



CITY OF SIMI VALLEY

HOME REHABILITATION PROGRAM APPLICATION PACKET

ATTENTION

Applicants who currently have a Second Trust Deed or a First Trust Deed and a Line of Credit (LOC) on their property are not eligible for this program.

CITY OF SIMI VALLEY HOME REHABILITATION PROGRAM APPLICATION REQUEST

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____



CITY OF SIMI VALLEY
HOME REHABILITATION PROGRAM
APPLICATION

Address: 2929 Tapo Canyon Road, Simi Valley, CA 93063
Attention: Environmental Services/Home Rehab
(805) 583-6757

Borrower Name: Mr. Mrs. Ms. _____

Co-Borrower Name: Mr. Mrs. Ms. _____

Address, City & Zip: _____

Home Phone: _____ Cell phone: _____ Email: _____

Borrower's Employer: _____ Work Phone #: _____ Fax#: _____

Position/Title: _____ Employer's Address: _____

Employer's Human Resources phone #: _____

Co-Borrower's Employer: _____ Work Phone#: _____ Fax#: _____

Position/Title: _____ Employer's Address: _____

Employer Human Resources phone #: _____

HOUSEHOLD MEMBERS (list all members)	RELATIONSHIP	ANNUAL INCOME	AGE	SEX (M/F)	HANDICAPPED DISABLED (Yes/No)
1.	Head of Household				
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Estimated home value _____ Is the home your principal residence? _____ Sq. footage _____

Number of bedrooms: _____ Number of Baths: _____ Swimming Pool: _____ Air Conditioning: _____

Home Mortgages and other monetary liens recorded against the property:

Lender	Phone No.	Account No.	Balance
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1st Trust Deed _____

Do you have another loan with the City? Yes / No (Please circle one)

Do you have a pending case with the City's Code Enforcement division? Yes/No (Please circle one)

Have you disposed of an asset for less than fair market value within the past 2 years? Yes / No (Please circle one)

Repairs desired: _____

Income: Asset and Employment Disclosure:

Household income – Check all income sources that apply:

(Include income from all sources for all adult household members over the age of 18).

- | | | |
|--|---|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Union Benefits | <input type="checkbox"/> Family Support |
| <input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Income from Assets | <input type="checkbox"/> AFDC |
| <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Pensions | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Retirement Funds | <input type="checkbox"/> General Relief |
| <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> Child Support | <input type="checkbox"/> Rental Income |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Alimony | <input type="checkbox"/> Other: _____ |

*List the total gross income (before deductions), for **each adult member** living in the home (18 years or older), include gross income from wages, pensions, social security, disability, public assistance, interest/rental income or any other income whether taxable or not. **See page four for a list of items to be submitted with your loan application.**

CERTIFICATION

I/We _____ and _____
hereby certify, under penalty of perjury, that I/we are the property owner(s) and that the statements and information above referred to are, to the best of my/our knowledge and belief, in all respects true and correct.

Borrower Signature

Date

Co-Borrower Signature

Date



CITY OF SIMI VALLEY

Please provide copies of the items listed below.

You **MUST** provide the following information for all adult household members over the age of 18.

- 1. A copy of the last three consecutive employer pay-stubs from all places of employment.
- 2. Provide documentation for all other sources of income including but not limited to rental income, unemployment, alimony, child support, disability, and Social Security. If you receive Social Security, please provide a copy of the current year annual statement showing "Your New Benefit Amount".
- 3. A copy of the latest federal 1040 income tax return, (must be a signed copy), which must include all attached schedules, W-2, and/or 1099 forms.
- 4. Copies of the six most recent checking account statements.
- 5. Copies of the most recent savings (1 month) account(s) statement for each account (i.e. Money Market, Savings).
- 6. Copies of the most recent statement for dividend or interest earning accounts, including the most recent statement for retirement (IRAs, 401(k) & Annuities) and any equity or mutual fund accounts.
- 7. A copy of your current mortgage statement indicating monthly payment amount.
- 8. A list of all outstanding debts including required monthly payments (i.e. credit cards, auto loans and mobile home space rent minus utilities if applicable).
- 9. A recent copy of your homeowner's insurance statement indicating that the property insurance is current.
- 10. Authorization to obtain and review credit reports (attached).
- 11. Authorization to verify employment if applicable (attached).

