

APPLICATION CHECKLIST

In order to assist the Self-Help Enterprises staff in reviewing and processing your application as quickly as possible, we will require the following information:

Please **NOTE** your application will not be reviewed until all required documentation has been received and reviewed by our office.

Please submit COPIES of the following items (we cannot be responsible for originals):

- APPLICATION (attached)**
- APPLICATION EXHIBITS:** ALL PERSONS ON "GRANT DEED" MUST SIGN THE APPLICATION INCLUDING THE FOLLOWING ATTACHMENTS:
 1. Exhibit A: Applicant Eligibility Summary
 2. Exhibit B: Summary of Eligible Repair Items
 3. Exhibit C: Race and Ethnic Data Reporting Form
 4. Exhibit D: Statistical Data Reporting Form
 5. Exhibit E: The Housing Financial Discrimination Act of 1977 Fair Lending Notice
 6. Exhibit F: Participant Authorization of Confidential Information and Disclosure
 7. Exhibit G: Waiver for Owner-Occupied Property
 8. Exhibit H.1 to H.2: Request for Employment /Salary Verification (One for Each Working Person Over 17 Years of Age)
 9. Exhibit I: Fire Insurance (Homeowner's Insurance Policy)
 10. Exhibit J: Receipt of Lead Base Paint Brochure
 11. Exhibit K: Applicant "Wish List" of Repair Items
 12. Exhibit L: Summary of Contractor/Owner Relationship
 13. Exhibit M: Miscellaneous Information (explanation of any unusual circumstances)
 14. Exhibit N: Request for Transcript of Federal Tax Return
 15. Exhibit O: Financing & repairs Acknowledgment
 16. Exhibit P: Things You Need to Know
 17. HOME/CDBG/CalHOME Program: Income Inclusions form
 18. Patriot Act Disclosure
- THREE (3) MONTHS MOST RECENT & CONSECUTIVE PAYCHECK STUBS**
- OTHER INCOME DOCUMENTATION** (check those that apply):
 - Social Security, SSI (**submit copy of award letter or direct deposit bank statement**)
 - Retirement
 - Disability (**Letter from Doctor on letterhead showing how long you will be on disability**)
 - Aid for Dependent Children (CalWORKS)
 - Proof of income for ALL persons living in household over the age of 17
 - If Divorced - Complete Recorded Court Document** – Final Dissolution of Marriage/Spousal Support/Child Support
- SELF-EMPLOYED** - Two Most Recent Federal Income Tax Returns Including All Schedules And A Current Profit And Loss Statement And Six (6) Most Recent Business Checking Account and One (1) most recent Savings Account Statements
- MOST RECENT FEDERAL INCOME TAX RETURNS:** Complete (all pages) 1040s, **WITH** W-2s, 1099's and Schedule Cs (if self-employed) **OR** a signed note indicating you are not required to file an income tax return (Exhibit I).
- SIX (6) MOST RECENT & CONSECUTIVE CHECKING ACCOUNT STATEMENTS** (ALL pages)
- MOST RECENT SAVINGS STATEMENT** (ALL pages)
- MOST RECENT STATEMENTS FOR ALL OTHER ASSETS** – Rental Property/Real Estate, CD's, Retirement Accounts, Stocks, Bonds, T-Bills, etc.
- MORTGAGE PAYMENT STATEMENT** (current, including loan balance)
- CURRENT INSURANCE POLICY:** Homeowner's Insurance Policy (including Flood Insurance Policy, if required).
- COUNTY ASSESSOR'S PROPERTY TAX BILL**
- Copy of recent electric/gas bill - showing your name and property address.**
- CURRENT IDENTIFICATION** not expired (i.e., driver's license or State of California identification card).



This is a State HOME-Funded Program under the California Department of Housing and Community Development. The City/County will not discriminate against any applicant for a down payment assistance loan based on race, color, religion, sex, marital status, ancestry or national origin. The City/County program will be conducted and administered in conformity with Title VI of the Civil Rights Act of 1964 and the Fair Housing Act and implementing regulations.

EMPLOYMENT DATA -- APPLICANT

Employer: _____ **Phone:** _____

Address: Street: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____

Monthly Gross Income: \$ _____ **Dates Employed:** From: _____ To: _____
(MM/DD/YY) (MM/DD/YY)

Previous Employer: _____ **Phone:** _____

(If with present employer less than 2 years)

Address: Street: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____

Monthly Gross Income: \$ _____ **From:** _____ **To:** _____
(MM/DD/YY) (MM/DD/YY)

EMPLOYMENT DATA – CO APPLICANT

Employer: _____ **Phone:** _____

Address: Street: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____

Monthly Gross Income: \$ _____ **Dates Employed:** From: _____ To: _____
(MM/DD/YY) (MM/DD/YY)

