



## **CITY OF HEMET**

# **OWNER OCCUPIED REHABILITATION (OOR) LOAN PROGRAM APPLICATION**



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**Mail completed application package to:**

**Sharon Burkett  
Comprehensive Housing Services, Inc.  
8840 Warner Ave., Suite 203  
Fountain Valley, CA 92708**

**CITY OF HEMET  
OWNER-OCCUPIED REHABILITATION LOAN PROGRAM  
APPLICATION**

Please fill out this form completely and accurately. An incomplete form will delay the processing of your application.

1. **Applicant's Name** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_

2. **Home Phone** \_\_\_\_\_ **Cellphone** \_\_\_\_\_

3. Name of Mobile Home Park \_\_\_\_\_

4. Present Street Address, City & Zip Code: \_\_\_\_\_

5. Name of Employer \_\_\_\_\_

Self employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Address of Employer \_\_\_\_\_

Business Phone \_\_\_\_\_

1. **Co-Applicant's Name** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_

2. **Home Phone** \_\_\_\_\_ **Cellphone** \_\_\_\_\_

3. Present Street Address, City & Zip Code: \_\_\_\_\_

4. Name of Employer \_\_\_\_\_

Self employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Address of Employer \_\_\_\_\_

Business Phone \_\_\_\_\_

**Approximate age of dwelling?** \_\_\_\_\_ **How long owned?** \_\_\_\_\_

Have you ever applied for a Home Improvement Program with the City of Hemet before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

***I heard about the City of Hemet's Home Improvement Program from:***

Newspaper \_\_\_\_\_ Television \_\_\_\_\_ Friend \_\_\_\_\_ Flier \_\_\_\_\_

Other \_\_\_\_\_

## I. HOUSEHOLD INCOME

<b>Monthly <u>Gross</u> Income</b> <i>(All Sources of Income Must be Listed)</i>			
<b>Source</b>	<b>Applicant</b>	<b>Co-Applicant</b>	<b>Monthly Total</b>
Social Security			
Retirement Funds			
Pensions			
Interest and/or Dividends			
Disability Benefits			
Alimony, Child Support			
Welfare Benefits			
Salary			
Overtime Pay			
Commissions			
Fees			
Tips			
Bonuses			
Gross income from Business			
Rental Income			
Unemployment Benefits			
Workers Compensation			
Other:			
<b>TOTAL MONTHLY INCOME:</b> _____ <b>TOTAL ANNUAL INCOME:</b> _____			

## II. MONTHLY HOUSING EXPENSES

	<u>Monthly Payment</u>	<u>Unpaid Principal Balance</u>	<u>Lender Name</u>
First Mortgage (P & I)	\$ _____	\$ _____	_____
<b>ANNUAL TOTALS</b>			
Other Financing Secured by Property (P & I)	\$ _____	\$ _____	\$ _____
Hazard and Flood Insurance	\$ _____	\$ _____	\$ _____
Property Taxes	\$ _____	\$ _____	\$ _____
Rental Space	\$ _____	\$ _____	\$ _____
Association Dues	\$ _____	\$ _____	\$ _____
*Other (*attach copies of documents)	\$ _____	\$ _____	\$ _____
<b>TOTAL:</b>	\$ _____	\$ _____	\$ _____

## III. TOTAL ASSETS

Assets	Current Balance/ Cash Value	Bank Name	Account Number
Checking Account	\$ _____		
Checking Account	\$ _____		
Savings Account	\$ _____		
Savings Account	\$ _____		
Retirement Accounts	\$ _____		
Retirement Accounts	\$ _____		
Stocks & Bonds	\$ _____		
Mutual Funds	\$ _____		
IRA	\$ _____		
*Other	\$ _____		
(*attach copies of documents)			
<b>TOTAL ASSETS:</b>	\$ _____		

## IV. FAMILY INFORMATION

*FEDERAL LAW REQUIRES THAT WE COLLECT THE FOLLOWING INFORMATION. Please fill in the chart below for everyone, including the homeowner, who resides in the home.*

NAME	RELATION TO HOMEOWNER	AGE	GENDER M/F	RACE/ ETHNICITY	DISABLED Y/N
	<b>Homeowner</b>				

I declare under penalty of perjury that the information on this application is given voluntarily, and that the information is true and correct.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

## STATISTICAL INFORMATION

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The following information will be kept confidential and used only to provide aggregate data for program analysis. The information provided will be maintained separately from your application. Completion of this form is optional and will not be used to evaluate your application for participation in this program.