If self-employed, include a current, profit and loss statement that has been "reviewed" and documented by your CPA or tax consultant.

All information and materials contained in your loan application, including the evaluation of the applicant's credit worthiness, shall be held in confidence and not as public record.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race/ethnicity is voluntary.

Race (choose at least one)		Hispanic/Latino Ethnicity
<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaskan Native AND White	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian AND White	(if Yes, answer below:)
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American AND White	<input type="checkbox"/> Mexican/Chicano
<input type="checkbox"/> American Indian or Alaskan	<input type="checkbox"/> American Indian/Alaskan Native AND Black/African American	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Cuban
		<input type="checkbox"/> Other Hispanic/Latino

CITY OF SIMI VALLEY

CREDIT REPORT AUTHORIZATION AND RELEASE

Authorization is hereby granted to the City of Simi Valley to obtain a standard factual data credit report through a credit-reporting agency chosen by the City of Simi Valley.

My signature below authorizes the release to the credit-reporting agency of my credit history, and authorizes the credit-reporting agency to obtain information regarding my employment, savings account, and outstanding accounts (mortgages, auto loans, personal loans, charge cards, credit unions, etc.). Authorization is further granted to the reporting agency to use a reproduction of this authorization if necessary to obtain any information regarding the above-mentioned information.

Any reproduction of this credit report authorization and release made by reliable means (for example, photocopy or facsimile) is considered an original.

Borrower Signature

Date

Social Security Number

Co-Borrower Signature

Date

Social Security Number

VERIFICATION OF EMPLOYMENT

<u>Applicant to Complete</u>	<u>Employer to Complete</u>
<p style="text-align: center;">City of Simi Valley Environmental Services Home Rehabilitation Program 2929 Tapo Canyon Road Simi Valley, CA 93063</p> <p>AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the HOME Program, which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p style="text-align: center;">Employer Info:</p> <p>Employer _____</p> <p>Address _____</p> <hr/> <p>City _____ Zip _____</p> <hr/> <p>Contact Name _____</p> <p>Ph.# _____ Fax # _____</p> <p>Employer code No. (if applicable) _____</p> <p>Employee SS # _____</p> <p>Your employer's prompt return of the requested information will be appreciated. Fax to: (805) 583-7922, Attention Environmental Services Dept/Home Rehab.</p>	<p>Employed since: _____</p> <p>Occupation: _____</p> <p>Salary: _____</p> <p>Effective date of last increase: _____</p> <p>Base pay rate: \$ _____ / Hour; or \$ _____ / Week; or \$ _____ / Month</p> <p>Average hours/week at base pay rate: _____ Hours</p> <p>No. Weeks _____, or No. Weeks _____ worked per year</p> <p>Overtime pay rate: \$ _____ / Hour</p> <p>Expected weekly average number of hours overtime to be worked during next 12 months _____</p> <p>Any other compensation not included above (specify for commissions, bonuses, tips, etc.): For: _____ \$ _____ per _____</p> <p>Is pay received for vacation?: _____ If yes, number of days/year _____</p> <p>Total base pay earnings for past 12 mos. \$ _____</p> <p>Total overtime earnings for past 12 mos. \$ _____</p> <p>Probability and expected date of any pay increase: _____</p> <p>Does the employee have access to a retirement account: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what amount can they get access to: \$ _____</p>
<p>RELEASE: I hereby authorize the release of the requested information.</p> <hr/> <p>(Print Name)</p> <hr/> <p>(Signature) _____ (Date) _____</p>	<p>Company Name _____</p> <p>Authorized Representative _____ (Print name)</p> <p>Signature _____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>
<p>WARNING Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements to any department of the United States Government</p>	

2015 INCOME LIMIT SCHEDULE
Home Rehabilitation Deferred Loan Program

Household Size	Very-Low	Low
1	\$31,750	\$50,750
2	\$36,250	\$58,000
3	\$40,800	\$65,250
4	\$45,300	\$72,500
5	\$48,950	\$78,300
6	\$52,550	\$84,100
7	\$56,200	\$89,900
8	\$59,800	\$95,700

Ventura County Low Income (household of four) \$72,500

Source: U.S. Dept. of Housing and Urban Development (HUD), April 15, 2015