OF FULLER TON

COMMUNITY DEVELOPMENT DEPARTMENT

303 West Commonwealth Avenue, Fullerton, CA 92832-1775 Website: www.cityoffullerton.com

Telephone • (714) 738-6874 Facsimile • (714) 738-3110

FORGIVABLE LOAN PREAPPLICATION

Dear Homeowner:

Thank you for inquiring about the City's Housing Rehabilitation Program. The following brief description of the forgivable loan programs is provided for your information and reference.

GENERAL INFORMATION

Forgivable loans are available to very low-income households. The specific forgivable loans can be combined, and may be awarded in conjunction with the Housing Rehabilitation Loan Program. The forgivable loans do not have to be repaid to the City if the homeowner resides at the property three years after the forgivable loan is awarded. However, if the homeowner sells or transfers title to the property prior to three years, a percentage of the forgivable loan amount, determined by the City, must be repaid.

In order to qualify the assets of families cannot exceed \$20,000 and the assets of senior citizens cannot exceed \$30,000. Under special circumstances the asset limitations may be amended on a case-by-case basis.

SPECIFIC FORGIVABLE LOAN PROGRAMS:

Exterior Paint Program: The Exterior Paint Program offers forgivable loans up to a maximum of \$5,000.

Owner-Builder Rebate Program: The Owner-Builder Rebate Program provides forgivable loans to reimburse homeowners for the correction of building code, and health and safety items. Reimbursements are provided to cover the cost of materials only, not labor. The maximum forgivable loan amount is \$2,500, and all home improvements must be completed within a six-month period from the date the forgivable loan is awarded.

Reroof Program: The Reroof Program offers forgivable loans up to a maximum of \$10,000.

<u>Mobile Home Program</u>: The Mobile Home Program forgivable loans can be used to address building code, and health and safety items only. Forgivable loans are available up to a maximum of \$6,000.

<u>Handicap Modification Program</u>: The Handicap Modification Program offers forgivable loans for improvements to the home that aid the handicapped such as additions of ramps and handrails. Forgivable loans up to a maximum of \$4,000 are available through this program.

<u>Seismic Retrofit Program</u>: The Seismic Retrofit Forgivable Loan Program offers a maximum forgivable loan of \$5,000. This forgivable loan is to be used for foundations, bracing of foundations, chimneys and water heaters. Homes must have been constructed before 1960. This work must be performed by a contractor approved by the City of Fullerton.

INCOME GUIDELINES

Number of Persons	50% of County Median
in Household	Income
1	\$31,650
2	\$36,150
3	\$40,650
4	\$45,150
5	\$48,800
6	\$52,400
7	\$56,000
8	\$59,600

If you are interested in participating, please complete the attached preapplication and credit authorization form and return them to our office, along with the applicable documents listed on the following page. If you have questions, please contact me at (714) 738-6874.

1

Sincerely,

Susana Flores

Susana Flores Housing Programs Assistant

CITY OF FULLERTON HOUSING REHABILITATION PROGRAM

Eligibility Documentation

The following documents are required in order to determine your loan eligibility. Please attach copies of <u>applicable</u> documents to your preapplication.

PROOF OF OWNERSHIP Copy of the Grant Deed to the Property

SOCIAL SECURITY Copy of Social Security Card

INCOME VERIFICATION

OF TITLE HOLDERS <u>Verification Required</u>

Employment Most recent W-2, and state and federal tax

returns

Four recent consecutive pay check stubs

Aid to Families with Dependent Children Verification statement from Social Services

Agency

Social Security Benefits SSA/SSI Copy of check or verification statement from

Social Security Administration or Bank

Statement

Assets Copy of current bank statements (three)

Veteran Benefits Copy of check <u>or</u> verification statement from

Veterans Administration

Child Support/Alimony Copy of final divorce papers

Retirement/Pension Copy of check or verification statement from

Pension Fund

Unemployment Benefits Copy of check or verification statement from

California State Department of Employment

Disability Benefits Copy of check <u>or</u> statement of verification

from payer

Self-employed Copies of year-to-date profit/loss statement

and previous two years state and federal tax

returns.

