De Anza Mobile Home Park Tenants Hardship Account Disbursement Application

Mailing Address:
City of Santa Cruz Finance
809 Center Street, Room 101
Santa Cruz, CA 95060

Questions:
(831) 420-5058

ELIGIBILITY REQUIREMENTS:

1. A Tenant whose home at De Anza Mobile Home Park is a second home (i. e. not the principal residence) will not be eligible for funds from the Hardship Account.

2. A Tenant must have signed a De Anza Santa Cruz Mobile Estates Long Term Lease Agreement dated October 23, 2003, to be eligible for funds from the Hardship Account.

3. The tenant must suffer a "qualifying hardship" in order to be eligible for funds from the Hardship Account. A qualifying hardship means a financial loss as a result of either: (1) the sale of a home to a third party at a loss over the purchase price of the home; or (2) if a home is being removed from the Park, the value of improvements to the site such as landscaping or sheds, that are not being removed.

4. In no event whatsoever shall attorneys' fees or any other litigation costs be reimbursable or qualify for a distribution.

5. Heirs are not eligible for a Hardship Account distribution.

DOCUMENTATION REQUIRED:

If the qualifying hardship is a financial loss suffered when the sale price of a home is less than the purchase price of the home, the Tenant must submit a real estate closing statement, or equivalent documentation, for each transaction.

If the qualifying hardship is a financial loss suffered when a home is removed from the Park, the Tenant must submit an appraisal, for the value of improvements to the site such as landscaping or sheds, that are not being removed, from a certified appraiser.

APPLICANT INFORMATION (please print clearly):

Tenant's Name: _____ Telephone (include area code): _____

Space Number _____

Current Street Address (actual location): _____ Email address _____

Full Mailing Address (if different than home address above): _____

DECLARATION (please read and sign):

I state, under penalty of perjury, that the criteria described above in Eligibility Requirements have been satisfied and agree to submit any additional supporting documentation required by the City. I acknowledge that in the event that I provide false or inaccurate information in support of this claim for reimbursement, I will be liable for up to the full amount of the disbursement, plus reasonable attorney's fees and costs.

Signature: _____ Date: _____

FOR CITY USE ONLY:

☐ Eligibility verified. Verified by _____ Date _____

☐ Application and supporting documentation provided to MHC. Date _____