



SUBJECT: LOW INTEREST HOUSING REHABILITATION LOAN PROGRAM

Dear Applicant:

Enclosed you will find application materials for the City's Low Interest Housing Rehabilitation Loan Program. Loan funds are limited and applications are processed in the order they are received, as funds are available. A completed application may be held over to the next funding cycle.

Loans are only available to qualifying low-income households with eligible properties or to owners of rental properties (limit 7 units) that agree to rent to low income household at affordable rents for the term of the loan. Property improvements funded by these loans must be located within the Salinas City limits.

2016 MAXIMUM INCOME LIMITS PER HOUSEHOLD SIZE

| HH Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---------|----------|----------|----------|----------|----------|----------|----------|----------|
| Income | \$42,650 | \$48,750 | \$54,850 | \$60,900 | \$65,800 | \$70,650 | \$75,550 | \$80,400 |

(Income of all household members over the age of 18 that will be living in the home shall be considered).

To be considered for a Low Interest Housing Rehabilitation Loan the following information must be submitted (when applicable):

- ___1) Rehabilitation Loan Application – completed and signed.
- ___2) Household Composition Form.
- ___3) Mortgage Verification – provide a copy of the Promissory Note and mortgage statements for the two most recent months.
- ___4) Verification of Employment – for those 18 years and older that are employed submit copies of pay check stubs for the two most recent months.
- ___5) Verification of Benefits – if benefits are automatically deposited in a bank account you can provide bank statements for the two most current months. For households receiving Social Security and/or Supplemental Security Income (SSI) benefits and **are not** automatically deposited in a bank account, you may call the Social Security Administration (SSA) at 1-800-772-1213 or visit the web site www.socialsecurity.gov to request a “benefit verification letter”.
- ___6) Verification of Deposit – provide checking and savings bank statements for the two most recent months.
- ___7) Credit Report Request Form – signed by applicants.
- ___8) Fair Lending Notice – signed and dated.
- ___9) Applicant’s Statement – signed and dated.
- ___10) Statement of Information – completed and signed.
- ___11) Signed copies of last two years income tax returns with W-2 form. If self-employed, submit last two years tax returns and personal financial statement. If you do not file income tax returns, provide a letter explaining why you do not file income tax returns.
- ___12) Copy of current fire hazard insurance policy.
- ___13) Verification of Paid Property Taxes.
- ___14) “Protect Your Family from Lead in Your Home” pamphlet receipt acknowledgement – completed and signed.
- ___15) “City of Salinas Housing Services Program Guidelines” receipt acknowledgement – completed and signed.

For income properties include the following additional information: **(For Rentals ONLY)**

- ___ 16) Beneficiary Income Report Forms (completed and signed by each tenant)
- ___ 17) Copy of rental agreements (if applicable, include Housing Authority Section 8 Agreements)
- ___ 18) Current rent roll (include name and telephone number of each tenant household member)
- ___ 19) Tenants to sign General Information Notice regarding tenant's rights

Note: The City of Salinas will serve as the lead agency in enforcing tenant's rights under the Uniform Relocation Act of 1970.

Applications are processed on a first come first serve basis. Please make sure your application and backup documentation is complete **before** submitting.

Should you have any questions regarding this matter or require assistance to complete the application, please call us at (831) 758-7334.

Sincerely,

Francisco Brambila
Housing Rehabilitation Specialist



City of Salinas

COMMUNITY DEVELOPMENT DEPARTMENT

65 W. Alisal Street, 2nd Floor • Salinas, California 93901
(831) 758-7387 • (831) 775-4258 (Fax) • www.ci.salinas.ca.us

REHABILITATION LOAN APPLICATION

Address of Property: _____ Salinas, CA 939 _____

Type of Structure: _____ Single Family _____ Duplex _____ # of Bedrooms
_____ Other _____

Date purchased: _____ Purchase Price: \$ _____
(Specify)

PERSONAL DATA

Applicant's Name: _____

Date of Birth: _____ Social Security #: _____

Co-applicant's Name: _____

Date of Birth: _____ Social Security #: _____

Address: _____
Number/Street/City/Zip

Home Phone #: _____ Cell Phone #: _____

Persons in household: _____ e-mail address: _____

EMPLOYMENT DATA

Applicant's Employer: _____

Address: _____ Telephone #: _____

Co-applicant's Employer: _____

Address: _____ Telephone #: _____

Other household members' employment (if any):

