CITY OF TAFT
energized for the future

THE CITY OF TAFT HOUSING REHABILITATION PROGRAM

209 E. Kern Street Taft, CA 93268
Phone: (661) 763-1222 Fax: (661) 765-2480

RECORDS AND DOCUMENTS NEEDED

Please bring with you any and all applicable information from the items listed below to help evaluate your eligibility for this program. Copies of all Applicable Information are required. These can be made at our office at no cost. **ALL ITEMS BELOW MUST BE THE MOST RECENT DOCUMENTS AVAILABLE.**

PERSONAL IDENTIFICATION

_____ Photographic Identification (Driver's license, California ID, passport, etc.)

_____ Social Security Card

RECORDS FOR EARNED INCOME INFORMATION

_____ Year to Date Paycheck stubs for one-month period.

_____ Income tax returns (State and Federal for last year, including W-2's)

RECORDS OF OTHER INCOME

_____ Pensions and annuities: Latest check stub from issuing institution; address of institution.

_____ Social Security: Current award letter and card

_____ Unemployment compensation: Determination letter, Form 2000, Form UX-30 or latest Check stubs

_____ SSI: Award letter

_____ Worker's Compensation: Form DOL-203, recent check stub and address of issuing office.

_____ Alimony: Copy of court order.

_____ Trade union benefits: Recent check stubs; address of issuing office.

_____ Other assistance: Award letter.

_____ Income from assets: Credit union statements, bank/S&L statements.

ASSET INFORMATION

_____ Bank accounts: Most recent bank statements and current passbook indicating interest rate (this includes Stock/bond certificates; name and address of broker).

_____ Real estate tax statements.

_____ Current Mortgage Statement.

_____ Fire insurance information

CITY OF TAFT
energized for the future

City of Taft Housing Programs
209 E. Kern Street
Taft, CA 93268
(661)763-1222

HOUSING REHABILITATION APPLICATION

APPLICANT INFORMATION – IF A QUESTION DOES NOT APPLY, MARK "N/A"

Name(s) (1) _____ (2) _____

Social Security Number(s) _____ _____

Date of Birth _____ _____

Present Address _____ Zip _____

Property Address _____ Zip _____

Phone Numbers:
(Home) _____ (Work) _____ (Other) _____

Marital Status: Married Unmarried (include single, divorced, widowed) Separated

Applicant(s) Employer(s) Income

(1) _____ $_____ Per _____

Address _____ City _____ Zip _____

(2) _____ $_____ Per _____

Address _____ City _____ Zip _____

Total in Household _____ (Number of people who will be living in home)

List who will be living in home (DO NOT INCLUDE APPLICANTS)

Name	Age	Relationship (son, daughter, etc)	Status (student/work)	Income Amount (if any)
1. _____	_____	_____	_____	$_____
2. _____	_____	_____	_____	$_____
3. _____	_____	_____	_____	$_____
4. _____	_____	_____	_____	$_____
5. _____	_____	_____	_____	$_____
6. _____	_____	_____	_____	$_____
7. _____	_____	_____	_____	$_____

Note: children 18 years of age attending school may be required to submit verification of enrollment.

Do you expect the household size to change over the next 12 months? _____

PROPERTY INFORMATION

Exact Name(s) on the Title of Property: _____

Lender Name: _____ Loan Number: _____

Balance owed $_____ Monthly Payment $_____

Are Property Taxes and Insurance included in payment? YES NO
If no, list amounts paid by you Taxes $_____ Insurance $_____

Property Insurance coverage with: _____

Type of Property to be Improved: Owner-occupied Single Family Rental Single Family Rental Duplex, Triplex

Needed Property Repairs: 1. _____ 2. _____

3. _____ 4. _____

ASSETS AND LIABILITIES

Bank account information: Checking account with _____ acct # _____

Approximate Balance $_____

Savings account with _____ acct #_____

Approximate Balance $ _____

Monthly Payments:
Auto loan: _____ Balance$_____ monthly payment$_____

Credit _____ Balance $_____ monthly payment $_____

Credit _____ Balance $_____ monthly payment $_____

Credit _____ Balance $_____ monthly payment $_____

Credit _____ Balance $_____ monthly payment $_____

Credit _____ Balance $_____ monthly payment $_____

Credit _____ Balance $_____ monthly payment $_____

Has the applicant(s) disposed of any asset in the past 24 months? _____ if so please provide documentation as to the disposal of the asset.

