

HOME REPAIR PROGRAM APPLICATION

This loan/grant application will be maintained in strict confidence on file at the Housing Authority of the County of Stanislaus

The Home Repair Program provides the following financial assistance to eligible owner-occupants of a residence located outside the city limits. The program is designed to repair or eliminate conditions that present critical health and safety hazards and provides assistance for disabled people in making their homes more accessible.

All Loans or Deferred Loans will be secured by a Promissory Note and Deed of Trust.

All Loans/Deferred Loans are contingent upon approval of the loan committee; availability of funds; and the rules related to the funding sources being used.

All of the following items **must** be included with your Application:

- ✘ Copies of the Federal Tax Returns for the last 3 years
- ✘ Copy of current Social Security/SSI income verification.
- ✘ Copies of last two Check Stubs.
- ✘ Copy of all income, earnings, pensions, etc.
- ✘ Copy of mortgage payment/space rent for mobile home
- ✘ Copy of Homeowner's Insurance Declaration.
- ✘ Copies of last **SIX MONTHS** Bank Statements for all family members
- ✘ Copy of Grant/Trust Deed.
- ✘ 1 signed Fair Lending Notice.
- ✘ 1 signed Equal Credit Opportunity.
- ✘ 1 signed Credit Report Authorization.
- ✘ 1 signed Lead Based Paint Notification.
- ✘ Signed Application

Failure to provide all of the items listed above will result in the denial of your application.

If you have any questions, please contact either Mary Ramirez (209) 557-2007. Mail completed application and required documentation to:

**Housing Authority County of Stanislaus
Home Repair Program
P.O. Box 581918
Modesto, CA 95358-0033**

General Information:

Applicant:	
Spouse/Co-Applicant:	Relationship:
Address:	
City:	Postal Code:
Telephone:	Cell Phone/Alternate Phone:
Ethnicity	Race
_____ Hispanic or Latino	_____ American Indian or Alaska Native
_____ Non- Hispanic or Latino	_____ Asian
	_____ Black or African American
	_____ Native Hawaiian or Other Pacific Islander
	_____ White
	_____ American Indian or Alaska Native <i>and White</i>
	_____ Asian <i>and White</i>
	_____ Black or African American <i>and White</i>
	_____ American Indian or Alaska Native <i>and Black or African American</i>
	_____ Other

Ethnicity information is requested in accord with State and Federal requirements.
 This information is voluntary and will be used for statistical purposes only. Thank you.

Please list ***everyone*** that lives in the Property to be rehabilitated including the applicant.

Full Name	DOB	Age	Social Security #	Relation to Applicant	Disabled <small>(please check if applies)</small>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Employment:

Name:	Employer Name:	Employer Address:	Monthly Income \$:

Other Income:

Other Earnings	\$
Net Income from Real Estate	\$
Pension, annuities, etc.	\$
Social Security	\$
Supplemental Security Income (SSI)	\$
Interest Income	\$

Have you ever been obligated on a home loan, or a home improvement loan, which resulted in foreclosure, deed in lieu of foreclosure, or judgment? Yes No.

If yes, give property address and name of lender: _____

Bank Accounts:

Bank Name:	Account Type:	Current Value \$:
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

Vehicles:

Make and Model:	Year:	Value \$:	Unpaid Balance:	Monthly Payment

Properties:

Property Address:	Unpaid Balance:	Monthly Payment or Space Rent:

Taxes:

Property Taxes:	Paid Yearly \$:	Paid Monthly \$:

Home Owners Insurance:

Company Name:	Policy #:	Impounds:	Monthly Payment \$:
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Monthly Consumer Credit Obligations:

Type of Card:	Unpaid Balance:	Monthly Payment \$:

Monthly Utilities:

Gas and Electric:	\$
Water:	\$
Maintenance and Other Expenses:	\$

Other Fixed Monthly Expenses:

Social Security and Retirement Payment:	\$
Premium Car Insurance:	\$
Other Fixed Expenses:	\$

Present Loans on Property to be Rehabilitated:

Name of Lender:	Address of Lender:	Loan #:	Interest %	Loan Payoff Date:	Monthly Payment \$:

APPLICANT'S CERTIFICATION

The applicant certifies that all information in this application, and all information furnished in support of this application, is furnished for the purpose of obtaining a Home Repair Program Loan through the Housing Authority of the County of Stanislaus.

