



HPP CARES
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1. Upload 2021 Tax Return (All Pages or Page 1 and 2)

2. Complete Information Requested Below

First Name: _____ Middle Initials: _____ Last Name: _____ Date of Birth: _____

Social Security Number _____ Street Address: _____ Apt./Unit #: _____

City: _____ State: _____ COUNTY _____

Zip Code: _____ Race: _____ Home Phone: _____

Mobile Phone: _____ Ethnicity—Hispanic Origin? Yes No Immigrant Status: _____

Marital Status: _____

How Do You Identify _____

Handicapped? Yes No Education: _____ Gross Monthly Income _____

Veteran Yes No

3. Co-Applicant: Complete Information Requested Below (IF NO COAPPLICANT PLACE NA IN THE FIELDS BELOW)

First Name: _____ Middle Initials: _____ Last Name: _____ Date of Birth: _____

Social Security Number _____ Street Address: _____ Apt./Unit #: _____

City: _____ State: _____ Zip Code: _____ Race: _____

Home Phone:

Work Phone:

Mobile Phone:

Email:

Ethnicity—Hispanic Origin?

Immigrant Status:

Yes No

Marital Status:

Handicapped?

Education:

Yes No

Gross Monthly Income

Veteran

Yes No

How Do You Identify

Relationship To Applicant

Spouse Domestic Partner Relative

4. Total Gross Monthly Income Entire Household Both Applicant and Co-Applicant

5. Household Type (please select the most accurate):

- Female-headed single parent household
- Male-headed single parent household
- Single adult
- Two or more unrelated adults
- Married with children
- Married without children
- Other

If other, please specify: (N/a if none):

6. How will I FUND my ADU project?

- Currently Seeking NEW Mortgage Loan
- Paying CASH from Saving
- A Combination of Both
- Paying CASH from previous refinance, HELOC etc.

7. In what way will the CALHFA 40K ADU Grant aid in the predevelopment costs for my ADU project?

8. Please tell us why you are looking to add an ADU, JADU, Complete a garage conversion, or Permit an Unpermitted Dwelling Unit?

9. Do you plan to house? (These questions are for our information)

- Family Members Rent Out Additional Livable Space

10. This is my primary residence

- Yes No

Provide further details if necessary (N/a if none)

11. Applicant or Co-applicant name appear on the deed?

- Yes No

Provide further details if necessary (N/a if none)

Additional Information:

12. Where are you in the process of building your ADU? Response should be detailed.

- Starting the process Halfway done Almost complete

13. Upload the scope of work, bid, budget for the ADU project.

Provide additional details (NA if none)

14. Proof of Income Wage Earner -Most Recent/ Within 30 Days Paystubs and 1 Bank Statement Self Employed- Last 6 Months Profit and Loss Sheet and 6 Month Bank Statements All other income SSI SSDI Pension

15. Within 30 days utility bill (Only 1 water/trash, gas, electricity)

16. If you believe that there are additional details, we should be aware of, please use this field to let us know.

Please describe contents of uploaded documents

Authorization:

I understand HPP CARES is providing this educational session. HPP CARES is not looking to sell any products simply provide education.

Customer

Signature

Date

Co-Applicant

Signature