APPLICANT STATEMENT

The above information is correct to the best of my knowledge. I realize that if I deliberately make false statements or withhold information I may be denied assistance and/or may be prosecuted for fraud. I realize that by signing this form I am not obligating myself to borrow any money; I am only providing information in order to be considered for assistance.

I/We authorize the City of Taft to verify my past and present employment earnings record, bank accounts, and any other asset balances that are needed to process my application. I/We further authorize the City of Taft to order a consumer credit report and verify other credit information, including past and present mortgages.

I/We understand and agree that upon approval, before and after pictures may be taken of the property and that the City of Taft may place a sign in the front yard of the project during the term of the rehab – not to exceed 30 days after project completion. I/We also understand that it is a requirement of the program to complete an annual occupancy verification during the term of the rehabilitation loan.

Signature of Applicant	Date	Signature of Co-applicant	Date

The following information is requested by the Federal Government in order to monitor compliance with equal credit opportunity and fair housing laws. This information is confidential. Please note that self-identification of race/ethnicity is voluntary. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it.

APPLICANT
RACE
❑ White Alone
❑ Black or African American
❑ Asian
❑ American Indian or Alaska Native
❑ Native Hawaiian or Other Pacific Islander
❑ Other: _____

HISPANIC/LATINO ETHNICITY ❑ Yes ❑ No

I do not wish to furnish this information (initial) _____

SEX ❑ Male ❑ Female

DISABILED ❑ Yes ❑ No

CO-APPLICANT
RACE
❑ White
❑ Black or African American
❑ Asian
❑ American Indian or Alaska Native
❑ Native Hawaiian or Other Pacific Islander
❑ Other: _____

HISPANIC/LATINO ETHNICITY ❑ Yes ❑ No

I do not wish to furnish this information (initial) _____

SEX ❑ Male ❑ Female

DISABILED ❑ Yes ❑ No

CITY OF TAFT REHABILITATION PROGRAM

What to Expect – What Not to Expect From The Housing Rehabilitation Program

Things that the Homeowners Do in the Rehabilitation Program Process!

The Program will help homeowners during the rehabilitation process, but homeowners are responsible for making the choices and doing the work listed below.

1. **Homeowners help when the Rehabilitation Specialist inspects their house and points out problems.**

2. **Homeowners sign a Homeowner/Contractor Agreement with their contractor.**

3. **Homeowners inspect and approve work performed by their contractor.**

4. **Homeowners work with contractors to settle disagreements during their project.**

5. **Homeowners call/write their contractors to ask them to correct problems covered by contractor warranties during the first year after the project has been completed.**

Things Homeowners Should Think About Before Participating in the Rehabilitation Program!

1. **Not all the work that homeowners want done can always be done.**

2. **Repairs will correct one or two problems, but may not solve all problems.**

3. **Don't expect your house to be completely new when the work is done unless it is a reconstruction.**

4. **Don't expect all floors, walls, ceilings, doors, windows, and so on in older houses to be completely plumb, level, and square when work is finished.**

5. **A homeowner may have to live somewhere else during construction.**

6. **It can be stressful living in a house while a contractor is performing work.**

7. **Very few times in life is anyone completely satisfied with things they buy or have repaired and having a house repaired is no different.**

8. **Finally, the program is NOT a contractor, does NOT recommend contractors, and CANNOT guarantee that Homeowners will be satisfied with the work done by their contractor.**

Applicant Signature	Date	Co-Applicant Signature	Date

THE HOUSING FINANCIAL DISCRIMINATION ACT OF 1977
FAIR LENDING NOTICE

It is illegal to discriminate in the provision 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 house accommodation is 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-t 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 or:

Comptroller of the Currency
Administrator of National Banks
Fourteenth National Bank Region
Consumer Complaint Department
Stewart Street Tower, Suite 2101
One Market Plaza
San Francisco, California 94105

I (we) have received a copy of this notice.