I/We certify under penalty of perjury that all information given on this application is true and correct to the best of my knowledge. Permission is granted to check my/our credit and/or verify any and/or all information in support of my/our application. I/We are aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State assistance. I/We understand that the information on this form is subject to verification. Penalties for falsifying information may include repayment of all assistance received, or prosecution under the law.

This loan application will be maintained in strict confidence on file at the Housing Authority of the County of Stanislaus.

Applicant

Spouse/Co-Applicant

Date

Date

LEAD-BASED PAINT NOTIFICATION RECEIPT

The applicant certifies that: I have received a copy of the notice entitled:

“PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME”

Print Name

Print Name

Signature of Applicant

Signature of Spouse/Co-Applicant

Date

Date

HOUSING AUTHORITY OF THE COUNTY OF STANISLAUS

FAIR LENDING NOTICE

To: All applicants for financial assistance for the purchase, construction, rehabilitation, improvement or refinancing of one-to-four unit residences.

It is unlawful, under the Housing Financial Discrimination Act of 1977, for a public agency to consider any of the following in determining whether or not, or under what terms and conditions, to provide or arrange for financial assistance:

1. Neighborhood characteristics (such as the average age of the homes or the income level in the neighborhood), except to a limited extent necessary to avoid an unsafe and unsound business practice.
2. Race, sex, color, religion, marital status, national origin or ancestry of applicant or tenants.

It is also unlawful to consider, in appraising a residence, the racial or religious composition of a particular neighborhood or whether or not such composition is undergoing change or is expected to undergo change.

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

Office of Fair Lending
Business and Transportation Agency
1120 N. Street
Sacramento, CA 95814
(916) 322-9851

Or call collect:

If you file a complaint, the law requires that you receive a decision within thirty (30) days.

ACKNOWLEDGEMENT

I (We) received a copy of this notice.

Print Name

Print Name

Signature of Applicant

Signature of Spouse/Co-Applicant

Date

Date

HOUSING AUTHORITY OF THE COUNTY OF STANISLAUS

NOTICE OF LEAD-BASED PAINT RESTRICTION

Section 570.608 of the Federal Register Vol. 48, No. 186 of Friday, September 23, 1983, prohibits the use of lead-base paint in any residential rehabilitation projects funded with the Community Development Block Grant.

Lead-based paint is any paint containing more than five-tenths of one percent lead by weight in the total non-volatile content of liquid paints or in the dried film of paint already applied.

ACKNOWLEDGEMENT

I (we) hereby acknowledge that I understand the above information.

Applicant's Name (Print)

Spouse/Co-Applicant (Print)

Applicant's Name (Signature)

Spouse/Co-Applicant (Signature)

Date

Date

HOUSING AUTHORITY OF THE COUNTY OF STANISLAUS

EQUAL CREDIT OPPORTUNITY ACT

The federal equal credit opportunity act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex marital status, age (providing that the applicant has the capacity to enter into a binding contract), because all or part of the applicants income drives from any public assistance program, or because the applicant has in good faith exercised any right under the consumer credit protection act.

ACKNOWLEDGEMENT

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

Applicant's Name (Print)

Spouse/Co-Applicant (Print)

Applicant's Name (Signature)

Spouse/Co-Applicant (Signature)

Date

Date

HOUSING AUTHORITY OF THE COUNTY OF STANISLAUS

CREDIT REPORT AUTHORIZATION AND RELEASE

Authorization is hereby granted to Housing Authority County of Stanislaus to obtain a standard factual data credit report through a credit agency chosen by Housing Authority County of Stanislaus.

My signature below authorizes the release of the credit reporting agency a copy of my 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 union, 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.

Applicants hereby request a copy of the credit report obtained with any possible derogatory information be sent to the address of present residence, and holds Housing Authority County of Stanislaus and any credit reporting organization harmless in so mailing the copy requested.

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

Borrower's Signature

Date

Borrower's Signature

Date

Borrower's Signature

Date

Borrower's Signature

Date

List of items needing repair:

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	