



**Preliminary Application**  
**CITY OF COVINA**  
**RESIDENTIAL REHABILITATION PROGRAM**

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_
4. E-mail Address: \_\_\_\_\_
5. Number of persons living full-time in the residence to be repaired: \_\_\_\_\_
6. Annual gross income (2025) (include income of **all persons** over 18 years of age who live in the residence to be repaired):

<u>More than:</u>	<u>but Less than:</u>	<u>Check only one</u>
\$ - 0 -	\$ 84,849	[   ]
\$ 84,850	\$ 96,949	[   ]
\$ 96,950	\$ 109,049	[   ]
\$ 109,050	\$ 121,149	[   ]
\$ 121,150	\$ 130,849	[   ]
\$ 130,850	\$ 140,549	[   ]
7. Is the residence to be repaired owner occupied? No [   ] Yes [   ]
8. Has this household previously applied for assistance under this program? No [   ] Yes [   ] Year \_\_\_\_\_
9. Has this program assistance been provided previously at this address? No [   ] Yes [   ] Year \_\_\_\_\_
10. Do household assets exceed \$25,000 (do not include home and auto) No [   ] Yes [   ]
11. Is each person(s) living full-time in the residence regardless of age, able to declare and attest to U.S. citizenship or eligible immigration status, along with proof of age or other documentation? No [   ] Yes [   ]
12. I certify to the best of my knowledge that the above statements are true.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

13. Briefly describe the type of rehabilitation work requested (be specific and detailed):

- A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_  
D. \_\_\_\_\_  
E. \_\_\_\_\_

Return Preliminary Application to: City of Covina Special Projects Division  
125 E. College Street  
Covina, CA 91723  
For additional information, please call: (626) 384-5509