

**CALIFORNIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT (HCD)  
Mobilehome Park Resident Ownership Program (MPROP)**

**LOW-INCOME RESIDENT APPLICATION / CERTIFICATION**

**DIRECTIONS:** All portions of this form must be completed to the best of your ability. To the extent any adult person resides in the home and contributes to the household expenses, the portion of their contribution should be included in this application / certification. This certification will be used by Marineland Community Association, Inc., and MPROP to certify you as being low-income and to qualify you for assistance to purchase your Membership Share or to receive rental assistance. Person listed as "Applicant" must be on title to the home.

**I. APPLICANT HOUSEHOLD INFORMATION**

	<u>DATE OF BIRTH</u>	<u>SOCIAL SECURITY NO.</u>	<u>CONTRIBUTES TO HOUSEHOLD INCOME/</u>
Applicant: _____	_____	_____	_____
Co-Applicant: _____	_____	_____	_____
Other Household Members:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Address: _____	Telephone Numbers:	Work( _____ )	_____
_____		Home( _____ )	_____
_____		Work( _____ )	_____
_____			

**II. APPLICANT GROSS HOUSEHOLD INCOME** Complete the following, attach required verifications as specified below. Attach a note explaining any significant changes in household income between the previous year and the current year.

<u>Income sources</u>	<u>Type of Verification in File</u> (to be completed by income certifier)	<u>Applicant Annual Income</u>	<u>Co-Applicant or Other Hsh Member Annual Income</u>
A. Employment Earnings	_____	\$ _____	\$ _____
B. Self Employment Earnings	_____	\$ _____	\$ _____
C. Social Security	_____	\$ _____	\$ _____
D. Supplemental Security Income (SSI)	_____	\$ _____	\$ _____
E. Public Assistance (AFDC, Gen Relief, Unempl)	_____	\$ _____	\$ _____
F. Pension(s)	_____	\$ _____	\$ _____
G. Interest Income (checking, savings, CD's, etc.)	_____	\$ _____	\$ _____
H. Investment Income (stocks, bonds, real estate, etc.)	_____	\$ _____	\$ _____
I. Mobilehome Room Rental	_____	\$ _____	\$ _____
J. Other Rental Income	_____	\$ _____	\$ _____
K. TOTAL HOUSEHOLD PROJECTED ANNUAL INCOME (Sum of A. thru J.)			\$ _____
L. Total Household Monthly Income (Divide annual by 12)			\$ _____

**HOUSEHOLD SUMMARY:** Size \_\_\_\_\_; County lower Income limit (from HCD chart) \$ \_\_\_\_\_

**III. APPLICANT HOUSING COST INFORMATION**

<u>FIXED HOUSING COST ITEMS</u>	<u>MONTHLY COST</u>	<u>Documentation that may be required only upon request</u>
A.1. Rent before Resident Purchase	\$ _____	Rent Roll
A.2. HOA Dues/Rent after Purchase	\$ _____	DRE Public Report/Dept. of Corporations Statement/Approved Budget
B. Property Taxes	\$ _____	First year estimate of assessed value and tax
C. Mobilehome Reg Fees/Taxes, if any	\$ _____	Current HCD registration bill/tax bill
D. Fire/Hazard Insurance	\$ _____	Current premium notice
E. Utilities (not including telephone or TV)	\$ _____	12 Prior months bills or approved alternative
F. Water/Sewer, if not incl in HOA dues	\$ _____	12 Prior months bills or statement
G. Refuse Collection, if not incl in HOA dues	\$ _____	Statement of charges
H. Maintenance Allowance for Home/Space	\$ _____	Attach explanation of selected allowance
I. Mobilehome Loan payment, if any	\$ _____	Annual statement from lender
J. Monthly payment for membership share loan	\$ _____	

**K. TOTAL FIXED HOUSING COSTS**

- 1. Before Resident Purchase \$ \_\_\_\_\_
- 2. After Resident Purchase \$ \_\_\_\_\_

(A.1 plus applicable costs reported in B. thru J.)  
 (A.2 plus applicable costs reported in B. thru J.)

**IV. APPLICANT MOBILEHOME INFORMATION**

HCD/DMV Decal Number(s): \_\_\_\_\_; Date Purchased: \_\_\_\_\_; Amount Owed: \$ \_\_\_\_\_

Size:  Singlewide  Doublewide  Triplewide; Dimensions: \_\_\_\_\_ x \_\_\_\_\_.

**V. APPLICANT CERTIFICATION**

I/We certify that I/we have disclosed all information pertaining to my/our loan application and that the information presented to the Department of Housing and Community Development in the foregoing Sections I. Through IV. is true and accurate to the best of my (our) knowledge. Authorization is hereby given to the income certifier to investigate this information to validate my (our) eligibility for a MPROP loan or other assistance. I consent that this information may be shared with the other lenders, the local public entity and the Chief Financial Officer of the Resident Corporation as necessary. I certify that I/we live in the mobilehome park as my/our principal place of residence.

_____	_____	_____	_____
Applicant	Date	Co-Applicant	Date

-----**TO BE COMPLETED BY INTERVIEWER**-----

This application was taken by:

<input type="checkbox"/> face to face interview	_____	_____
	Interviewer	Name of Interviewer's Employer
<input type="checkbox"/> by mail	_____	_____
	Date	
<input type="checkbox"/> by telephone	_____	_____
	Interviewer's telephone number	Address of Interviewer's Employer