Name: _____ Social Security #: _____

Employer: _____ Address: _____

Name: _____ Social Security #: _____

Employer: _____ Address: _____

Name: _____ Social Security #: _____

Employer: _____ Address: _____

Name: _____ Social Security #: _____

Employer: _____ Address: _____

FINANCIAL INFORMATION

1st Mortgage Holder: _____ Loan #: _____

Address/City/Zip: _____

Date Opened: _____ Approximate Balance: _____

Hazard Insurance: _____

(Name & address of insurance company)

2nd Mortgage Holder: _____ Loan #: _____

Address/City/Zip: _____

Date Opened: _____ Approximate Balance: _____

BANK ACCOUNTS

Bank Name: _____ Checking Account #: _____

Address/City/Zip: _____

Bank Name: _____ Savings Account #: _____

Address/City/Zip: _____

HOUSEHOLD INCOME

| | <u>Applicant</u> | <u>Co-Applicant</u> |
|--------------|-------------------------|----------------------------|
| Employment: | | |
| Pension: | | |
| Social Sec.: | | |
| Other: | | |
| | | |
| | | |

EXPENSES

| | <u>Monthly Payment</u> | <u>Balance</u> |
|---------------------------|-------------------------------|-----------------------|
| Mortgage Payment: | | |
| Property Tax: | | |
| Property Insurance: | | |
| Second Mortgage (if any): | | |
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NECESSARY REPAIRS

Please list any and all repairs you would like to have considered for rehabilitation.

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RENTAL INFORMATION – COMPLETE ONLY IF FOR RENTALS

Tenant's name: _____ Phone#: _____

Unit #: _____ Bedrooms: _____ Rent: \$ _____ Utilities paid by tenant: \$ _____

Address: _____

Tenant's name: _____ Phone#: _____

Unit #: _____ Bedrooms: _____ Rent: \$ _____ Utilities paid by tenant: \$ _____

Address: _____

READ BEFORE YOU SIGN

All of the information provided on these pages is true and correct. I understand that Housing Services Program may confirm any information I have provided and that financial assistance may be denied if this information is false. I further understand that Housing Services Program will keep this form whether or not I receive financial assistance.

Signature: _____ Date: _____

Signature: _____ Date: _____

CLIENT/BENEFICIARY ETHNICITY AND RACE FORM

PLEASE COMPLETE BOTH SECTIONS

Ethnicity: (select *only one*)

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."

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.

Race: (select *one or more*)

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.

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.

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."

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Supplemental Information

Female Head of Household

CREDIT REPORT REQUEST FORM

Report for: City of Salinas, Housing Services

Contact Person: Francisco Brambila, Housing Rehabilitation Specialist

Address: 65 W. Alisal Street, 2nd Floor, Salinas, CA 93901

Phone: (831) 758-7359

Fax: (831) 775-4258

Fax Back

E-Mail Back

Individual Report

Joint Report

PRINT ONLY

Applicant's Name: _____

Social Security Number: _____ DOB: _____

Address: _____
Street City State Zip

Former Address: _____
Street City State Zip County

Employer: _____

Co-Applicant's Name: _____

Social Security Number: _____ DOB: _____

Address: _____
Street City State Zip

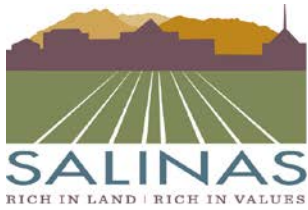
Former Address: _____
Street City State Zip County

Employer: _____

I authorize Salinas Housing Services to obtain a copy of my credit and /or conviction, eviction report.

Applicant's Signature Date

Co-Applicant's Signature Date



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FAIR LENDING NOTICE

To: All applicants for financial assistance for the purchase, construction, rehabilitation, improvement or refinancing of one-to-four family residences.

