



RETURN APPLICATION TO:

595 S. San Jacinto Ave.
San Jacinto, CA 92583

OFFICE: (951) 487-7320
HOURS: MON. - THU. 7:30AM - 5PM

HOUSING REHABILITATION PROGRAM APPLICATION

Property Address: _____ Home Phone: _____

Applicant Name: _____	
Social Security: _____	Driver's License: _____
Employer: _____	Work Number: _____
How long have you been employed for your current Employer? _____	Job Position: _____
Co-Applicant Name: _____	
Social Security: _____	Driver's License: _____
Employer: _____	Work Number: _____
How long have you been employed for your current Employer? _____	Job Position: _____

List ALL Names of each household member, including applicant(s):

NAME	Date of Birth	RELATIONSHIP TO APPLICANT	MONTHLY INCOME	Length of Time At Address
(Applicant)		(Applicant)		

PROPERTY INFORMATION							
Year Built: _____ Total Square Footage: _____ Number of Bedrooms: _____ Number of Baths: _____ Estimated Value: _____ Date Purchased: _____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Loans or Debt Against Property</th> <th style="width: 30%;">Amount</th> </tr> </thead> <tbody> <tr> <td>_____ (Lender)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>_____ (Lender)</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>	Loans or Debt Against Property	Amount	_____ (Lender)	\$ _____	_____ (Lender)	\$ _____
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Please describe the types of home improvements you are considering:

<input type="checkbox"/> Termite and dry rot repair <input type="checkbox"/> Leaking roof <input type="checkbox"/> Weather Protection <input type="checkbox"/> Replace windows	<input type="checkbox"/> Electrical defects <input type="checkbox"/> Repair/Replace Concrete <input type="checkbox"/> Front yard landscaping/inoperable irrigation <input type="checkbox"/> Replace water heater	<input type="checkbox"/> Plumbing Defects <input type="checkbox"/> Exterior Paint <input type="checkbox"/> Smoke detectors <input type="checkbox"/> OTHER _____

ENROLLMENT STATEMENT

WHEREAS, I/We, _____
(Name)

1. Am/Are the OWNERS and FULL TIME occupant(s) of the single-family dwelling located at _____, San Jacinto, CA _____; and
2. I/We have been the occupant(s) of the above referenced property for 12 months or longer; and
3. I/We am/are interested in participating in the Housing Rehabilitation Program for homeowners for the purpose of obtaining a Deed Covenant to make needed and necessary repairs on my/our home.

In order to determine if you are income qualified to participate on the San Jacinto Home Improvement Program **you must provide the Gross Income** of ALL persons living in your home. "Gross income" shall mean the anticipated income of a person or family for the next twelve-month period.

The following items shall **NOT** be considered as income:

- 1) Casual, sporadic or irregular gifts;
- 2) Amounts which are specifically for or in reimbursement of the cost of medical expenses;
- 3) Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses;
- 4) Amounts of educational scholarships paid directly to the student or to the educational institution, and amounts paid by the government to a veteran for use in meeting the costs of tuition, fees, books and equipment. Any amounts of such scholarships, or payments to veterans not used for the above purposes of which are available for subsistence are to be included in income;
- 5) The special pay to a serviceman head of a family away from home and exposed to hostile fire;
- 6) Relocation payments made pursuant to federal, state, or local relocation law;
- 7) Foster child care payments;
- 8) The value of coupon allotments for the purchase of food pursuant to the Food Stamp Act of 1964 which is in excess of the amount actually charged the eligible household;
- 9) Payments received pursuant to participation in the following volunteer programs under the ACTION Agency:

"Income" shall consist of the following:

All payments from all sources received by the family head AND each additional member of the family household who is NOT a minor shall be included in the annual income of a family. All payments from all sources received by the family head AND each additional member of the family household who is NOT a minor shall be included in the annual income of a family.

- 1) \$ _____ The gross amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses;
- 2) \$ _____ The Net income from operation of a business or profession or from rental or real or personal property (for this purpose, expenditures for business expansion or amortization of capital indebtedness shall not be deducted to determine the net income from a business);
- 3) \$ _____ Interest and dividends;
- 4) \$ _____ The full amount of periodic payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts;
- 5) \$ _____ Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay;

- 6) \$ _____ Public Assistance less the amount specifically designated for shelter and utilities;
- 7) \$ _____ Alimony and child support payments, and regular contributions or gifts received;
- 8) \$ _____ All regular pay, special pay and allowances of a member of the Armed Forces (whether or not living in the dwelling) who is head of the family or spouse.
- 9) \$ _____ Where a family has net family assets in excess of \$5,000, income shall include the actual amount of income derived from all of the net family assets or 10 percent of the value of all such assets, whichever is greater. Net family assets means value of equity in real property (other than the household's full-time residence), savings, stocks, bonds, and other forms of capital investment. The value of necessary items such as furniture and automobiles shall be excluded.