_____ _____

Signature Date Signature Date

CITY OF TAFT HOUSING PROGRAM
209 E. Kern Street
Taft, CA 93268
(661)763-1222

BORROWER SIGNATURE AUTHORIZATION FORM

I/We hereby authorize CITY OF TAFT HOUSING PROGRAM to verify my past and present employment earnings records, bank accounts, stockholdings, and any other asset balance that are needed to process my mortgage loan application. I/We further authorized CITY OF TAFT HOUSING to order a consumer credit report and verify other credit information, including past and present mortgages, landlord references, and release or disclose personal health information.

Any information CITY OF TAFT HOUSING PROGRAM obtains is only to be used in the processing of my application for a mortgage loan. It is understood that a copy of this form will also serve as authorization. This authorization expires 120 days from the date indicated below.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not disclosed outside the agency expected as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. Seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. Seq., or 7 USC, 1921 et seq. (if USDA/FmHA).

_____	_____	_____
Borrower Signature	Social Security No.	Date
_____	_____	_____
Borrower Signature	Social Security No.	Date
_____	_____	_____
Borrower Signature	Social Security No.	Date
_____	_____	_____
Borrower Signature	Social Security No.	Date

SELF CERTIFICATION

I/We, the undersigned borrower(s) have applied through City of Taft for participation in one of their Housing Program loans under a State/Federal CDBG, HOME, BEGIN or CalHome program.

I/We certify that we only have the following items as check on the list below:

_____ Checking Account(s)
_____ Savings Account(s)
_____ Certificate of Deposit Account(s)
_____ IRA Account(s)
_____ Annuity Account(s)
_____ Redeemable Life Insurance Account(s)
_____ Keogh Account(s)
_____ Retirement Account(s)
_____ Money Market or Stock Funds and/or
_____ Assets or Investments owned in partnership with others
_____ I do Not have any Assets or Accounts whatsoever

Privacy Act Notice Statement: the Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a CDBG/HOME/BEGIN/CalHome Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to the appropriate Federal State and local agencies when relevant, as well as to civil, criminal, or regulatory investors, and to prosecutors. Failure to provide any information may result in a delay or refection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

WARNING: 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.

IMPORTANT

I certify that by signing this form the information stated is true and accurate to the best of my knowledge. I certify that I have no additional income and/or assets other than those described here.

_____ Signature

_____ Signature

****PLEASE INCLUDE A COPY OF THE MOST RECENT STATEMENT FROM EACH ACCOUNT NOTED ABOVE.**

NOTIFICATION

Watch Out for Lead-Based Paint Poisoning

If this property was constructed before 1978, there is a possibility it contains lead based paint. Please read the following information concerning lead-based poisoning.

Sources of Lead-Based Paint

The interiors of older homes and apartments often have layers of lead-based paint on the walls, ceilings, window sills, doors and door frames. Lead-based paint and primers (under-coats of paint) may also have been used on outside porches, railings, garages, fire escapes and lamp posts. When the paint chips, flakes or peels off, there may be a real danger for babies and young children. Children could eat paint chips or chew on painted railings, window sills or other items when parents are not around. Children could also swallow lead even if they do not specifically eat paint chips. For example, when children play in an area where there are loose paint chips or dust particles containing lead, they could get these particles on their hands, put their hands into their mouths, and swallow a dangerous amount of lead.

Hazards of Lead-Based Paint

Lead poisoning is dangerous especially to children under the age of seven (7). It can eventually cause mental retardation, blindness, and even death.

