patient's Name: _____

Please rate the patient according to the following guidelines:

Serious or Severe = patient struggles to get in and out of the tub/shower. There is a high likelihood of injury or accident. Discomfort or pain impedes appropriate hygiene.

Moderate = patient can get in and out of the tub/shower without fear of injury or accident. Manageable discomfort or pain does not impede appropriate hygiene.

Mild = patient has minor difficulty accessing the tub/shower. Appropriate hygiene is not impeded by pain or discomfort.

Does the patient suffer from a condition that causes mobility problems?

Yes No

If yes, the patient's mobility problems are:

Mild **Moderate** **Serious or Severe**

The patient's mobility problem is:

Temporary Permanent

Does the patient suffer from a condition that causes pain with movement?

Yes No

If yes, the patient's pain is:

Mild **Moderate** **Serious or Severe**

The patient's condition that causes pain is:

Temporary Permanent

Does the patient suffer from a condition that causes a sudden loss of balance?

Yes No

If yes, the frequency of loss of balance is:

Mild **Moderate** **Serious or Severe**

If yes, the cause of the loss of balance is:

Temporary Permanent

Doctor Comments: _____

Print Doctor's Name

Doctor's Signature

Date

Doctor's Phone #

**All information on this form is strictly confidential and will be used only for the application review process and not for public information.*

Fax form to 909-333-4030 or mail CivicStone Inc. 4195 Chino Hills Pkwy #267 Chino Hills CA 91709
monique@civicstone.com