If incorporated, previous two years Corporation Tax Returns and current

Financial Statement

Rental Income Copy of operating statement showing rents

received, expenditures and net income; and copy of previous two years', state and federal tax returns including "Schedule of Real Estate

Owned"

School Scholarship/Grant Statement of grant award, school related

2

expenditure and net income

NOTICE FEDERAL LEAD-BASED PAINT REQUIREMENTS

Both the State of California and the federal government have adopted regulations designed to reduce or eliminate the risk of lead-based paint hazards in homes. Some homes built before 1978 may contain lead-based paint that may be harmful to anyone living or working within the home, especially pregnant women and children. Such hazards may occur as a result of exposure to contaminated lead paint dust and paint chips. It is important that you understand these requirements when applying for a home improvement loan or forgivable loan from the City of Fullerton.

Federal regulations (24 CFR Part 35) require any home built prior to 1978 that receives federal assistance for rehabilitation be assessed for the presence of lead-based paint hazards. To comply with this requirement, the City will fund the cost of the assessment by a licensed and certified contractor, after a completed application for the Housing Rehabilitation Program has been filed but before the loan and/or forgivable loan is approved. The results of the assessment will become public record and be filed with the State Department of Health Services. You will be personally obligated to disclose the results of the testing to any potential buyers and/or the subsequent occupants of the property.

As a participant in the City of Fullerton's Housing Rehabilitation Program, I understand that I will be required to allow any lead hazards found on the property to be stabilized using a portion of the proceeds from the loan and/or forgivable loan that the City is extending to me. I also understand that some methods used to control the hazards may not be permanent in nature and may need to be readdressed in future years.

By signing this Notice, I hereby certify that:

- 1. I have received a copy of this Notice.
- 2. I have read and understand the lead hazard requirements contained in this Notice.
- 3. I accept these requirements and the related personal disclosure obligations as a condition of my application for the City of Fullerton's Housing Rehabilitation Program.

If you would like to discuss the hazards of lead-based paint and the potential impact of the state and federal requirements on your property *before* you submit your application for the Housing Rehabilitation Program, please call the City's Housing Office at (714) 738-6874.

Property Address:		
Applicant:		
	Signature of Applicant	
Date:		
A 1'		
Applicant:	Signature of Applicant	
Date:		

3

CITY OF FULLERTON HOUSING REHABILITATION PROGRAM FORGIVABLE LOAN PREAPPLICATION

The following information is needed to determine your eligibility for the City of Fullerton's Housing Rehabilitation Program. All information in this form is confidential. Applications will be processed on a first-come, first-served basis. Please supply all information requested in order to ensure prompt processing. If you need assistance in completing the form, contact the City of Fullerton, Housing Rehabilitation Division at 738-6874.

(Please type or print in ink).

APPLICANT'S NAME: SOCIA			AL SECURITY #:				
RESIDENCE	E ADDRESS:						
NAME(S) O	F TITLE HOLDE	ER(S):					
ELEPHON	E NUMBER: H	OME ()	_ BUSIN	NESS ()	
F	AMILY COMPO	SITION: (List each person residing is	n vour hon	ne. Use add	itional pages if i	necessary.)
Family Member Number		Œ (Last, First)	F		elationship to d of Household	Age	
1.	Head of Household						
2.							
3.							
4.							
5.							
		INCOME:	(List the income of each p	erson resid	ding in vour	home.)	_
Family Member Employer or			Te	lephone umber	Annual Income Last Year	Current Gross Income Per Mo./Per Wk.	
Number	Income Source		Address	IN	umber	Last Teal	Fei Wo./Fei WK.
Family M	ASSETS: (D	escribe real	l and personal property exc Description	cluding res	idence, furn	ishings, and one Amount o	
1 anniy ivi	ember rumber		<u>Везеприон</u>			<u>rimount (</u>	<u>or varue</u>
lease provid	le a brief explana	tion of the h	nome improvement work do	esired:			
verify the	information to de	etermine my	nation is true and correct to religibility and to conduct e, and safety hazards.				
applicant			Date				
Applicant			 Date				

4 Revised: January 2014

Mail completed pre-application with copies of required documents to: City of Fullerton, Housing Rehabilitation Division, 303 West Commonwealth Avenue, Fullerton, CA 92832.*Note: Application cannot be processed without the submittal of

applicable documents listed on page 2.