Symptoms of Lead-Based Paint Poisoning

Has your child been especially cranky? Is he or she eating normally? Does your child have stomachaches or is he or she vomiting? Does he or she complain about headaches? Is your child unwilling to play? These may be signs of lead poisoning. Many times there are no signs or symptoms at all. Because there are no symptoms does not mean you should not be concerned if you believe your child has been exposed to lead-based paint.

Advisability and Availability of Blood Lead Level Screening

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for blood lead level testing. If the test shows that your child has an elevated blood lead level, treatment is available. Contact your doctor or local health department for help or more information. Lead screening and treatment are available through the Medicaid Program for those who are eligible. If your child is identified as having an elevated blood level, you should immediately notify the Housing Department or other agency ti which you or your landlord is applying for rehabilitation assistance so the necessary steps can be taken to test your unit for lead based paint hazards. If your unit does have lead-based paint, you may be eligible for assistance to abate that hazard.

Inform other family members and babysitters of the dangers of lead poisoning. You can safeguard your child from lead poisoning by preventing him or her from eating paint that may contain lead.

Precautions to Take to Prevent Lead-Based Paint Poisoning

You can avoid lead-based paint poisoning by performing some preventative maintenance. Look at your walls, ceilings, doors, door frames, and window sills. Are there places where the paint is peeling, flaking, chipping, or powdering? If so, then there some things you can do to protect your child:

(i) Cover all furniture and appliances;

(ii) Get a broom or stiff brush and remove the loose pieces of paint from walls, woodwork, window wells and ceilings. Try to avoid making a lot of dust as you clean up the paint;

(iii) Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspaper. Put these packages in the trash can. DO NOT BURN THEM;

(iv) Do not leave paint chips on the floor or in window wells. Damp mop floors and window sills in and around the work area to remove all dust and paint particles. Keeping these areas clear of paint chips, dust and dirt is easy and very important; and

(v) Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the wall and put it in their mouths.

Homeowner Maintenance and Treatment of Defective Lead-Based Paint Hazards

As the homeowner, you should take the necessary steps to keep your home in good shape. Water leaks from faulty plumbing, defective roofs and exterior holes or breaks may admit rain and dampness into the interior of your home. These conditions can damage walls and ceilings and cause paint to peel, crack or flake. These conditions should be corrected immediately. Before repainting, all surfaces that are peeling, cracking, chipping or loose should be thoroughly cleaned by scraping or brushing the loose paint from the surface, wet scrubbing the area with a strong detergent (high phosphate type if permitted by state or local laws), and then repainting with two (2) coats of nonleaded paint. Instead of scraping and repainting, the surface may be covered with other material such as gypsum wallboard, or paneling. These coverings are intended to be permanent barriers that will prevent any future access to lead-based paint hazards. Beware that when lead-based paint is removed by scraping or sanding, a dust is created, which may be hazardous. The dust can enter the body by either breathing or swallowing it. The use of heat or paint removers could create a vapor or fume which may cause poisoning if inhaled over a long period of time. The removal of lead-based paint should take place when there are no children and pregnant women on the premises.

SIMPLY WASHING AND PAINTING OVER DEFECTIVE LEAD-BASED PAINT SURFACES DOES NOT ELIMINATE THE HAZARD. REMEMBER THAT YOU PLAY A MAJOR ROLE IN THE PREVENTION OF LEAD POISONING. YOUR ACTIONS AND AWARENESS ABOUT THE LEAD PROBLEM CAN MAKE A BIG DIFFERENCE.

Tenant and Homebuyer Responsibilities

You should immediately notify the management office of the agency through which you purchasing your home if the unit has flaking, chipping, powdering, or peeling paint, water leaks from plumbing, or a defective roof. You should cooperate with that office's efforts to repair the unit.

□ I have received a copy of the Notice entitled "Watch Out for Lead –Based Paint Poisoning."

_____

Date

_____

Print Full Name

_____

Signature