Previous Employer: _____ **Phone:** _____

(If with present employer less than 2 years)

Address: Street: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____

Monthly Gross Income: \$ _____ **From:** _____ **To:** _____
(MM/DD/YY) (MM/DD/YY)

Check the appropriate box:

	Yes	No
Do any residents of the household exercise any functions or responsibilities (or are they in a position to gain inside information) with respect to this housing program, including being a member of a governing body or agency of government that exercises housing policy, or have immediate family ties (by blood, marriage or adoption, including spouse, parent/step-parent, sibling, step-sibling, grandparent, grandchild and in-laws) to someone who does? If Yes to either, explain here: _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you or any other person listed on this application received any previous rehabilitation assistance through the City/County? If yes, please give years(s) _____ and amount(s): _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you own other residential property? Address: _____	<input type="checkbox"/>	<input type="checkbox"/>
Veteran? Status: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are all your debts listed?	<input type="checkbox"/>	<input type="checkbox"/>
Is any debt past due? Type of debt: _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your co-applicant filed for bankruptcy in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
Are your property taxes paid and current?	<input type="checkbox"/>	<input type="checkbox"/>
Date your home was purchased: _____	/	/
Have you been 30 days late on your mortgage payment in the last 12 months? When _____	<input type="checkbox"/>	<input type="checkbox"/>

Gross Monthly Income

INCOME SOURCE	APPLICANT	CO-APPLICANT	Other Household Member(s) 18 or Older	TOTAL (Add all income in the row)
Wages from employer	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Interest From	\$	\$	\$	\$
1. Savings	\$	\$	\$	\$
2. CD's	\$	\$	\$	\$
3. Bonds	\$	\$	\$	\$
4. Stocks	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Foster Care	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
AFDC	\$	\$	\$	\$
TOTAL GROSS MONTHLY HOUSEHOLD INCOME:				\$ _____ (Add all income above together)
TOTAL ANNUAL INCOME (x12):				\$ _____

Monthly Expenses

PAYMENT TYPE	NAME OF CREDITOR	BALANCE	MONTHLY PAYMENT
Mortgage		\$	\$
Second Mortgage		\$	\$
Line of Credit		\$	\$
Rental Property Mortgage		\$	\$
Space Rent		\$	\$
Property Taxes		\$	\$
Homeowners Insurance		\$	\$
Utilities		\$	\$
Auto Loan/Lease		\$	\$
Credit Card		\$	\$
Credit Card		\$	\$
Credit Card		\$	\$
TOTAL PRESENT MONTHLY EXPENSES:			\$ _____



ASSETS

DO NOT LEAVE BLANK. IF YOU DO NOT HAVE A CHECKING ACCOUNT OR SAVINGS ACCOUNT, PLEASE PROVIDE A WRITTEN STATEMENT AND COPIES OF MONEY ORDERS AND SOCIAL SECURITY BENEFIT, PENSION CHECKS, ETC.

CHECKING AND SAVINGS ACCOUNTS

	NAME OF ACCOUNT	BANK NAME	ACCOUNT No.	Balance
SAVINGS ACCOUNT:				\$
SAVINGS ACCOUNT:				\$
SAVINGS ACCOUNT:				\$
CHECKING ACCOUNT:				\$
CHECKING ACCOUNT:				\$
CHECKING ACCOUNT:				\$
OTHER BANK ACCOUNT:				\$
OTHER BANK ACCOUNT:				\$
OTHER BANK ACCOUNT:				\$

OTHER INVESTMENTS -- ITEMIZE

	NAME OF ACCOUNT	ACCOUNT No.	Value
STOCKS:			\$
STOCKS:			\$
STOCKS:			\$
BONDS:			\$
BONDS:			\$
BONDS:			\$
PROPERTY: (ADDRESS)			\$

RETIREMENT ACCOUNTS -- ITEMIZE

	NAME OF ACCOUNT	ACCOUNT No.	Value
IRA:			\$
IRA:			\$
401K:			\$
401K:			\$

TOTAL ASSETS: \$

IMPORTANT - READ BEFORE SIGNING: I/We acknowledge that a material misstatement or omission made by me/us in any statement or application by me/us in connection with my/our application for the City's/County's Housing Programs will be grounds (at the discretion of the City/County) for immediate revocation by the City/County of the grant(s)/loan(s) made to me/us in conjunction with the Housing Programs and will result in the immediate demand for repayment of all amounts due under the Promissory Note and/or the Unsecured Promissory Note executed by me/us in conjunction with the City's/County's Housing Programs.

In addition, I/we hereby acknowledge and understand that any false pretense, including any false statement or representation; or the fraudulent use of any instrument, facility, article, or other valuable item or service pursuant to my/our participation in any programs(s) administered by the City/County, may be subject to both civil and criminal prosecution and immediate disqualification from the City's/County's Housing Programs.

