

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

RESIDENTIAL LENDING AND REHABILITATION SERVICES

250 FRANK H. OGAWA PLAZA, SUITE 5313

OAKLAND, CALIFORNIA 94612-2034

ResidentialLending@oaklandca.gov



SAFER HOUSING FOR OAKLAND PROGRAM (SHOP)

Reimbursement Request

To request reimbursement for eligible SHOP expenses, follow the instructions below. For fastest processing, complete this form electronically and return it via email. You may also mail it to the address above. Include all invoices and cancelled checks or credit card transactions as proof of each payment. Once you submit a complete package and your permit is final, you will receive a check within 30-60 days.

SITE ADDRESS: _____
OWNER/APPLICANT: _____

- 1. **Submit a W9** via mail or email to the ESHP office to allow us to set up your reimbursement account. Do this as soon as possible to prevent delays with processing. Your reimbursement check will be issued to the person or entity named on the form and associated with the provided SSN or Tax-ID. You can download a PDF version that you can complete electronically here: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.

The W9 is for identification purposes only. ESHP grants are not subject to federal income tax.

- 2. **Design Costs: include all invoices issued and paid for reimbursable design services.** Invoices must be from entities whose bids were submitted and approved by SHOP and the amounts must not total more than the approved bid(s). Include copies and evidence of payment.

INVOICE #	DESCRIPTION	CHECK#/PAYMENT ID	\$ AMOUNT PAID
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total for Design Services: \$ _____

- 3. **Permit Fees:** If permit fees were paid by the contractor, you may include this amount in that section.

Total for Permit Fees: \$ _____

4. Construction Costs: include all invoices issued and paid for reimbursable construction services.

Invoices must be from entities whose bids were submitted and approved by SHOP and the amounts must not total more than the approved bid(s) unless change orders have been submitted and approved. The final permit valuation must be greater than or equal to the amount invoiced for construction services before reimbursement can occur. Include copies and evidence of payment.

INVOICE #	DESCRIPTION	CHECK#/PAYMENT ID	\$	AMOUNT PAID
INVOICE #	DESCRIPTION	CHECK#/PAYMENT ID	\$	AMOUNT PAID
INVOICE #	DESCRIPTION	CHECK#/PAYMENT ID	\$	AMOUNT PAID
INVOICE #	DESCRIPTION	CHECK#/PAYMENT ID	\$	AMOUNT PAID
INVOICE #	DESCRIPTION	CHECK#/PAYMENT ID	\$	AMOUNT PAID

Total for Construction Services: \$ _____

5. Invoice Summary: Transfer totals from each section above and sum all provided invoices

Design \$ _____ + Permit \$ _____ + Construction \$ _____ = \$ _____

6. Close-Out Inspection: A quick ESHP inspection is required after your permit is final to photograph the results. If you have not already scheduled your close-out inspection, please indicate your availability. *Inspections are on-hold during COVID precautions. Indicate your general preferences below and we will contact you once inspections resume.*

Preferred Day of the Week: _____

Preferred Times: _____

7. Owner Certification

I/we understand or confirm the following:

- This document and the included invoices represent all charges paid for retrofit services approved by SHOP for which I/we are requesting reimbursement.
- The amount reimbursed will be based on the rate and maximum amount for each type of service as confirmed at the time of bid approval or as revised and approved by SHOP.
- I declare under the penalty of perjury under the laws of the State of California that the information provided in this document and as attachments to it are true and correct.

OWNER NAME	SIGNATURE	DATE
OWNER NAME	SIGNATURE	DATE