



Thank you for your interest in applying for our **Sun City Hermosa Senior Yardwork Day**.

Our Senior Yardwork Day is made possible in part by the City of Menifee CDBG (Community Development Block Grant) program funding.

We have attached an application packet. Please return your application and all required documents to Habitat for Humanity Inland Valley at:

Email – linda@habitativ.org

Mail – 27475 Ynez Road, # 390 Temecula, CA 92591 Attn: Linda Thomas

Sun City Hermosa HOA Meeting – Friday, September 24, 2021 at 1:00 pm – Habitat for Humanity Representative will be available to receive your packet.

APPLICATIONS AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY September 27, 2021

Please complete the following:

- **The two-page application. Please make sure to sign and date, and complete every part of the application.**

Please also include copies of each of the following:

- **your current drivers license or ID showing your age and home address**
 - **a current utility bill in your name, showing your home address**
-

Please call us if you have any questions, or if we may be of assistance.

We hope to be of service.

Linda Thomas, Programs Manager

951/216-5955 (cell)

or

951/296-3362 ext. 207

**SUN CITY HERMOSA NEIGHBORHOOD
SENIOR YARDWORK DAY - CDBG MENIFEE
PROGRAM APPLICATION - INTAKE FORM
APPLICATION DEADLINE 9/27/2021**



APPLICANT INFORMATION

Applicant Name:		Date of Application:	
Address:			
City, State & Zip:			
Primary Phone:		Email:	
Applicant Age: (Must be age 62 or over)		Age verification, please attach a copy of the following: Drivers License or ID _____ or Other _____	

PROPERTY INFORMATION

Do you own the home? Yes _____ No _____		Address Verification (Must be within City of Menifee)	
Is this your principal place of residence? Yes _____ No _____		Please attach a copy of the following:	
Do you plan to continue to occupy the property as your principal place of residence? Yes _____ No _____		Utility Bill _____ or Other _____	
Homeowner's Association (HOA): Yes _____ No _____		Name of HOA Management Company:	
Property Description:	Single Story _____	Year Home Was Built: _____	
	Mobile Home _____		
Are mortgage payments current: Yes _____ No _____		Are property taxes current: Yes _____ No _____	
Homeowner's Insurance: Yes _____ No _____		Verification Required: Carrier: _____ Policy #: _____ Expiration Date: _____ Please attach a copy	
Do you currently have any outstanding municipal or building code violations? Yes _____ No _____			
If YES, please note: _____			

Brief Description of Requested Repairs*:	Eligible Services for Sun City Hermosa Senior Yardwork Day		
	Yard Clean-Up/Weed Abatement:	Yes _____	No _____
	Brush Removal:	Yes _____	No _____
	Pruning Existing Plants/Shrubs/Trees:	Yes _____	No _____
*Repairs requested must fall within the program scope and guidelines. Repairs/Maintenance Activities must be minor in nature. Repairs that are determined to be Rehabilitation Activities as defined by HUD are not eligible. Application approval is contingent upon site inspection.			
Rev. 9.09.21			

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APPLICANT INCOME AND FAMILY SIZE

CATEGORY FAMILY SIZE (Check ONLY one): I consider myself in one of the following categories:

- (A) _____ Senior Citizen (C) _____ Migrant Farm Worker (E) _____ None of the Above
(B) _____ Physically Challenged (D) _____ Homeless

FAMILY SIZE (Check ONLY one): 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____

HOUSEHOLD INCOME: My current family yearly income from all sources is: \$ _____
Note: **HOUSEHOLD** income means total income of all persons living in the same household who will benefit from activities.

ETHNICITY – Please complete question 1. and 2.

1. **Select One:** **Hispanic _____ or Non-Hispanic _____**
2. **Select one from either Single or Multi Race Category:**

Single Race Category

White _____ American Indian/Alaskan Native _____
Black/African American _____ Native Hawaiian/Other Pacific Islander _____
Asian _____

Multi Race Category

American Indian/Alaskan Native & White _____ Asian & White _____
Black/African American & White _____ Hispanic/White _____
Hispanic/Black/African American _____ Hispanic/Asian _____
Hispanic/American Indian/Alaskan Native _____ Hispanic/Asian & White _____
Hispanic/Native Hawaiian/Other Pacific Islander _____ Hispanic/Black/African American & White _____
Hispanic/American Indian/Alaskan Native & White _____
American Indian/Alaskan Native & Black/African American _____
Hispanic/American Indian/Alaskan Native & Black/African American _____
Other Multi-race (ONLY if non of the above categories identifies you) _____

OTHER DEMOGRAPHIC INFORMATION:

This information is optional but helps Habitat for Humanity Inland Valley in applying for grants and reporting the work we do in the community.
Veteran/Military: Have you ever served in the armed forces, including but not limited to Reserve & National Guard, and had an honorable discharge? Yes _____ No _____
Military Involvement: None _____ Current/Active Military _____ Veteran _____ Spouse of a Veteran _____
Female Head of Household: Yes _____ No _____ **Disabled:** Yes _____ No _____

BENEFICIARY: I, _____ on _____, acknowledge that qualification for assistance funded under the Habitat for Humanity Inland Valley CDBG Menifee 2021 program is based upon having a qualifying age and family income and that the age documentation and income levels I have certified to in this self-certification are current as of the date signed and may be subject to further verification by the grantee and/or HUD and I authorize such verification and will provide supporting documents if it is necessary.

APPLICANT SIGNATURE: _____

Low Cost Exterior Home Repair Services Available Throughout the Year

Painting - Exterior Whole House: Yes _____ No _____ **Other Minor Exterior Repairs:** Yes _____ No _____

These services are available for a nominal fee through Habitat's "A Brush with Kindness" low cost home repair program for low income homeowners. If you are interested, please check here and we will contact you with more information.

SUBMIT APPLICATION and all supporting documentation TO – 3 Ways to Apply:

Mail: Habitat for Humanity Inland Valley – 27475 Ynez Rd. #390 – Temecula, CA 92591 Attn: Linda Thomas
E-mail: linda@habitativ.org – for questions or more information call Linda: 951/216-5955 or 951/296-3362 ext 207
Sun City Hermosa HOA Meeting – 9/24/2021 at 1:30 pm – Habitat for Humanity Representative will be available

FY 2021 Income Limits Documentation System

Effective June 01, 2021

Link: <https://www.hudexchange.info/resource/5334/cdbg-income-limits/>

Riverside County, California										
FY2021 Income Limit Area	Median Family Income	FY 2021 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Riverside County	\$77,500	Extremely Low (30%) Income Limits	\$16,600	\$19,000	\$21,350	\$23,700	\$25,600	\$27,500	\$29,400	\$31,300
		Very Low (50%) Income Limits	\$27,650	\$31,600	\$35,550	\$39,500	\$42,700	\$45,850	\$49,000	\$52,150
		Low (80%) Income Limits	\$42,250	\$50,600	\$56,900	\$63,200	\$68,300	\$73,350	\$78,400	\$83,450

INCOME LIMITS – CDBG MENIFEE - 2021-2022

SUN CITY HERMOSA NEIGHBORHOOD

SENIOR YARDWORK DAY



Now more than ever.
Help Build It!

Waiver of Liability Relating to Coronavirus/COVID-19
CDBG Senior Exterior Home Maintenance/Minor Repair Program (Menifee)

Sun City Hermosa Senior Yardwork Day

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. Although the Habitat for Humanity Inland Valley is following recommended steps of County health officials, the Habitat for Humanity Inland Valley cannot protect Program participants and their household members against all possible risks of COVID-19. I understand and acknowledge that Program service providers are required to follow federal, state and local public health guidelines. However, the exact methods of spread and contraction are unknown, and there is no known treatment or cure for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death. By participating in the Program and receiving services provided by the Program, potentially being exposed to others who might have COVID-19, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I or my household members may be exposed to or infected by COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand the Habitat for Humanity Inland Valley cannot prevent me or my household members from becoming exposed to, contracting, or spreading COVID-19 while utilizing the Program services or premises. It is not possible to prevent against the presence of the disease.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and my household members in order to participate in the Program and receive the services provided by the Program.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against the Habitat for Humanity Inland Valley and its officers, directors, managers, officials, trustees, agents, employees, volunteers or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to participating in the Program and receiving the services provided by the Program. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of California will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: _____

Date: _____

Name (printed): _____

Names of Minor(s): _____

Names of Minor(s): _____

Names of Minor(s): _____

I am the parent or legal guardian of the minor(s) named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Waiver.

Signature: _____

Date: _____

Name (printed): _____



Now more than ever.
Help Build It!

1. Do you or anyone in the home have COVID19? Yes _____ No _____
2. Have you or anyone in the home been exposed to COVID19? Yes _____ No _____
3. Do you or anyone in the home have any symptoms of COVID19? Yes _____ No _____
 - a. Fever or chills
 - b. Cough
 - c. Shortness of breath or difficulty breathing
 - d. Fatigue
 - e. Muscle or body aches
 - f. Headache
 - g. New loss of taste or smell
 - h. Sore throat
 - i. Congestion or runny nose
 - j. Nausea or vomiting
 - k. Diarrhea

Signature

Date