



## City of Napa Emergency Home Repair Program

DATE: \_\_\_\_\_

APPLICANT/GRANTEE: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

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

Preferred language? ( ) English ( ) Spanish ( ) Other: \_\_\_\_\_

### **EHRP and Owner Agreement**

This agreement is entered into by the undersigned, hereinafter called the “Grantee,” and the City of Napa’s Emergency Home Repair Program, hereinafter called, “EHRP.”

Whereas, EHRP has established a Grant Program for owner occupants of real property whose income does not exceed certain limitations and whose homes are in need of certain eligible repairs.

The EHRP requires that the Grantee has provided assurances that Grantee is the owner and occupant of the subject real property and have legal title to that effect.

Whereas, EHRP has determined that the subject real property is in need of immediate repairs, as documented by an inspection report and that Grantee is eligible to receive a grant under the Emergency Home Repair Program.

EHRP shall provide Grantee with said grant to pay for the repairs specified in an EHRP approved and executed Work Order. The Grantee also agrees that the City of Napa acts as the funding administrator for the Emergency Home Repair Program, including, but not limited to, the preparation and administration of the Work Order, determining the feasibility of the work, authorization of work, assignment of work to contractors, inspection of work, and the payment of invoices. This agreement will terminate when the work is accepted as completed and payment for work has been made.

Housing Authority: 1115 Seminary Street, Napa CA 94559 | Mailing Address: P.O. Box 660, Napa CA 94559 | (707) 257-9543 phone  
(707) 257-9239 fax | TTY: 711 (Telecommunication Relay Service) | [www.cityofnapa.org/housing](http://www.cityofnapa.org/housing)



**EMERGENCY HOME REPAIR PROGRAM  
INCOME CERTIFICATION**

The Grantee has provided EHRP with the required Income Documentation:

**GROSS INCOME:**

TYPE	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____

**TOTAL LIQUID ASSETS:**

TYPE	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____

**NUMBER IN HOUSEHOLD:** \_\_\_\_\_

**APPROXIMATE GROSS ANNUAL INCOME:** \_\_\_\_\_

**PROOF OF OWNERSHIP:** \_\_\_\_\_

\_\_\_\_\_



## DEMOGRAPHICS

Please furnish the following information for the head of household in all 6 categories:

SEX:      Male    Female

AGE:      Under the age of 62    Over the age of 62

DOB:     \_\_\_\_\_

RACE: Check all that apply

White    American Indian or Alaska Native

Asian    Native Hawaiian or other Pacific Islander

Black or African American

ETHNICITY:    Hispanic or Latino    Not Hispanic or Latino

DISABLED:     Yes    No

VETERAN:      Yes    No

## PROGRAM INFORMATION

How did you hear about the program for which you are applying?

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**EMERGENCY HOME REPAIR PROGRAM  
POLICY**

To provide home repair services to the greatest number of eligible clients, to encourage an atmosphere of cooperation and safety, and as a condition of participation in the Emergency Home Repair Program, the EHRP and the City of Napa reserves the right to refuse or terminate services under conditions that prevent our Agency from safely performing its duty to its constituents. These conditions include, but are not limited to:

- Adversarial conditions
- Unsanitary or unsafe conditions
- Unhealthy situation
- Dangerous circumstances
- Unreasonable demands

Additionally, some homes have painted surfaces where the paint may contain lead. Lead paint is a health hazard when painted surfaces are damaged or deteriorated which may create lead containing dust. EHRP cautions property owners keep all painted surfaces in smooth, cleanable, and intact condition.

Should owners wish to have a lead hazard risk assessment or surface by surface inspection, EHRP can provide you with a list of Certified Lead Assessors/Inspectors.

The Grantee has read this document and agrees to its contents herein, agrees to adhere to the City of Napa Emergency Home Repair Program Policy, and certifies that all information provided to EHRP with respect to their application for a grant under the Emergency Home Repair Program is true and correct.

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OWNER'S/GRANTEE'S SIGNATURE DATE

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HOUSING REHABILITATION SPECIALIST DATE

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PROGRAM APPROVAL DATE