I/We certify that I/we have read and understood the provisions in this document and that I/we wish to proceed with the application for the City's/County's Housing Programs.

INCOME VERIFICATION: I/We certify that all income has been included in the application for all household members over the age of 17. In addition, I/we understand that if the City/County is unable to verify the income (or zero income) of any person in the household over the age of 17, this will be grounds for the denial of this application for assistance.

RIGHT TO FINANCIAL PRIVACY: This is a notice to you, as required by the Right to Financial Privacy Act of 1978, that the City/County or its agents or designees have a right of access to financial records held by any financial institution in connection with the consideration or administration of the housing rehabilitation loan for which you have applied. Financial records involving your transactions will be available to the City/County or its agents or designees without further notice or authorization, but will not be disclosed or released to another Government agency or department without your written consent except as required or permitted by law.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false fictitious or fraudulent statements or representations, or makes or uses any false writing or documents knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both".

Applicant's Signature _____	Date _____
Co-Applicant's Signature _____	Date _____
Co-Applicant's Signature _____ (Not Living in the House)	Date _____



• EXHIBIT A •

**SELF-HELP ENTERPRISES
OWNER-OCCUPIED REHABILITATION LOAN PROGRAM APPLICATION**

P.O. Box 6520, VISALIA, CA 93290 • (559) 651-1000 • FAX (559) 651-3634

APPLICANT ELIGIBILITY SUMMARY

The City/County is offering housing rehabilitation loan assistance to low-income owner-occupants residing within the City/County. A brief summary of the program regulations and minimum requirements for determining whether you qualify for a loan follows:

- Applicant must be on title and the property must be the Applicant's principal residence.
- Applicant must have sufficient equity in the property to cover the City/County Loan.
- The home value cannot exceed the HOME Program After-Rehabilitation Value Limits.
- Every household member must have a valid social security number and must be a legal U.S. citizen or have a permanent resident alien status.
- **Terms of Loan:**
 - Secured Mortgage – The City's/County's assistance will be in the form of a secured mortgage.
 - Interest Rate – Zero percent interest (0%).
 - Repayment – Loan funds are 100% repayable upon sale, transfer of title of the property, when the borrower ceases to reside in the residence, the residence ceases to be the borrower's principal residence, or when the borrower refinances the property for cash-out or at 30 years, whichever comes first.
- The total household annual gross income (before taxes or deductions) cannot exceed the following:

Family Size	Maximum Income	Family Size	Maximum Income
1	See CDBG/HOME Income Guideline Worksheet	5	See CDBG/HOME Income Guideline Worksheet
2	See CDBG/HOME Income Guideline Worksheet	6	See CDBG/HOME Income Guideline Worksheet
3	See CDBG/HOME Income Guideline Worksheet	7	See CDBG/HOME Income Guideline Worksheet
4	See CDBG/HOME Income Guideline Worksheet	8	See CDBG/HOME Income Guideline Worksheet

Source: U.S. Department of Housing and Urban Development. These income figures are subject to change annually.

- Gross Annual Income – Income includes all wages, consistent overtime, retirement, pension, social security, child support, alimony and other regular earnings of the household members over the before any deductions. Income is based on earnings from the time of the application projected for the next 12 months.

I have read the above information and to the best of my knowledge believe that I meet the qualifications for the loan program:

Applicant Signature:	Date:	Co-Applicant Signature:	Date:
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• EXHIBIT B •

**SELF-HELP ENTERPRISES
OWNER-OCCUPIED REHABILITATION LOAN PROGRAM APPLICATION**

P.O. Box 6520, VISALIA, CA 93290 • (559) 651-1000 • FAX (559) 651-3634

**SUMMARY OF
ELIGIBLE/INELIGIBLE REPAIR ITEMS**

The following is a summary of those repairs items that are eligible and ineligible for funding through the City/County Owner Occupied Housing Rehabilitation Loan Program. This list is only intended as a summary, if you have a specific item that is not listed please contact the City/County for additional information.

ELIGIBLE IMPROVEMENTS:

Program funds are available for rehabilitation improvements that are physically attached and permanent in nature as follows:

