

CITY OF PERRIS

HOUSING AUTHORITY 135 N. "D" STREET, PERRIS, CA 92570-220 TEL: (951) 943-5003 FAX: (951) 943-3293

HOMEBUYERS ASSISTANCE PROGRAM (HAP) Capital Improvement Credit Request Policy

In order to qualify as an eligible Capital Improvement, **each expenditure must be approved in advance by the City of Perris Housing Authority, <u>PRIOR</u> to installation of improvement. The maximum Capital Improvement Credits shall not exceed 150% of the value of the HAP loan. The City will review the proposal and approve eligible Capital Improvements within seven (7) days. The homeowner will be notified in writing of eligibility for credit.**

Capital Improvements that have been approved must be completed within six (6) months of approval or a new approval will be required. After an eligible Capital Improvement has been completed, the improvement and amount must be submitted to the Housing Authority for final approval within four (4) weeks of completion of the work. Homeowner must show proof of payment along with receipts/invoices in order to receive the credit. **DO NOT PAY IN CASH.** The Homeowner must submit to the City, an itemized receipt or bill of sale, complete with the contractor or supplier's name, address, phone number and cancelled check. Do not send original receipts, only copies are to be provided. Copies of cancelled checks, credit card and/or debit card statements in the homeowners name must be provided as proof of payment.

It may be necessary to obtain a permit for the proposed property improvements. For verification of building permits, please inquire in person with the Building & Planning Departments at 135 N. "D" St. Perris, CA 92570, or by phone at (951) 943-5003. Improvements not properly permitted by the Building Division will not be eligible for credit.

Complete and return to:

City of Perris Housing Authority ATTN: HAP 24 South "D" St. Suite 102 Perris, CA 92570



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Applicant(s):		Date:	
Home Phone:	Cell Phone:	Email:	
ALL WRITTEN ESTI	MATES FOR THE IMPROV	VEMENT MUST BE SUBMITTED WITH THIS REQUEST.	
Type of Work Requested (please check all that apply):		
Flooring		Alarm System system must be purchased Fireplace Custom built in book cases/shelves/entertainment nook Stucco- new Crown molding – where there is none Built in closet system/organizer Drive way improvement or addition Cement slab – on porch, side of home Stamped/decorative cement Roof Gutter system – if none in place Digital light switches Solar Panel System Kitchen cabinets Fencing- Block, wood, vinyl or wrought iron Attic Insulation Gates Removal of popcorn texture from ceiling Closet doors Other:	
Describe the requested imp	provement(s) and attach render	ring:	
Estimated cost for the requ	ested work (including any req	uired permits): \$	
Estimated completion date	·	Who will do the improvements: ☐Self ☐Contractor	
I/We certify that the re-	quested improvements are t	to be installed at principal residence acquired through HAP	
Homeowner(s) Signature:			
OFFICE USE ONLY: Approved Denied Comments:		Proof of Completion Submitted: Completion Date:	
		Permits	
Staff: Date:		Program Staff:	