Department of Conservation and Development

Neighborhood Preservation Program

30 Muir Road
Martinez, CA 94553-4601
NPP (925) 674-7886
FAX (925) 674-7258

Contra Costa County

John Kopchik
Interim Director

Aruna Bhat
Deputy Director

Jason Crapo
Deputy Director

NEIGHBORHOOD PRESERVATION PROGRAM (NPP) APPLICATION

To be completed by homeowner

Return the Checklist, NPP Application, Participation Data FY 2014-15 form, and all required supporting documents to:

CONTRA COSTA COUNTY
DEPARTMENT OF CONSERVATION AND DEVELOPMENT
NEIGHBORHOOD PRESERVATION PROGRAM
30 MUIR ROAD
MARTINEZ, CA 94553

Checklist

Please read the application carefully and complete it accurately before signing. There may be legal consequences if the applicant provides false income and residence information. Submit the following documents with your application:

- ❑ Current monthly mortgage statement on home to be rehabilitated.
- ❑ Current homeowner's insurance declaration certificate on home to be rehabilitated.
- ❑ Current monthly mortgage payment of all properties owned and to whom paid.
- ❑ Complete copy of most recently filed federal tax return, including all attachments and schedules (including W-2 forms). Two prior year's federal tax returns if you are self-employed.
- ❑ Copy of W-2 form or other current proof of income (including checks or award letters for Social Security, SDI, General Assistance, etc.)
- ❑ Copies of past three (3) month's pay stubs from all income sources.
- ❑ Verification of all investment accounts including bank statements, stock, and annuity statements.
- ❑ To verify home ownership submit a copy of the Grant Deed or Property Tax Bill,

  or

  To verify mobile home ownership submit a copy of the Certificate of Title.

Please Note: This above list is the minimum documentation we require to assess your application for NPP loan or grant approval. During the County's review process, we may request additional information in order to ensure qualification for the program.

NPP APPLICATION

Owner: _____ **Property Address:**_____

Co-Owner: _____ **City, State, Zip:** _____

Owner Occupied? ❑ Yes ❑ No **Purchased Date:** _____ **Year Built:**_____

Telephone: _____**Work No:** _____**Cell:**_____

Head of Household SS#:_____**H/H DL#:**_____**H/H DOB:**_____

SPOUSE SS#:_____**SPOUSE DL#:**_____**SPOUSE DOB:**_____

Household Members: Name Relationship Age

1._____

2._____

3._____

4._____

Income: Source Current Monthly Current Yearly

1._____

2._____

3._____

4._____

<u>Assets:</u>
Bank Accounts, Stocks, Bonds, other properties owned, savings accounts, IRA, 401K, please list:
Household Member Name Description of Asset Amount

1._____

2._____

3._____

4._____

Describe the repairs needed to your property: _____

_____

Closest relative or friend not living with you: Name:_____**Relationship**_____

Address:_____**City/State**_____**Telephone:**_____

Signature of Applicant:_____ **Date:**_____

Signature of Co-Applicant:_____ **Date:**_____

NPP PARTICIPATION DATA – FY 2014-15

The rehabilitation funds are being provided to you by the U. S. Department of Housing and Urban Development (HUD). HUD monitors the County as to the income and ethnicity of program participants. The information being requested is only for monitoring and auditing purposes, as required by HUD, and is not intended for public dissemination. Please provide the information requested below. Thank you for your cooperation.

_____ ❑ **Male** ❑ **Female**

Name

1. **Status** (Check all that apply): ❑ **62 years or older** ❑ **Disabled**
2. **Head of Household**: Are you the head of the household? ❑ Yes ❑ No
3. **If you are not the head of the household, is the head of the household female?** ❑ Yes ❑ No
4. **Household Size and Total Annual Household Income:**
   A. Circle the total number of people in your household in the first column.
   B. On the line corresponding to your household size, check the income range that includes your household's annual income.

A. Household Size	B. Total Household Income		
1	❑ **$19,350 or less**	❑ **$19,351 - $32,200**	❑ **$32,201 - $47,350**
2	❑ **$22,100 or less**	❑ **$22,101 - $36,800**	❑ **$36,801 - $54,100**
3	❑ **$24,850 or less**	❑ **$24,851 - $41,400**	❑ **$41,401 - $60,850**
4	❑ **$27,600 or less**	❑ **$27,601 - $46,000**	❑ **$46,001 - $67,600**
5	❑ **$29,850 or less**	❑ **$29,851 - $49,700**	❑ **$49,701 - $73,050**
6	❑ **$32,050 or less**	❑ **$32,051 - $53,400**	❑ **$53,401 - $78,450**
7	❑ **$36,030 or less**	❑ **$36,031 - $57,050**	❑ **$57,051 - $83,850**
8 or more	❑ **$40,090 or less**	❑ **$4091 - $60,750**	❑ **$60,751 - $89,250**

❑ Check here if your income does not fall into any of the income ranges corresponding with your household size. [1]

5. **Race** (Check only one):
   - ❑ **American Indian/Alaskan Native** ❑ **Asian** ❑ **White**
   - ❑ **Native Hawaiian/Pacific Islander** ❑ **Asian & White** ❑ **Black/African American**
   - ❑ **American Indian/Alaskan Native & White** ❑ **Black/African American & White**
   - ❑ **American Indian/Alaskan Native & Black/African American**
   - ❑ **Other Multi-Racial**: _____
   - ❑ **Hispanic Ethnicity** (you must also check one of the racial categories if you select this category)

I hereby certify that the above information is true and correct to the best of my knowledge. I acknowledge and understand that the information provided here will be relied upon for purposes of determining my eligibility for this program. I acknowledge that a material misstatement fraudulently or negligently made in this or in any other statement made by me may constitute a federal violation and may result in the denial of my participation in this program.

_____ _____

Signature **Date**

1. Contra Costa County, CDBG Program, Income Limits by Household Size – Effective July 1, 2014.