



# CITY OF SIMI VALLEY

## HOME REHABILITATION PROGRAM APPLICATION PACKET

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### **ATTENTION**

**Eligible properties must be owner occupied, single family detached homes that are located within the Simi Valley City Limits.**

**Condominiums, townhomes and mobile homes are not eligible for this program. Applicants who currently possess a Reverse Mortgage, a Second Trust Deed Loan, and/or a Home Equity Line of Credit (HELOC) on their property are also not eligible for this program.**

**CITY OF SIMI VALLEY  
HOME REHABILITATION PROGRAM  
APPLICATION REQUEST**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**CONTACT  
PERSON:** \_\_\_\_\_



# 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 occupants residing within the dwelling)	RELATIONSHIP	ANNUAL INCOME	AGE	SEX (M/F)	HANDICAPPED DISABLED (Yes/No)	VETERAN (Yes/No)
1.	Self					
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

1<sup>st</sup> 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 (person renting a room or portion of your home), 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 monthly checking (6 months) account(s) statements for each account. Include all pages even if they are blank.
- 5. Copies of the most recent savings (1 month) account(s) statement for each account (e.g. Money Market, Savings). Include all pages even if they are blank.
- 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 (most recent) mortgage statement indicating monthly payment amount, interest rate and principal amount due.
- 8. A list of all outstanding debts including required monthly payments (e.g. credit cards or auto loans, minus utilities if applicable).
- 9. A recent copy of your homeowner's insurance (policy) 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.

# 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.

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Borrower Signature

Date

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Social Security Number

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Co-Borrower Signature

Date

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Social Security Number

# CITY OF SIMI VALLEY

## LOAN REVIEW AUTHORIZATION AND RELEASE

Authorization is hereby granted to the City of Simi Valley, through its Home Rehabilitation Coordinator to receive and be provided access, now or in the future, to information regarding any monetary liens recorded against the residence located at \_\_\_\_\_, Simi Valley, California \_\_\_\_\_.

My (our) signature below authorizes the release to the lender(s) of information regarding the current and past status of any monetary liens (for example, mortgage loans) and its monthly payments recorded against the above mentioned property. Authorization is further granted to the lender to use a reproduction of this authorization if necessary to obtain any information related to my (our) loan application.

Any reproduction of this 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

Technical Guide for Determining Income & Allowances for the HOME Program - 107

<u><b>Applicant to Complete</b></u>	<u><b>Employer to Complete</b></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><b>AUTHORIZATION:</b> 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;"><b>Employer Info:</b></p> <p><b>Employer</b> _____</p> <p><b>Address</b> _____</p> <hr/> <p><b>City</b> _____ <b>Zip</b> _____</p> <hr/> <p><b>Contact Name</b> _____</p> <p><b>Ph.#</b> _____ <b>Fax #</b> _____</p> <p>Employer code No. (if applicable) _____</p> <p>Employee SS # _____</p> <p><b>Your employer's prompt return of the requested information will be appreciated. Fax to: (805) 583-7922, Attention Environmental Services Dept/Home Rehab.</b></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><b>RELEASE:</b> 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><b>WARNING</b> 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</p>	

**2018 INCOME LIMIT SCHEDULE**  
Home Rehabilitation Deferred Loan Program

<b>Household Size</b>	<b>Very-Low</b>	<b>Low</b>
1	\$35,500	\$56,800
2	\$40,600	\$64,900
3	\$45,650	\$73,000
4	\$50,700	\$81,100
5	\$54,800	\$87,600
6	\$58,850	\$94,100
7	\$62,900	\$100,600
8	\$66,950	\$107,100

Source: U.S. Dept. of Housing and Urban Development (HUD), April 1, 2018