\$ _____ **TOTAL ANNUAL HOUSEHOLD INCOME**

Your Total Household Income must be at or below the following limits based on Household Size for 2011:

1	2	3	4	5	6	7	8
\$52,500	\$60,000	\$67,500	\$75,000	\$81,000	\$87,000	\$93,000	\$99,000

My/Our Total Household Income is within the income guidelines: **Yes** **No**

RULES AND REGULATIONS

If I/We are determined to be eligible to participate in the Redevelopment Agency Housing Program, I/We agree to:

1. Sign all necessary documents including, but not limited to, the San Jacinto Redevelopment Agency Housing Rehabilitation Agreement. As a participant in the Housing Rehabilitation Program, I hereby agree that I will **not** convert my property to rental property and shall comply with all moderate-income guidelines. I/We are aware that deed restrictions shall be recorded and run a minimum of 45 years, as provided for under the Agreement, and shall **not be subordinate to any Deed of Trust.**
2. Give correct and truthful information, and sign all verification forms about family size and income.
3. Keep all appointments with the Redevelopment Agency staff and all other related persons in connection with the Housing Rehabilitation Program.
4. Furnish upon request all necessary documents to determine eligibility.
5. Ensure that an adult is present during all inspections and work to be done.
6. The property owner/applicant shall select a qualified contractor to do repair work or waive the right to participate in the Redevelopment Agency Housing Rehabilitation Program. The contractor selection and building process shall be in accordance with the City of San Jacinto requirements.

Agency staff agrees to:

1. Confidentiality of all information.
2. Make all appointments in advance.

I/We understand the conditions under which I/we receive the Redevelopment Agency Housing Rehabilitation Grant, if my/our application is approved, and my/our obligations to cooperate with the Redevelopment Agency staff.

I/We have read and understand the Rules and Regulations of the Redevelopment Agency Housing Rehabilitation Program.

PROPERTY OWNERS APPLICATION CHECK LIST

ALL APPLICATIONS MUST INCLUDE THE FOLLOWING DOCUMENTS:
(Incomplete applications will NOT be processed)

- Grant Application
- Enrollment Statement
- Current Income Tax Statements for every household member who filed with the IRS (3 years if self-employed)
- Current Pay stubs for all household members
- Most recent Property Tax Statement
- Grant Deed
- Current Fire/Home Insurance Certification
- Current Mortgage Statement with current loan balance

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE SIGNING:

I/We hereby authorize the City of San Jacinto and/or CivicStone, Inc. to obtain a standard factual data credit report through a credit reporting agency chosen by the City of San Jacinto and/or CivicStone, Inc. My/our signature below authorizes the release to the credit reporting agency a copy of my/our credit application, and authorizes the credit reporting agency to obtain information regarding my employment, savings accounts, and outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, credit unions, etc). Authorization is further granted to the reporting agency to use a photo static reproduction of this authorization if necessary to obtain any information regarding the above mentioned information for the purpose to determine eligibility for the Housing Rehabilitation Program in the City of San Jacinto.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT U.S.C. title 18, section 1001, provides: "whoever, in any matter within the jurisdiction of any department or agency of the united states knowingly and willfully falsifies ... or make any false, fictitious or fraudulent statement or entry, shall be fined up to \$10,000, or imprisoned up to 5 years or both."

I/WE ALSO DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENT IS TRUE AND CORRECT AND TO DATE WE HAVE NOT RECEIVED A NOTICE OF IMPENDING FORECLOSURE OR A FORECLOSURE NOTICE ON MY/OUR PROPERTY FROM EITHER PRIMARY LENDER OR ANY SECONDARY LENDER WITH A LIEN ON THE TITLE.

Applicant Signature Date Co-Applicant Signature Date

APPLICATION IDENTIFICATION
 To obtain statistical information, we would appreciate your cooperation in providing the following information. This information will be used to show that the Home Improvement Program is servicing various segments of the City of San Jacinto. This information is not required for eligibility but does allow a higher score for approval when funds are limited.

Applicant Ethnicity: _____ Any Household Member Handicapped:
 Co-Applicant Ethnicity: _____ Is this a Single Head of Household:
 Any Household Member a Senior (>62):

-FOR OFFICE USE ONLY-

REVIEWED BY: _____ **DATE:** _____
FRONT END RATIO: _____ **CREDIT SCORE:** _____
 APPROVED **DENIED – REASON:** _____