

## MINOR HOME REPAIR APPLICATION

### APPLICATION PROCESS

The City of Carlsbad will complete an initial screening of all potential applicants to confirm:

1. The property resides within the City of Carlsbad.
2. The home is the primary residence of the applicant.
3. The applicant qualifies for the assistance (See Household Income Limits chart).
4. Information and photographs indicate the proposed repairs are eligible expenses.
5. The scope of work and three bids, prepared by a licensed contractor, are included.
6. Priority status, if applicable.

If approved, the City of Carlsbad will provide a written approval of the proposed scope of work and the necessary information to proceed with the repairs and/or obtain the loan proceeds. Any household that participates in the program will sign a loan agreement and note evidencing the loan. A deed of trust securing the loan will be recorded against title of the property.

### APPLICATION

APPLICANT (S): \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

EMAIL & PHONE: \_\_\_\_\_

<b>Please answer the following questions to determine eligibility</b>	<b>YES</b>	<b>NO</b>
Is the property within the City of Carlsbad?		
Do you own and reside within the home as your primary residence?		
Is this for a mobile home repair? If yes, do you own the land underneath? _____		
Are photographs of the proposed repairs included?		
Do you have three bids from contractors to include?		

BRIEF DESCRIPTION OF REPAIRS: please attach supplemental pages with contractor bids and photographs.

**HOUSEHOLD MEMBERS:** List yourself and ALL persons living/staying in your home with the correct legal name as it appears on the Social Security Card. Attach a separate page if needed.

\*Note: Information collected is confidential and is used for statistical purposes only.

Name	Relationship

**INCOME INFORMATION** \*all income information is subject to verification.

Name:				Age:	
\$	\$	\$	\$	\$	\$
Employment Income	SSI	Pension Income	AFDC Income	Child Support/Alimony	Other Income
<i>Total Individual Annual Income: \$</i>					
Name:				Age:	
\$	\$	\$	\$	\$	\$
Employment Income	SSI	Pension Income	AFDC Income	Child Support/Alimony	Other Income
<i>Total Individual Annual Income: \$</i>					
Name:				Age:	
\$	\$	\$	\$	\$	\$
Employment Income	SSI	Pension Income	AFDC Income	Child Support/Alimony	Other Income
<i>Total Individual Annual Income: \$</i>					
Name:				Age:	
\$	\$	\$	\$	\$	\$
Employment Income	SSI	Pension Income	AFDC Income	Child Support/Alimony	Other Income
<i>Total Individual Annual Income: \$</i>					
Name:				Age:	
\$	\$	\$	\$	\$	\$
Employment Income	SSI	Pension Income	AFDC Income	Child Support/Alimony	Other Income
<i>Total Individual Annual Income: \$</i>					
Name:				Age:	
\$	\$	\$	\$	\$	\$
Employment Income	SSI	Pension Income	AFDC Income	Child Support/Alimony	Other Income
<i>Total Individual Annual Income: \$</i>					

**TOTAL HOUSEHOLD INCOME: \$**

**CERTIFICATION**

I hereby submit completed application and photographs to the City of Carlsbad’s Minor Home Repair Program. I further certify that all information provided is true and correct, and that the income I stated above represents the total household income for the past year preceding this application including the income of all persons in the home. The income information provided above is subject to verification by the City of Carlsbad. I agree to submit copies of federal income tax returns, and I am aware that all employers may be contacted to verify income.

I hereby grant permission to the City of Carlsbad’s staff to use the information provided to effectively administer the Minor Home Repair Program.

All household members 18 years and older must sign this document.

**I, the undersigned, do hereby swear under penalty of perjury that all information contained on the application is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

**United States Housing and Urban Development Department  
2025 Household Income Limits**

Effective: May 1, 2025

Household Size	Low Income
1	\$92,700
2	\$105,950
3	\$119,200
4	\$132,400
5	\$143,000
6	\$153,600
7	\$164,200
8	\$174,800

**Please return the application, photographs, and all documents to:**

City of Carlsbad  
Attn: Housing & Homeless Services  
1200 Carlsbad Village Drive  
Carlsbad, CA 92008