APPLICANT(S) MUST COMPLETE

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Race

Ethnicity

 White □ Black/African Americ □ Asian □ American Indian/Alas □ Native Hawaiian/Oth □ American Indian/Alas □ Asian & White □ Black/African Americ □ American Indian/Alas 	skan Native er Pacific Islander skan Native & White an & White skan Native & Black/	African America Household	Puerto I Cuban Other H	n/Chicano
	☐ Female	☐ Disabled		
	☐ Male	Elderly (62 and older)		
	FOR OFFIC	E USE ONLY	<u> </u>	
ELIGIBILITY DETERMINATION				
Income:				
Course	\$	x	M = AA/I.	= \$
Source	Amount	!	Mo./Wk.	Yearly Income
Source	\$ Amount	x	Mo./Wk.	= \$ Yearly Income
Source	\$ Amount	x	Mo./Wk.	= \$ Yearly Income
Cource			VIO., VVII.	Φ
Source	\$ Amount	x	Mo./Wk.	Yearly Income
Number in household:		Total Income	:	\$
Forgivable loan type:		Maximum allo	owable income:	\$
☐ Very Low-income	☐ Lo	w Income	☐ Mod	lerate Income
STATISTICAL INFORMATION				
Flood Zone Cens	us tract		Age of Pro	operty
Number of units Emer	gency repair amoun	t _\$		
This certifies that the applicant is eligi	ble under the City of	Fullerton Hous	ing Rehabilitatio	n Program guidelines.
Housing Programs Assistant			Date	

ZERO INCOME VERIFICATION

APPLICANT NAME: SOCIAL SECURITY #
ADDRESS:
HEREBY CERTIFY THAT I DO NOT RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES:
. Wages from any type of employment (including commission and fees).
. Income from the operation of a business (self-employment – Avon, Mary Kay, etc.).
. Rental Income from real or personal property.
. Interest or dividends from assets.
. Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits.
. Unemployment
. Public Assistance [MN Family Investment Program (MFIP), General Assistance (GA), MN Supplemental
Assistance (MSA), etc.]
. Alimony or Child Support
. Educational grants and/or scholarships or Veteran Benefits available for subsistence after deducting expenses for tuition, fees, and books.
0. Regular monthly cash contributions from an outside source.
and, that I have no income of any kind whatsoever at this point in time and do not anticipate income from any source within the next twelve months.
PRINT NAME
IGNATURE DATE

WARNING:

PHONE NUMBER

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

6

Comprehensive Housing Services, Inc. 8840 Warner Avenue, Suite 203 Fountain Valley, CA 92708 Ph: (714) 841-6610 ■ Fax: (714) 841-4341

CREDIT REPORT AUTHORIZATION FORM

Agency Name: CITY OF FULLERTON, Housing and Community Development

Applicant/Borrower Name	Co-Applicant/Co-Borrower Name			
Social Security Number	Social Security No.			
Date of Birth:	Date of Birth:			
Current Property Address:				
Previous Property Address:				
Comprehensive Housing Services, Inc. has perm necessary by the City of Fullerton.	nission from Applicant(s) to make credit inquiries as deemed			
of this authorization is on file and will stay in	by be used for credit inquiries only. The original signed form effect for a year and one month from the date signed. It inquiries and correct any information that I can prove is			
Applicant/Borrower Signature	Date			
Co-Applicant/Co-Borrower Signature				