### RACE OF HOUSEHOLD

- |  |  |
|--|--|
| <input type="checkbox"/> White                                     | <input type="checkbox"/> American Indian/Alaskan Native and White                  |
| <input type="checkbox"/> Black/African American                    | <input type="checkbox"/> Asian AND White   |
| <input type="checkbox"/> Asian                                     | <input type="checkbox"/> Black/African American AND White                          |
| <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> American Indian/Alaskan Native AND Black/African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other-Multiracial   |

**HISPANIC/LATINO ETHNICITY**     Yes     No

**DISABLED**             Yes             No

**HEAD OF HOUSEHOLD**     Male             Female

### AGE OF HEAD OF HOUSEHOLD

\_\_\_ 18-24;    \_\_\_ 25-34;    \_\_\_ 35-44;    \_\_\_ 45-54;    \_\_\_ 55-64;    \_\_\_ 65 & older

**NOTE:** No applicant shall be excluded, denied or discriminated from applying and / or participating in the City of Hemet's Owner Occupied Rehabilitation (OOR) Loan Program due to race, age, color, religion, sex, marital status, national origin, handicap / disability or veteran status.





## **ELIGIBLE IMPROVEMENTS**

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Priority will be given to households with the rehabilitation needs involving health and safety violations and improvements to repair deteriorated conditions within properties.

Examples of eligibility improvements include:

### **A. Exterior Premises**

1. Repairs to walls and wall coverings
2. Painting and other exterior finishes
3. Repairs to roofing, downspouts, and gutters
4. Repairs to foundations, slabs, sidewalks, walkways, driveways, driveway aprons and fences
5. Repairs to porches, entryways, doors, windows, window screening, garage doors

### **B. Interior Premises**

1. Repairs to heating systems and/or addition of heating systems where absent
2. Repairs to plumbing systems including fixtures, tire or other waterproofing
3. Repairs to electrical systems and/or rewiring to safely accommodate normal modern usage
4. Repairs to interior flooring and floor covering
5. Repairs to wall, ceilings, including painting
6. Repairs to doors, closets and cabinets

### **C. Handicapped Accessibility Modifications**

1. Install bathroom shower or tub grab bars.
2. Install front or back porch ramp accessibility.
3. Repair or replace existing porch, handrails and steps.
3. Replace existing bath tub with a handicap accessible shower.

## VERIFICATION OF PROPERTY OWNERSHIP

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The following documents are required in order to verify your ownership of the property. Please attach photocopies of this documentation to your application. **Failure to submit all required documentation may result in a delay in processing your application.**

*Please mark the boxes of the items that you are enclosing:*

### **Proof of Ownership:**

- Copy of current **Certificate of Title**
- Copy of current **Registration Card 2006/2007**
- Copy of current **Property Tax Bill 2006/2007**
- Copy of paid current **Homeowner Hazard Insurance Declaration Page & Premium Statement 2006/2007**
- Copy of **Mobile Home Park Rental Agreement**
- Copies of **six (6) recent months** of the **Mobile Home Park Monthly Rental Space Billing Statement**
- Copy of **three (3) recent months** of the **Mortgage Statement**
- Copy of **Reverse Mortgage Statement & Provisions**
- Copies of **six (6) recent months** of **Checking Account Bank Statements**
- Copies of **six (6) recent months** of **Savings Account Bank Statements**
- Copies of **past two (2) years** **Federal Income Tax Returns**, including ALL W-2, 1099 & 1098 forms for **2005 & 2006**
- Copies of **six (6)** **Current Paycheck Stubs, Pensions, etc.**
- Copies of Proof of Income - **one copy each**: **Social Security Award Letter or Social Security Benefits Statement, IRA Income, CD/Mutual Funds, etc.**
- Copies of Proof of Income - **one copy each**: **Annual or Quarterly Statements: IRA Income, CD/Mutual Funds, 401K, Stocks/Bonds (Portfolios) etc.**
- One copy of **Driver's License or State Identification Card** for all persons living in the home **over the age of 18**
- One copy of **Social Security Cards** for all persons **under the age of 18**
- Copy of **Birth Certificate** for all persons **under the age of 18**
- Copy of **Death Certificate - spouse**
- Copy of **Grant Deed and/or Quit Claim Deed**
- Copy of **Family Trust, Revocable Trust, Living Trust**

## **ADDITIONAL REQUIREMENTS**

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### **IF YOU ARE SELF-EMPLOYED:**

Please provide us with:

- ✓  Copies of your last three years Federal Tax Returns (all schedules), signed and dated
- ✓  Your most recent year-to-date profit and loss statement, and a balance sheet prepared and signed by your accountant.