1. Repairs that remedy existing nonconforming uses such as garage conversions, additions, etc.
2. Exterior work to help preserve or protect structures, roofing, siding (if significantly damaged), re-leveling, bracing (including earthquake bracing), repair/replacement of screens/windows, doors and door locks, structural and/or foundation damage, replacement of deteriorated attached porch/deck and step structures.
3. Interior work to make a structure more livable and repair/replace/restore important parts such as plumbing (i.e., repipe and replacement of fixtures), damaged flooring, faulty or inadequate heating/cooling systems, inoperable built-in appliances, damaged ceilings, water heaters, electrical wiring and service, painting (if walls are water damaged); appliance and plumbing fixture replacement, etc.
4. Incipient repairs – Incipient repair items are eligible. Incipient means that the fixture or system is functional now, but is likely to fail in a few years, i.e. a functioning but 30 year old water heater. Removable household appliances (stoves, dishwashers, refrigerators, wall air conditioners, etc.) are eligible only if (as documented in the file) the item needs to be replaced because of incipient failure and the item being replaced will be of moderate quality only. The Applicant/Owner may have medical conditions which warrant new or replacement appliances as listed above.
5. Testing for the presence of lead-based paint and associated abatement, as required.
6. Weatherization and energy conservation items such as insulation, caulking, weather-stripping. (*The home is not eligible if it only requires weatherization*).
7. Fumigation and treatment of termites and pest control. A termite report will be required for all projects. If fumigation is identified in the report, it will be required to be completed.
8. Modifications which aid the mobility of the elderly and physically disabled such as shower units with seats, lever hardware, retrofitting toilets to achieve adequate height, moving power points and light switches, ramping, reconstructing doorways, lowering sinks in kitchens and bathrooms. (*The home is not eligible if it only requires disabled access improvements*).
9. Additional health safety related items requiring replacement due to their existing unsafe or unsanitary condition such as non-working refrigerator, dirty stand alone stove that is covered or stained with or as if with dirt or other impurities, etc.

INELIGIBLE IMPROVEMENTS: (Ineligible improvements include the following):

1. The home is not eligible if it only requires disabled access improvement, or weatherization improvements.
2. Cosmetic improvements.
2. Recreational items such as barbecues, bathhouses, greenhouses, swimming pools, saunas, television antennas, tennis courts; room additions unless overcrowding is established.
3. Luxury items such as burglar alarms, burglar protection bars, dumbwaiters, kennels, murals, flower boxes, awnings, patios and decks and storage sheds/workshop. Exceptions will include items that are determined to be a threat to health and safety and repairs will be allowed in order for to bring the item up to code.
4. Other items deemed ineligible by the Economic Development Manager or his/her designee.

I/we have read the above information and to the best of my knowledge believe the work I am requesting meets the qualifications for the loan program:

Applicant Signature:	Date:	Co-Applicant Signature:	Date:
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· EXHIBIT C ·

**SELF-HELP ENTERPRISES
OWNER-OCCUPIED REHABILITATION LOAN PROGRAM APPLICATION
P.O. Box 6520, VISALIA, CA 93290 • (559) 651-1000 • FAX (559) 651-3634**

RACE AND ETHNIC DATA REPORTING FORM

PROGRAM NAME: _____

HEAD OF HOUSEHOLD NAME: _____

HOUSEHOLD MEMBER NAME: _____

PROPERTY ADDRESS: _____

PLEASE COMPLETE THIS FORM FOR EACH PERSON IN YOUR HOUSEHOLD. Parents or guardians are to complete the form for children under the age of 18.

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	

Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Applicant Signature:	Date:	Co-Applicant Signature:	Date:
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Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

INSTRUCTIONS FOR THE RACE AND ETHNIC DATA REPORTING

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. Parents or guardians are to complete the form for children under the age of 18.

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. **The two ethnic categories you should choose from are defined below.** You should check one of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. **The five racial categories to choose from are defined below:** You should check as many as apply to you.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

• EXHIBIT D •

SELF-HELP ENTERPRISES
OWNER-OCCUPIED REHABILITATION LOAN PROGRAM APPLICATION
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STATISTICAL DATA REPORTING FORM

PROGRAM NAME: _____

HEAD OF HOUSEHOLD NAME: _____

HOUSEHOLD MEMBER NAME: _____

PROPERTY ADDRESS: _____

PLEASE COMPLETE THIS FORM FOR EACH PERSON IN YOUR HOUSEHOLD. Parents or guardians are to complete the form for children under the age of 18.

AGE	

GENDER	Select One
MALE	
FEMALE	

DISABLED	Select One
YES	
NO	

There is no penalty for persons who do not complete the form.

Applicant Signature:	Date:	Co-Applicant Signature:	Date:
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▪ EXHIBIT E ▪

SELF-HELP ENTERPRISES
OWNER-OCCUPIED REHABILITATION LOAN PROGRAM APPLICATION
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THE HOUSING FINANCIAL DISCRIMINATION ACT OF 1977
FAIR LENDING NOTICE

It is illegal to discriminate in the provisions of or in the availability of financial assistance because of the consideration of:

1. Trends, characteristics or conditions in the neighborhood or geographic area surrounding a housing accommodation, unless the financial institution can demonstrate in the particular case that such consideration is required to avoid an unsafe and unsound business practice; or
2. Race, color, religion, sex, marital status, national origin or ancestry.

It is illegal to consider the racial, ethnic, religious or national origin composition of a neighborhood or geographic area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, or under what terms and conditions, to provide financial assistance.

