



CITY OF SAN DIMAS

CHARTER OAK MOBILE HOME ESTATES SPACE RENT ASSISTANCE

APPLICATION CHECKLIST

Dear COMHE Homeowner:

The purpose of the Charter Oak Mobile Home Estates Space Rent Assistance Program (“Program”) is to assist eligible very low- to low-income senior homeowners who pay more than 30% of their income towards housing cost with a monthly credit towards their space rent.

The program serves Charter Oak Mobile Home Estates senior homeowners who are very low- to low-income as defined by current State income guidelines, determined by the Department of Housing and Community Development (HCD) for Los Angeles County.

Space rent credit amount will be based on homeowner’s household income level as defined by current State income guidelines, determined by the Department of Housing and Community Development (HCD) for Los Angeles County. 50% or below the Area Median Income (AMI) limit is defined as Very Low-Income and 80% of AMI as Low-Income. State Income Limits for 2023 are listed below:

Number of Persons in Household:	1	2	3	4
Very Low Income (50%) \$115.00 Credit	\$48,550	\$55,450	\$62,400	\$69,350
Low Income (80%) \$100.00 Credit	\$77,770	\$88,800	\$99,900	\$110,950

Los Angeles County (Effective May 14, 2024)

Please complete the attached application, and attach copies of the following items required for the evaluation of your application:

1. Completed Application: filled out and signed by all registered owners.
2. Proof of ownership: Copy of Current Registration and/or Current Property Tax Bill.
3. A photocopy of each household members current identification such as: (a) Driver’s License, or (b) Passport, or (c) Resident Alien Card or California Identification Card.
4. Copy of most recent Monthly Space Rent Statement.
5. Proof of Income for all household members. Examples of acceptable proof are: A copy of the last three (2) months of consecutive pay stubs for all household members, or, verifications of income such as award letters or notifications from sources of income (i.e. Social Security), or other forms of verification acceptable to the City. Verification of other income, whether taxable or not (including, but not limited to Social Security, SSI, AFDC, disability, unemployment, IRA withdrawals, etc.).

Please be advised additional program requirements/documentation may be required





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PROGRAM APPLICATION

Please complete all entries. Where items are non-applicable, please enter none or "n/a." Where insufficient space is supplied, attach additional sheets as necessary. Applications must be complete to be considered for program participation.

(Please print in ink)

APPLICANT (Head of Household)

Name _____ Female Male

CO - APPLICANT

Name _____ Female Male

Address _____ Space # _____

Household Size _____ Charter Oak Resident _____ Years

Telephone # (Home) _____ (Work) _____

Rent Subsidy from Any Source (family support, public assistance) no yes \$ _____

HOUSEHOLD OCCUPANTS (List head of household first)

Name	Female/Male	Date of Birth (DD/MM/YYYY)	Social Security Number	Citizen or Legal Resident
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

ASSETS (describe real and personal property, excluding residence, household furnishings and personal automobiles) Assets are typically possessions that can be converted to cash. Please attach additional sheets if necessary.

ASSET	VALUE	LIABILITY (amount owed)
Other Real Estate - include any other homes owned.		
Personal Property		
Financial Accounts – savings, checking, stocks, bonds, money market funds, life insurances and other investment accounts.		
Other Assets – specify type		

DRUG/CRIMINAL ACTIVITY

Federal regulations require Housing Agencies to question applicants and participants concerning drug related or violent criminal activities.

Have you or any member of your household been arrested or convicted of any drug or alcohol related or violent criminal activity within one year prior to the date of this application?

No Yes If yes, explain: _____

Is any member of your household registered as a lifetime sex offender? No Yes

Has anyone in the household been evicted from public housing or Section 8 housing for any reason including drug or other criminal activity? No Yes If yes, date of eviction: _____

Please provide name of Agency: _____

Telephone: _____ Address: _____

APPLICANT CERTIFICATION

I/We certify that the information provided in this application is accurate, complete to the best of my/our knowledge and belief and is subject to verification.

I/We give consent to have the City of San Dimas Housing Section to obtain any information or documentation required to verify program participation.

I/We understand any attempt to obtain Charter Oak Space Rent Assistance by false information, impersonation, failure to disclose or other fraud is a crime under Federal law.

I/We also understand that I/we agree and are to notify on-site management or the City of San Dimas, Housing Section if I/we change my/our contact information or my/our financial or living conditions.

Applicant's Signature

Date

Co - Applicant's Signature

Date

PLEASE REMEMBER TO ATTACH ALL INFORMATION REQUESTED IN THE APPLICATION CHECKLIST.

DO NOT SEND ORIGINALS.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

For further information regarding the program, please contact:

**City of San Dimas
Community Development Department – Housing Division
245 East Bonita Ave.
San Dimas, CA
909-394-6250**



For reporting purposes only, please provide the following demographic information for head of household. Check all boxes that apply.

Race

Single Categories

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White

Double Categories

- American Indian or Alaska Native & White
- Asian & White
- Black/African American & White
- American Indian/Alaskan Native & Black/African American
- Other

Ethnicity

Hispanic/Latino:

- Mexican/Chicano
- Puerto Rican
- Cuban
- Other Hispanic/Latino
- Not Spanish/Hispanic/Latino

Head of Household

- Female Disabled
- Male 65 +_

CERTIFICATION

I certify that the above information is true and accurate and that supporting documentation is provided as part of this application.

Applicant's Signature

Date

Co - Applicant's Signature

Date