It is unlawful, under the housing financial discrimination act of 1977, for a public agency to consider any of the following in determining whether or not, or under what terms and conditions, to provide or arrange for financial assistance:

1. Neighborhood characteristics (such as the average age of the homes or the income level in the neighborhood), except to a limited extent necessary to avoid an unsafe and unsound business practice,
2. Race, sex, color, religion, marital status, national origin or ancestry.

It is also unlawful to consider, in appraising a residence, the racial, ethnic, or religious composition of a particular neighborhood or whether or not such composition is undergoing change or is expected to undergo change.

If you wish to file a complaint, or if you have questions about your rights, contact:

Office of Fair Lending
Business & Transportation Agency
1120 N Street
Sacramento, CA 95814

Or call collect: (916) 322-5828

If you file a complaint, the law requires that you receive a decision within thirty (30) days.

I hereby acknowledge receipt of a copy of this notice:

Signature of Applicant

Date

Signed Copy to Client



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APPLICANT'S STATEMENT

1. The Housing Services Program is authorized to receive information on my credit history, property information, employment, and benefits that I have supplied in my loan application. If there is more than one applicant, then this paragraph and those that follow apply to each. I acknowledge having been informed of the different loans available from this program and have received a copy of the Housing Services Program guidelines at the time of application. I also understand that the loan program I may qualify for will be based on the Loan Underwriting Standards and that the loan program will not be known until all of my household financial information has been submitted and approved.
2. The information furnished on the loan application is necessary to see if I am eligible for Housing Services Program benefits. I understand that my monthly income, expenses, and credit history will be reviewed to see if I meet Housing Services loan guidelines.
3. I hereby acknowledge that the California State Department of Housing and Community Development and the U.S. Department of Housing and Urban Development have a right of access to financial records held by the Housing Services Program without further notice to me or my authorization, but that these records will not be released to another government agency or department without my consent, except as required or permitted by law. This statement is in keeping with the Right To Financial Privacy Act of 1978.
4. If I do not live in the dwelling for which I received financial assistance, I understand that I will be required to make my units available to tenants in possession of Section 8 Certificates of that I will be required to keep rents below a certain level determined by the Housing Services Program for a period no to exceed ten (10) years. The determination of which rent mitigation measure will be applied to my property is the decision of the Housing Services Program. Housing Services staff will calculate rents for current tenants who do not receive Section 8 assistance.
5. I understand that if I apply for a loan from the Housing Services Program I will be required to pay certain charges incurred in connection with the granting of credit. These charges may include, but are not limited to: **The costs of a property appraisal, plans and working drawings, recording of documents, and title insurance or title reports. At my request, these amounts may be financed over the life of the loan. Should I withdraw my application, be denied financial assistance, or not obtain a loan for any reason, I am responsible for reimbursing the City for fees incurred on my behalf.**
6. I understand that if I receive a loan, the Housing Services Program is authorized to photograph the interior and exterior of my property before rehabilitation, during rehabilitation and upon the completion of rehabilitation. I understand that these pictures will be available to the Department of Housing and Urban Development and the City of Salinas for public review and for promotional purposes.

Signature(s): _____ Date: _____

**STATEMENT OF INFORMATION
CONFIDENTIAL INFORMATION FOR YOUR PROTECTION**

Completion of this statement expedites your application for title insurance, as it assists in establishing identity, eliminating matters affecting persons with similar names and avoiding the use of fraudulent or forged documents. Complete all blanks (please print) or indicate "none" or "N/A". If more space is needed for any item(s), use the reverse side of the form. Each party (and spouse/domestic partner, if applicable) to the transaction should personally sign this form.

ESCROW: 3-MP

ORDER NUMBER: 2027233

NAME AND PERSONAL INFORMATION

First Name _____ Middle/Maiden name _____ Last Name _____ Date of Birth _____
(If none, indicate)

Home Phone _____ Business Phone _____ Birthplace _____

Social Security No. _____ Driver's License No. _____

List any other name you have used or been known by _____

State of residence _____ I have lived continuously in the U.S.A. since _____

Are you currently married? _____ If yes, complete the following information:

Date and place of marriage _____

Spouse: _____ Date of Birth _____
First Name Middle/Maiden name Last Name
(If none, indicate)