These provisions govern financial assistance for the purpose of the purchase, construction, rehabilitation or refinancing of one to four unit family residences occupied by the owner and for the purpose of the home improvement of any one to four unit family residence.

If you have questions about your rights, or if you wish to file a complaint, contact the management of this financial institution at http://www.dfi.ca.gov/consumers/consumer_complaint.asp OR:

Department of Financial Institutions Consumer Services Office 1810 13 th Street Sacramento, CA 95811 Tel: (916) 322-5966 Fax: (916) 445-2123	Department of Financial Institutions Consumer Services Office 300 S. Spring Street, Suite 15513 Los Angeles, CA Tel: (213) 897-2085 Fax: (213) 897-8860
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ACKNOWLEDGEMENT OF RECEIPT

I (WE) THE UNDERSIGNED RECEIVED A COPY OF THIS NOTICE:

Applicant Signature:	Date:	Co-Applicant Signature:	Date:
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Co-Applicant Signature:	Date:	Co-Applicant Signature:	Date:
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• EXHIBIT F •

**SELF-HELP ENTERPRISES
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**AUTHORIZATION OF CONFIDENTIAL INFORMATION
AND DISCLOSURE**

PROGRAM APPLICANTS AND HOUSEHOLD MEMBERS OVER THE AGE OF 17: Please complete the following for all persons 18 years of age and older who are living and will be living in the home rehabilitated through the City's/County's Owner-Occupied Rehabilitation Loan Program. All persons in the household must obtain a Social Security number prior to being considered for assistance through the City's/County's Owner-Occupied Rehabilitation Loan Program. Please complete all names as shown on your Social Security card.

AUTHORIZATION FOR CONFIDENTIAL INFORMATION

I/We Hereby Authorize Self-Help Enterprises on behalf of the City/County to Obtain and Exchange Information Regarding Application for a Property Improvement Loan, Including, but not limited to the following:

- i. Any report from a credit reporting agency;
- ii. Employment verification;
- iii. Deposit verification;
- iv. Income information;
- v. Mortgage information;
- vi. Social Security Benefits information;
- vii. Insurance company (to add SHE/City/County as a mortgagee);
- viii. Audit program

Self-Help Enterprises has partnered with Proteus Inc. in an effort to coordinate services and reduce cost to households seeking rehabilitation services. Would you like Self-Help Enterprises to coordinate and share eligibility and contact information with Proteus Inc.? Yes (initials) _____ No (initials) _____

Name (Print): _____	Social Security No. _____
Signature: _____	Date: _____

Name (Print): _____	Social Security No. _____
Signature: _____	Date: _____

Name (Print): _____	Social Security No. _____
Signature: _____	Date: _____

I/We understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make false statements when applying for a loan, as applicable under the provisions of Title 18, United State Code, Section 1014.

▪ EXHIBIT G ▪

SELF-HELP ENTERPRISES
OWNER-OCCUPIED REHABILITATION LOAN PROGRAM APPLICATION
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WAIVER FOR OWNER-OCCUPIED PROPERTY

As a participant in the City/County Housing Programs (“Program”), I understand that I can choose at my sole discretion any State-licensed Contractor from the City/County provided contractor list. I also understand that the Contractor I select to perform repairs on my home is not in any way affiliated with the City/County and that any personal injury or damages caused by the Contractor to my personal or real property, or any defects in repair work are the sole responsibility of the Contractor. I also understand the contractors on the City/County-provided list meet these minimum criteria: has a current City/County business license, is licensed by the State Contractors License Board to perform home-repair work authorized under the Program, carries a minimum liability insurance of \$500,000 or \$1,000,000 and carries workers compensation insurance. I also understand that if I would like to receive a bid from and/or choose a contractor that is not on the City’s/County’s contractor list that contractor may apply to be added to the list if he/she meets the aforementioned minimum requirements and I may choose to hire that contractor to perform the work on my home. I further understand that there are certain risks to persons and property inherent in the home-repair work authorized under the Program. Given my understanding of the above, I agree not to file any claim, demand, or lawsuit against the City/County, its elected or appointed officials, employees or agents arising from or related in any way whatsoever to the actions of any Contractor performing work on my home in connection with the Program.