### **IF YOU ALSO CLAIM OTHER INCOME:**

Additional evidence will be required such as:

- ✓  Social Security Income requires a copy of your award letter and/or copies of your Social Security income checks
- ✓  Retirement Income requires a copy of your award letter and/or copies of the checks.
- ✓  Interest Income requires the last three years Federal Tax Returns (all schedules), signed and dated.
- ✓  Alimony/Child Support requires Divorce Decree and tax return evidence that payments are received regularly.
- ✓  AFDC, Unemployment, Disability documentation (i.e. one month's payments or other verification).

### **TO SIMPLIFY AND EXPEDITE THE PROCESSING OF YOUR LOAN APPLICATION:**

- ✓  Enclose a copy of your most recent property tax bill.

To ensure that we have an accurate list of the items that are included, please mark the appropriate boxes of the items that you are enclosing.

**QUALIFICATION AND REHABILITATION PROCESS**  
**City of Hemet - Owner Occupied Rehabilitation (OOR) Loan Program**

No monthly payments. Zero (0%) interest deferred loan, total principal is repaid to the City in thirty (30) years or upon sale, refinance for cash out or transfer of ownership, whichever comes first. Minimum amount of HOME assistance in a project shall be \$1,000.00 up to a maximum amount of \$15,000.00 per HOME unit for qualified applicants.

1. Homeowner to submit complete application package.
2. CHS is to review & evaluate the application package.
3. CHS is to notify via mail homeowner's eligibility to participate.
4. CHS will order the following property inspections. Homeowner will need to be present during the inspections.
  - Termite Inspection
  - Property Appraisal
  - Lead Based Paint Inspection (see pages 14 & 15)
5. CHS will notify homeowner via mail of any required rehab resulting from the termite *or* lead based paint inspection findings. If rehab is deemed necessary the cost to rehab will become part of the overall rehab project loan amount.
6. CHS will notify homeowner via mail of their eligible maximum rehab loan amount. The maximum allowable loan to value ratio for all indebtedness on the properties to be assisted is 95% of the post rehabilitation appraised value of their property.
7. CHS will request that the City's designated construction manager and inspector perform a walk thru of the homeowner's property to determine all eligible rehab items (subject to the maximum loan amount per household).
8. CHS will mail to the homeowner a complete "bid package" consisting of the following documents: "Scope of Work", Courtesy Contractor List, State Program Booklet: *What You Should Know Before You Hire A Contractor*, and instructions for hiring a State licensed and bonded contractor.
9. Homeowner is to mail the completed contractor bids and the completed Scope of Work to CHS for review and approval.
10. CHS will schedule a loan closing with the homeowner and their selected contractor(s) to sign loan documents and a construction contract.
11. CHS will issue a "Notice to Proceed" to the contractor(s) a copy will be mailed to the homeowner. Completion of the rehab project is scheduled for 90 days from the date of the signed Construction Contract.

I have read and understand all the information above.

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Homeowner Signature

\_\_\_\_\_  
Date

## HOMEOWNERS RESPONSIBILITY

The OOR Program will help homeowners during the home rehabilitation process; however, homeowners are responsible for making choices and for complying with the following guidelines.

1. Homeowners help inspect their house and point out problems.
2. Homeowners search for general contractors/subcontractors to bid on proposed work.
3. Homeowners select a general contractor/subcontractor to perform work on their home.
4. General contractor/subcontractors must be in good standing (non-debarred) with the State of California Contractor License Board. Contractor must provide proof of their Contractor pocket license, liability insurance, workers' compensation insurance, bond insurance and the City of Hemet Business License and sign a State "Nondebarment Certification" form.
5. Homeowners sign a home improvement contract with a general contractor/subcontractor
6. Homeowners work with general contractor/subcontractor to ask them to correct problems covered by contractor warranties during the first year after the job has been completed.

## THINGS HOMEOWNERS SHOULD THINK ABOUT

1. Not all the work that homeowners want done can always be done.
2. A lot of times homeowners will hire small construction companies because they are able to do more work for the money than larger, more expensive, construction firms.
3. Sometimes it can be stressful living in a house while construction work is being performed.
4. In a few cases, the homeowner may not be completely satisfied with things they buy or repair. Buying a house or having a house repaired is no different.
5. Homes always need improvements. It would be a good idea for owners to save at least \$25 a month to help cover the cost of future repairs and maintenance.
6. Finally, the program is not a contractor, does not recommend contractors, and cannot guarantee that homeowners will be satisfied with work done by the general contractor they have chosen.