Are you currently a registered domestic partner? _____

Domestic Partner: _____ Date of Birth _____
First Name Middle/Maiden name Last Name
(If none, indicate)

Home Phone _____ Business Phone _____ Birthplace _____

Social Security No. _____ Driver's License No. _____

List any other names you have used or been known by _____

State of residence _____ I have lived continuously in the U.S.A. since _____

RESIDENCES (LAST 10 YEARS)

Number & Street _____ City _____ From (date) to (date) _____

Number & Street _____ City _____ From (date) to (date) _____

Number & Street _____ City _____ From (date) to (date) _____

OCCUPATIONS/BUSINESSES (LAST 10 YEARS)

Firm or Business name _____ Address _____ From (date) to (date) _____

Firm or Business name _____ Address _____ From (date) to (date) _____

Firm or Business name _____ Address _____ From (date) to (date) _____

SPOUSE'S/DOMESTIC PARTNER'S OCCUPATIONS/BUSINESSES (LAST 10 YEARS)

Firm or Business name _____ Address _____ From (date) to (date) _____

Firm or Business name _____ Address _____ From (date) to (date) _____

Firm or Business name _____ Address _____ From (date) to (date) _____

PRIOR MARRIAGE(S)

Any prior marriages for either spouse? _____ If yes, complete the following:

Prior spouse's name: _____ Prior Spouse of Husband _____

Marriage terminated by: Death _____ Divorce _____ Date of termination _____

Prior spouse's name: _____ Prior Spouse of Husband _____ Wife _____

Marriage terminated by: Death _____ Divorce _____ Date of termination _____

PRIOR DOMESTIC PARTNERSHIP(S)

Any prior domestic partnerships for either person? _____ If yes, complete the following:

Prior partner's name: _____ Prior Partner: _____

Partnership terminated by: Death _____ Dissolution _____ Nullification _____ Termination _____ Date of termination _____

Prior partner's name: _____ Prior Partner: _____

Partnership terminated by: Death _____ Dissolution _____ Nullification _____ Termination _____ Date of termination _____
(if more space is required, use reverse side of form)

INFORMATION ABOUT THE PROPERTY

Buyer intends to reside on the property in this transaction: Yes _____ No _____

Street Address of Property in this transaction: 60212 Birdies Lane, Landers, CA 92285

The land is unimproved _____; or improved with a structure of the following type: A Single or 1-4 Family _____ Condo Unit _____ Other _____

Improvements, remodeling or repairs to this property have been made within the past six months: Yes _____ No _____

If yes, have all costs for labor and materials arising in connection therewith been paid in full? Yes _____ No _____

Any current loans on property? _____ If yes, complete the following:

Lender _____ Loan Amount _____ Loan Date _____

Lender _____ Loan Amount _____ Loan Date _____

The undersigned declare, under penalty of perjury, that the foregoing is true and correct.

Executed on _____, _____ at _____

Signature _____ Signature _____

(Note: If applicable, both spouses/domestic partners must sign.)

THANK YOU.

TO: PARTICIPANT of Housing Services

FROM CITY OF SALINAS
HOUSING SERVICES PROGRAM

SUBJECT: "PROTECT YOUR FAMILY" PAMPHLET

The U.S Environmental Protection Agency requires that we, as professional remodelers, distribute this pamphlet to owners and tenants of pre-1978 housing before starting any remodeling activities.

Please read the acknowledgement statement below, complete and return this form to us. It must be kept in our agency files for three years after completion of the remodeling project.

LEAD PAMPHLET RECEIPT ACKNOWLEDGEMENT

*I have received a copy of the pamphlet entitled, "**Protect Your Family from Lead in Your Home**", informing me of the potential risk of lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.*

Print Owner/Tenant Name

Signature

Date

Address

CITY OF SALINAS

**HOUSING SERVICES GUIDELINES RECEIPT
ACKNOWLEDGEMENT**

I have received a copy of the Housing Services Program guidelines.

Print Owner Name

Signature

Date

CIUDAD DE SALINAS

GUIA DEL PROGRAMA DE VIVIENDA

Yo he recibido una copia de la guía del Programa de Vivienda.

Nombre del Dueño

Firma

Fecha