Applicant Signature:	Date:	Co-Applicant Signature:	Date:
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Co-Applicant Signature:	Date:	Co-Applicant Signature:	Date:
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▪ EXHIBIT I ▪

SELF-HELP ENTERPRISES
OWNER-OCCUPIED REHABILITATION LOAN PROGRAM APPLICATION
P.O. Box 6520, VISALIA, CA 93290 • (559) 651-1000 • FAX (559) 651-3634

FIRE INSURANCE
(Homeowner's Insurance Policy)

PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION, OR A COPY OF YOUR FIRE INSURANCE POLICY:

APPLICANT NAME: _____

NAME OF INSURANCE COMPANY: _____

AGENTS NAME: _____

AGENTS ADDRESS: _____

AGENTS TELEPHONE NUMBER: _____

AGENTS FAX NUMBER: _____

AMOUNT OF COVERAGE: \$ _____ TO _____

POLICY PERIOD: FROM _____ TO _____

ANNUAL PREMIUM: _____

NOTE:

THIS FORM MUST BE FILLED IN COMPLETELY OR COPY OF POLICY INCLUDED PRIOR TO YOUR LOAN APPLICATION BEING SUBMITTED FOR US TO PROCEED WITH PROCESSING.

▪ EXHIBIT J ▪

SELF-HELP ENTERPRISES

OWNER-OCCUPIED REHABILITATION LOAN PROGRAM APPLICATION

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LEAD BASED PAINT CERTIFICATION

I, _____ (*applicant name*)

certify that we received the lead brochure "Protect Your Family From Lead in Your Home" issued by the United States Environmental Protection Agency, United States Consumer Product Safety Commission, and United States Department of Housing and Urban Development.

Applicant Signature:	Date:	Co-Applicant Signature:	Date:
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Co-Applicant Signature:	Date:	Co-Applicant Signature:	Date:
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▪ EXHIBIT K ▪

SELF-HELP ENTERPRISES

OWNER-OCCUPIED REHABILITATION LOAN PROGRAM APPLICATION

P.O. Box 6520, VISALIA, CA 93290 • (559) 651-1000 • FAX (559) 651-3634

REPAIR “WISH List”

DIRECTIONS: PLEASE COMPLETE THE FOLLOWING CHART LISTING ALL OF THE WORK YOU WOULD LIKE COMPLETED ON YOUR HOME AS A PART OF THE CITY’S/COUNTY’S OWNER-OCCUPIED HOUSING REHABILITATION LOAN PROGRAM. PLEASE GIVE A REASON WHY YOU WANT EACH ITEM REPAIRED (SEE EXAMPLES). PLEASE KEEP IN MIND THAT THIS IS A “WISH LIST” AND NOT ALL OF THE REPAIR ITEMS MAY BE QUALIFIED TO BE COMPLETED UNDER THIS PROGRAM. PLEASE BE ADVISED THAT IF THE REQUESTED LIST OF REPAIRS EXCEEDS THE AVAILABLE LOAN AMOUNT, YOUR APPLICATION MAY BE DENIED.

APPLICANT NAME: _____ **PROPERTY ADDRESS:** _____

YEAR BUILT:	SQUARE FOOTAGE:	DINING ROOM:	Y	N			
BEDROOMS:	BATHROOMS:	GARAGE:	CARPOR:	Y	N		
LAUNDRY ROOM:	Y	N	LAUNDRY ROOM LOCATION:			ELIGIBILITY*	DATE
EXAMPLE	ROOF NEEDS TO BE REPLACED BECAUSE IT IS LEAKING						
EXAMPLE	WINDOWS NEED TO BE REPLACED BECAUSE THEY ARE BROKEN AND LEAK						
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

*** Eligibility Codes:**

- | | |
|---|--|
| <ul style="list-style-type: none"> 1. Building Code Violation (BCV) 2. Health and Safety Code (HC) 3. Lead Based Paint Containing Material (LBP) | <ul style="list-style-type: none"> 4. General Property Improvement (GPI) 5. Handicap Accessibility (HA) 6. Not Eligible |
|---|--|

APPLICANT:

SIGNATURE:	Date:
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CO-APPLICANT:

SIGNATURE:	Date:
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NOTE: IF YOU NEED ADDITIONAL PAGES, PLEASE ATTACH THEM TO THIS SHEET.

• EXHIBIT L •

SELF-HELP ENTERPRISES

OWNER-OCCUPIED REHABILITATION LOAN PROGRAM APPLICATION

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SUMMARY OF CITY'S/COUNTY'S ROLE AND RESPONSIBILITIES IN THE PROGRAM
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The purpose of this form is to provide a brief summary of the role of the City/County ("City/County") in the Owner Occupied Housing Rehabilitation Loan Program ("Program") as follows:

1. The City/County must review information contained in the applicant(s) file to determine that the applicant(s) is/are qualified under the State HOME Program Regulations to receive a loan for the repair of their residence including, but not limited to, the following:
 - i. The applicant is income qualified.
 - ii. The property value does not exceed the value approved by the U.S. Department of Housing and Urban Development.
 - iii. That there is sufficient equity available for the City/County loan.
 - iv. The property is free of liens that would jeopardize the City loan.
 - v. Other criteria as determined in the City/County Program Guidelines.
2. The City/County must inspect the property to determine an eligible scope of work.
3. The City/County provides assistance in the selection of a qualified contractor by providing the scope of work to contractors. However, the applicant can obtain bids from any licensed and insured contractor. The City/County does not select the contractor. The applicant selects the contractor.
4. The City/County must verify that the applicant-selected contractor carries a valid California Contractor's license, applicable insurances such as general liability insurance and worker's compensation insurances.
5. The City/County must verify that the applicant-selected contractor has not been debarred from participating in federally funded projects.
6. The City/County requires the applicant and the applicant's selected contractor to enter into a standard City-designed construction contract.
7. The construction contract is binding between the applicant and the contractor.
8. The City/County is not a party to the construction contract.
9. The City/County is only the holder of the funds specified in the construction contract.
10. The funds are to be paid to the contractor only upon the approval of the applicant.
11. If a dispute arises between the applicant and the applicant-selected contractor, the applicant and contractor must go to arbitration.
12. The City/County cannot mediate any disputes between the applicant and contractor.

I/we have read and understood the above information and wish to proceed with the application for loan assistance.

APPLICANT:

SIGNATURE:	Date:
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CO-APPLICANT:

SIGNATURE:	Date:
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• EXHIBIT N •

SELF-HELP ENTERPRISES

OWNER-OCCUPIED REHABILITATION LOAN PROGRAM APPLICATION

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PLEASE COMPLETE THE ATTACHED

IRS FORM 4506-C

(Request for Transcript of Tax Return)

IVES Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-C, visit www.irs.gov and search IVES.

1a. Name shown on tax return (if a joint return, enter the name shown first)	1b. First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a. If a joint return, enter spouse's name shown on tax return	2b. Second social security number or individual taxpayer identification number if joint tax return

3. Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4. Previous address shown on the last return filed if different from line 3 (see instructions)

5a. IVES participant name, address, and SOR mailbox ID

5b. Customer file number (if applicable) (see instructions)

Caution: This tax transcript is being sent to the third party entered on Line 5a. Ensure that lines 5 through 8 are completed before signing. (see instructions)

6. **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request _____

a. Return Transcript , which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years	<input type="checkbox"/>
b. Account Transcript , which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns	<input type="checkbox"/>
c. Record of Account , which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years	<input type="checkbox"/>

7. **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

8. Year or period requested. Enter the ending date of the tax year or period using the mm/dd/yyyy format (see instructions)

/ / / / / / / / / /

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.

Sign Here	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	Print/Type name		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	
	Print/Type name		

• EXHIBIT O •

SELF-HELP ENTERPRISES

OWNER-OCCUPIED REHABILITATION LOAN PROGRAM APPLICATION

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FINANCING & REPAIRS ACKNOWLEDGEMENT

I/We, herby acknowledge that I/we will be advised of the repairs needed to comply with the intent of the Housing Rehab Program – to provide the participant with a healthy, safe, sanitary, and code compliant home. These repairs and recommendations will be included in the original work write-up and bid.

I/We acknowledge that I/we will not have the opportunity to request funds for additional repairs after the financing had been approved.

APPLICANT:

SIGNATURE:	Date:
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CO-APPLICANT:

SIGNATURE:	Date:
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• EXHIBIT P •

SELF-HELP ENTERPRISES

OWNER-OCCUPIED REHABILITATION LOAN PROGRAM APPLICATION

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THINGS YOU NEED TO KNOW ABOUT YOUR HOME REPAIRS/RECONSTRUCTION PROJECT

You have applied to participate in the Housing Rehab Program through your City or County. The following is a list of points that you, the homeowner, should be made aware of before making the decision to participate in the program. If it appears that your home will require reconstruction (in other words, it will be more cost effective to tear down your home and rebuild it rather than rehabilitate the existing structure) then the "Reconstruction Issues" outlined below will also apply.

Please review, discuss, initial each item, and sign the bottom of the document. This will be a part of your application package.

_____Application Processing and Construction Time Frames

The qualification process of each application varies. The progress depends on several factors—your response to your Loan Processor's request for documentation; our staff workload; turnaround time from the agencies who provide the title reports and property values; review and elimination of liens on your property, etc. The qualification and bidding processes could take from 3 months to one year. Construction startup will depend on the workload of your contractor and weather factors. There will be days when construction progress will be slow or nothing at all is being done to your home. This is due to the workload of the contractor. Your patience is required.

_____Relocation

It may be necessary for you to relocate during the construction work. Be prepared to be out of your home for up to 120 days. Although there may be funding to assist with relocation, it is usually not enough to cover the full amount of the expenses of alternative housing. Be prepared for some out of pocket expenses. Assistance is a reimbursement of actual expenses and must be supported by invoices. Multiple options related to moving expenses and rental units will be explored and the lowest cost option will be selected. It will be your responsibility to locate alternative housing; however, we will assist you whenever possible. If you relocate, your furnishings must also be moved out. During construction you must continue to pay for utilities at your home whether you are living there or relocated.