I have read and understand all the information above.

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Homeowner Signature

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Date

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Co-Homeowner Signature

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Date

**CITY OF HEMET  
HOOR PROGRAM**

**RELEASE OF INFORMATION**

I/we, \_\_\_\_\_, the undersigned hereby authorize \_\_\_\_\_, to release without liability to the City of Hemet or its agents, any and all information they may request.

**INFORMATION COVERED**

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verification and inquiries that may be requested include, but are not limited to:

Identity and Marital Status	Employment, Income, and Assets
Medical or Child Care Allowance	Credit and Criminal Activity
Residences and Rental Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for, and continued participation in, the HOME Program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Courts and Post Offices Schools and Colleges Law Enforcement Agencies Support and Alimony Providers Veterans Administration Utility Companies	Welfare Agencies State Unemployment Agencies Social Security Administration Medical and Child Care Providers Banks and other Financial Institutions Retirement Systems Credit Providers and Credit Bureaus
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**CONDITIONS**

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

_____ Signature (Head of Household)	_____ (Print Name)	_____ Date
_____ Signature (Spouse/Co-applicant)	_____ (Print Name)	_____ Date
_____ Signature (Household Member)	_____ (Print Name)	_____ Date
_____ Signature (Household Member)	_____ (Print Name)	_____ Date



## FAIR LENDING NOTICE

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It is unlawful to discriminate in the provision or availability of financial assistance because of consideration for:

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

It is unlawful 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, when 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 for the purpose of the home improvement of any one to four unit family residence.

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

Office of Fair Lending  
1120 "N" Street  
Sacramento, CA 95814

I/We received a copy of this notice.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# **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, windowsills, doors and doorframes. Lead-based paint and primers may also have been used on outside porches, railings, garages, fire escapes and lampposts. When the paint chips, flakes or peels off, there may be a real danger for babies and young children. Children may eat paint chips or chew on painted railings, windowsills or other items when parents are not around. Children may also ingest 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 on their hands, put their hands into their mouths, and ingest 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 Poisonings**

Has your child been especially cranky or irritable? Is he/she eating normally? Does your child have stomachaches and vomiting? Does he/she complain about headaches? Is your child unwilling to play? These may be signs of lead poisoning. Many times though, there are no signs of lead poisoning at all. Because there are no symptoms does not mean that 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 testing. If the test shows that your child has an elevated blood lead, 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 Redevelopment Agency or other Agency to 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.

## Precautions to Take to Prevent Lead-Based Paint Poisoning

You can avoid lead-based paint poisoning by performing some preventive maintenance. Look at your walls, ceilings, doors, doorframes and windowsills. Are there places where the paint is peeling, flaking, chipping, or powdering? If so, there are some things you can do immediately to protect your child:

- (a) Cover all furniture and appliances,
- (b) Get a broom or stiff brush and remove all loose paint from walls, woodwork, window wells and ceilings,
- (c) Sweep up all pieces of paint and plaster and put them in paper bag or wrap them in newspaper. Put these packages in the trashcan. **DO NOT BURN THEM:**
- (d) Do not leave paint chips on the floor or in window well. 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
- (e) Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.

## Homeowner Maintenance and Treatment of Lead-Based Paint Hazards

As a 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 cracks may admit rain and dampness into the interior of your home. These conditions damage walls and ceilings and cause paint to peel, crack or flake. These conditions should be thoroughly cleaned by scraping or brushing the loose paint from the surface, then repainted with two (2) coats of non-lead paint. Instead of scraping and repainting, the surface may be covered with other material such as wallboard, gypsum, or paneling. 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 either by 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. Whenever possible, the removal of lead-based paint should take place when there are not children or pregnant women on the premises. Simply painting over defective lead-based paint surfaces does not eliminate the hazard. Remember that you as an adult play a major role in the prevention of lead poisoning. Your actions and awareness about the lead problem can make a big difference.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**INCOME CHART**  
*(Published March 2006)*

<u>HOUSEHOLD SIZE</u>	<u>MAXIMUM GROSS ANNUAL INCOME</u>
1.	\$33,150.00
2	\$37,900.00
3	\$42,600.00
4	\$47,350.00
5	\$51,150.00
6	\$54,950.00
7	\$58,700.00
8	\$62,500.00