

**NEIGHBORHOOD HOUSING SERVICES OF THE INLAND EMPIRE  
MOBILE HOME GRANT PROGRAM  
(909) 884-6891**

Applicant's Name (Last, First, MI) \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_

Applicant's Spouse's Name or Co-Applicant \_\_\_\_\_

Co-Applicant's Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ Space # \_\_\_\_\_

Applicant's Phone Number \_\_\_\_\_

City/Zip \_\_\_\_\_

**DO YOU HAVE ANY NOTICE OF VIOLATION WITH THE CITY OF SAN BERNARDINO CODE ENFORCEMENT OR ANY OTHER CITY AGENCIES YES \_\_\_\_\_ IF YES PROVIDE COPY. NO \_\_\_\_\_**

Years lived in residence: \_\_\_\_\_ List all persons living in residence other than you:

Name	Relationship	Age	Employed	
			Yes	No

Any income must be shown in income section. Must show proof of income to qualify. Written verification must be forwarded with application.

MONTHLY HOUSEHOLD GROSS INCOME					
AFDC	\$	Social Security	\$	SSI/SSP	\$
Disability	\$	Employment	\$	Food Stamps	\$
Unemployment Ins	\$	Pension/Retire	\$	Alimony	\$
Child Support	\$	Other/Real Prop.	\$		
Total Monthly Income:			\$	Total Annual Income \$	

2013 Income Level (Subject to annual change)	Number of Persons Per Household							
	1	2	3	4	5	6	7	8
<b>Household Annual Gross Income May Not Exceed:</b>								
80% Median Income	<b>35,700</b>	<b>40,800</b>	<b>45,900</b>	<b>50,950</b>	<b>55,050</b>	<b>59,150</b>	<b>63,200</b>	<b>67,300</b>

Ethnicity: (Please check all that apply) Optional

- Sr. Citizen(s)-60 or older
- Hispanic
- Black
- Female Head of Household
- Asian/Pacific
- White, Non-Hispanic
- Disabled One or More
- American Indian
- Other

I certify under penalty of perjury that the information provided above is correct to the best of my knowledge. I understand that the inclusion of any willful misrepresentation on this form constitutes ground for rejection of this application and recapture of any financial benefit I may have received. **I authorize NHSIE and or the City of San Bernardino to examine and verify any and all information provided in this application.**

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_