_____Room Additions

The current size of your home may not be adequate for your family size. Room additions may not be possible due to equity in your home and State of California restrictions on home size versus family size. You may know of another applicant that participated in the program and qualified for room additions that you will not qualify for. Keep in mind that the equity in your home and your family size may not allow the room additions you desire. Do not compare the construction you qualify for with the construction received by another participant.

_____Home Equity Loans

One of the qualifications of the program is sufficient equity in your home. The process requires verification of your mortgage(s) balance(s) and property value to calculate equity. The amount of repairs you qualify for is based on this calculation. If you apply for and receive an equity loan from a lender during the application process you will disqualify yourself from participating.

_____Remaining Equity in Home

You may have equity left in your home after obtaining a loan from the City or County, or you may build equity in the coming years as your home's value increases. If in the future you wish to obtain an equity loan on your home, the new lender may ask the City or County to "subordinate" their position to them, but it is very likely the City or County will deny

this request. If you would like to obtain any other mortgages/equity loans in the future, they will need to go behind the City or County loan.

_____ Fire & Flood Insurance

You will be required to have fire insurance on your home and maintain that coverage as long as you have a loan with the City or County. If your home is in a flood zone you must *also* purchase and maintain flood insurance as long as you have a loan with the City or County. *Please consider these expenses before continuing your application.*

_____ Non-Permitted Home Repairs/Additions

If you have added rooms or have done repairs to your home prior to your application, and the proper permits were not obtained, this could disqualify you from participating in the program. Please advise your Loan Processor if you think you have non-permitted work done on your home.

_____ Appraisal/Property Report, Inspection Fees

You are not required to pay any fees up front for participation in this program; however, if you are approved for a loan and your home is repaired, the appraisal, property report, and inspection fees may be taken out of your loan proceeds depending on the funding source. These fees could be between \$500 and \$3,000.

RECONSTRUCTION ISSUES

_____ Property Taxes

After your home has been reconstructed the value of your property will be reassessed by the County Tax Assessors Office due to the increase in the value of your property's improvements. This means there will be an increase in your property taxes. In addition to your annual tax bill, you may receive a "supplemental tax bill" for the remainder of the fiscal year in which the reconstruction of your property was completed. You may contact the County Tax Assessor for information on the increase and/or supplemental tax bill.

_____ Plans

Plans for construction of a new home are very expensive. We are fortunate to be able to offer you plans from our Self-Help Enterprises' New Homes Department that can be purchased at a discounted price. You will be presented with a floor plan that will be what you qualify for in terms of household size, maximum loan, equity in your property, etc. Please be advised that these floor plans are limited, in order to keep costs reasonable.

_____ Fire Sprinklers

Fire sprinklers are required by code for all new housing construction in the State of California as of January 1, 2012; therefore, they will be installed in your new home. Your Rehab Specialist can discuss the cost of this requirement with you. You may also consult your local water service for more detailed information on any possible rate increase.

_____ Alternative Housing During Construction and Construction Time Frames

Relocation quarters must be safe and acceptable. Assistance is a reimbursement of actual expenses and must be supported by invoices. Multiple options related to moving expenses and rental units will be explored and the lowest cost option will be selected. Typically, construction of your new home, after demolition, will take 120 days but could be 180 days or more. When planning relocation, keep in mind the construction time of 120 days or more. *You will not be allowed to occupy the new home until it passes the final inspection by the City or County Building Inspector and a Certificate of Occupancy is received.*

_____ Keep Payments Current On Existing Mortgage

It is very important that your mortgage is kept current throughout the reconstruction process. *Do not apply for a home equity loan during your application process. This will deplete your equity and could disqualify you for the program.*

Fees

While you are not required to pay any fees up front for participation in this program, if you are approved for a loan and your home is reconstructed there are several fees that may be taken out of your loan proceeds depending on the funding source. The various fees that may be included are: Appraisal, Property Report, Termite Report, Land Survey House Plans/Blueprints, Grading

Course of Construction Insurance

Standard fire or homeowner's insurance will not cover your home during this major construction activity. Course of Construction Insurance is required during construction. Your current agent may be able to convert your present policy to cover the construction activity. You may be required to pay an additional premium for this coverage. You are responsible for converting the Course of Construction Insurance policy back to a Homeowner's Policy once the construction is complete. During this process, if your home is in a flood zone you must also purchase and maintain flood insurance as long as you have a loan with the City or County.

I/We have reviewed and understand each topic in this document and have initialed next to each one. The complicated process to Rehab/Reconstruct my/our home has been explained to me/us. I/We are committed to completing this process and will not voluntarily cancel my/our participation in the program.

APPLICANT:

SIGNATURE:	Date:
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CO-APPLICANT:

SIGNATURE:	Date:
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