

Neighborhood Partnership Housing Services, Inc.
Safe Homes for Seniors Program

Please include the following documents with your application:

- **Proof of age** (photocopy of driver's license or I.D.).
- **Proof of home ownership** (copy of deed or monthly billing statement).
- **Proof of income** (last year's income tax return, copy of most recent bank statement, 2 recent pay stubs or social security check/pension, etc.).



Safe Homes for Seniors Application

Name: _____ Phone No.: _____

Address: _____ City: _____ Zip Code: _____

Age: _____ Number of Bedrooms: _____ Household Size: _____

NPHS in partnership with the City of Montclair, Chino and the California Wellness Foundation is providing a one time grant for home improvements and or modifications which are designed to make the home safer; particularly to cure Health and Safety Code deficiencies or that improve the senior's quality of life. The grant covers all costs associated with the repairs; including labor, supplies and materials.

Depending on what city you own a home in, you may be eligible for one of the following grants:

- Montclair: Grant is up to \$1,500, must live in Montclair and be at least 65 years of age.
- Chino: Grant is up to \$1,500, must live in Chino and be at least 60 years of age.
- Cal Wellness: Grant is up to \$1,500, must live in San Bernardino County and be at least 55 years of age.

Please describe the health and safety minor repairs needed:

Please attach proof of income and age and complete the intake form on the back of this page.

I understand that NPHS staff will contact me to determine my eligibility for this program and if eligible an approved NPHS handyman will contact me to make necessary repairs.

Signature: _____ Date: _____

NPHS Use Only: Montclair SHFS Chino SHFS Cal Wellness SHFS

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NEIGHBORHOOD PARTNERSHIP HOUSING SERVICES, INC.
PERSONAL PROFILE INTAKE FORM

CUSTOMER

Please Print Clearly

Name: _____
First MI Last

Street _____

City State Zip Code

Home: () - - Work: () - - Email: _____

Fax: () - - Pager: () - - Mobile/Cell () - -

Social Security Number _____ Birth Date ____/____/____

Race (please circle):

- 1. White
- 2. Black or African American
- 3. American Indian/Alaskan Native
- 4. Asian
- 5. Native Hawaiian/Other Pacific Islander
- 6. American Indian/Alaskan Native and White
- 7. Asian and White
- 8. Black/African American and White
- 9. American Indian/Alaskan Native and Black
- 10. Other

Ethnicity (please select "yes" or "no" for Hispanic Origin. You should select both a "Race" category and a "yes" or "no" for Hispanic origin:

Hispanic: Yes No

If Yes, Circle One of the following: Puerto Rican, Cuban, Mexican/Chicano, Other Hispanic/Latino

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (please circle): Male Female

Disabled? Yes No Language Spoken (please circle) English Spanish Other

Current Housing Arrangement (please circle):

- 1. Rent
- 2. Homeless
- 3. Homeowner with mortgage
- 4. Living with family member and not paying rent
- 5. Homeowner with mortgage paid off

Household Type (please select the most accurate)?

- 1. Female headed single parent household
- 2. Male headed single parent household
- 3. Single adult
- 4. Two or more unrelated adults
- 5. Married with children
- 6. Married without children
- 7. Other

Family/Household Size: _____ How many dependents (other than those listed by any co-borrower)? _____

What ages are they? _____

Are there non-dependents who will be living in the home? Yes No If yes, list below:

Relationship Age Relationship Age

Annual Family or Household Income: \$ _____

Education (please circle one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree