

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: \_\_\_\_\_ Number of people in household: \_\_\_\_\_

NPHS in partnership with the City of Montclair and Chino 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 is for senior citizens or disabled individuals with mobility issues. 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 or be disabled.
- **Chino:** Grant is up to \$1,500, must live in Chino and be at least 62 years of age or be disabled with mobility issues.

Please describe the health and safety minor repairs needed:

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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

Neighborhood Partnership Housing Services, Inc.  
320 W. G Street, Suite 103  
Ontario, Ca 91762  
909-988-5979  
www.nphs.info



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

**Authorization for Release of Information**

I hereby authorize Neighborhood Partnership Housing Services, Inc. to release/exchange information from my records in order to assist me in repairing my home. This information will be released only to those institutions, companies and agencies that our organization believes can provide assistance in repairing my home. Examples of such entities include NPHS approved contractors, local cities, public agencies and other nonprofit organizations. If necessary, information on file at another entity may also be released to us. This information release/exchange will be restricted to specific financial data, such as income, budget, debt and mortgage details provided by you.

I understand that the provision of services at this organization is not contingent upon my decision concerning the release/exchange of information. The doctrine of informed consent has been explained to me, and I understand the contents to be released/ exchanged, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information.

I hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken. This consent shall expire 90 days from the date shown below. I also acknowledge that a copy of this form is as valid as the original.

**Client/Counselor Contract**

Neighborhood Partnership Housing Services, Inc. and its counselors agree to provide the following services:

- Development of an Action Plan
- Analysis of the homeowners eligibility for home improvement programs offered by NPHS
- Presentation and explanation of reasonable options available to the homeowner
- Assistance communicating with the contactor
- Timely completion of promised action
- Identification of assistance resources
- Referrals to needed resources
- Confidentiality, honesty, respect and professionalism in all services

I/We, \_\_\_\_\_ (Homeowners) agree to the following terms of service:

- I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
- I/We will provide all necessary documentation and follow-up information within the timeframe requested.
- I/We will be on time for appointments and understand that if we are late for an appointment, the appointment will still end at the scheduled time.
- I/We will call within 6 hours of a scheduled appointment if I/we will be unable to attend an appointment.
- I/We will contact the counselor about any changes in our situation immediately.
- I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us.

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date

**Neighborhood Partnership Housing Services**  
**Ph: (800) 761-NPHS (6747)**  
**Fax: (909) 467-0120**  
**www.nphs.info**



### Disclosure of Programs and Services

I understand that Neighborhood Partnership Housing Services provides homebuyer education and counseling, down payment assistance loans and grants, home improvement loans, minor home repair grants, real estate development and listings of local lenders and realtors.

I further understand that I am under no obligation to use the services and/or loan programs provided by Neighborhood Partnership Housing Services and its partners. I have also been provided a list of alternative services, programs and products on the back of this page.

\_\_\_\_\_  
*Primary Customer* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Co-Applicant* \_\_\_\_\_  
*Date*