

SINGLE FAMILY HOME LOAN HOUSING REHABILITATION PROGRAM APPLICATION PACKET



The City of Brea Housing Rehabilitation Program manages federal funds, allocated through the County of Orange, to help Brea families finance home repairs, such as roof leaks, cracks, termite damage, plumbing leaks, water damage, electrical problems, etc. City representatives will assist in determining needed repairs, hiring contractors, and administering contracts. Program funds are based on availability, and applicants must meet income and other general criteria.

The Single Family Home Loan is for families earning 80% or less of the County median income. The maximum loan amount provided is \$35,000, with zero percent (0%) interest (terms apply), a Trust Deed is recorded against the property, and the loan is due in 30 years. The loan is due earlier when any of the following occurs: the property is sold, the house is no longer owner-occupied, the house is refinanced for more than the current first mortgage balance, or there is a transfer of ownership.

Current income limits for single family home owners are listed in the table. Please note: you must include the income of ALL persons in the household who are 18 years of age or older. If your annual gross income (before taxes and other deductions) is higher than the income limit for your household size, you are not eligible for this program.

HOUSEHOLD SIZE	MAXIMUM INCOME
1	\$66,500
2	\$76,000
3	\$85,500
4	\$94,950
5	\$102,550
6	\$110,150
7	\$117,750
8	\$125,350

Pre-Qualification Questions

- | | | |
|--|-----|----|
| 1. Is the home located in the City of Brea? | Yes | No |
| 2. Is the applicant the legal owner of the home? | Yes | No |
| 3. Does my annual household income meet the qualifications in the table above? | Yes | No |

If you answered "Yes" to all the questions above, you may proceed to the next questions.

- | | | |
|---|-----|----|
| 4. Does the applicant own other residential property? | Yes | No |
| 5. Does the applicant have <u>ANY</u> of the following:
Second mortgage, reverse mortgage, home equity loan/line of credit | Yes | No |

If you answered "No" to both questions 4 & 5, you are qualified to submit this application.

SINGLE FAMILY HOME LOAN APPLICATION

Applicant: _____
First Name
Last Name

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No. _____ Alt. Phone No. _____

Birthday: _____ Number of Dependents: _____

Current Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Employer Phone No. _____ Monthly Take Home: \$ _____

Other Income: \$ _____ **Total Gross Annual Income: \$ _____**

Co-Applicant: _____
First Name
Last Name

Address: _____

City: _____ State: _____ Zip: _____

Phone No. _____ Alt. Phone No. _____

Birthday: _____ Number of Dependents: _____

Current Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Employer Phone No. _____ Monthly Take Home: \$ _____

Other Income: \$ _____ **Total Gross Annual Income: \$ _____**

Please provide the names of ALL persons who live in the residence (including yourself):

_____	_____	_____
Name	Self/Age	Annual Income
_____	_____	_____
Name	Relationship/Age	Annual Income
_____	_____	_____
Name	Relationship/Age	Annual Income
_____	_____	_____
Name	Relationship/Age	Annual Income
_____	_____	_____
Name	Relationship/Age	Annual Income
_____	_____	_____
Name	Relationship/Age	Annual Income
_____	_____	_____
Name	Relationship/Age	Annual Income

Please list liquid assets and financial institution (for example: checking and savings accounts)

Type: _____	Amount: \$ _____
Type: _____	Amount: \$ _____
Type: _____	Amount: \$ _____
Type: _____	Amount: \$ _____

Please list debt, besides mortgage (for example, credit cards, car payments, etc.)

_____	\$ _____	/month
_____	\$ _____	/month
_____	\$ _____	/month

Improvements Needed

Estimate
(if available)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL: \$ _____

I hereby certify that the above information is correct to the best of my knowledge.

Applicant's Signature

Date

Co-Applicant's Signature

Date

OWNERSHIP DECLARATION OF REAL PROPERTY

Applicant: _____
Name Phone Number

Title stands in the name of: _____

Property to be Rehabilitated: _____

If you own other property, please fill in below:

Address of Property: _____ Type of Property: _____

Present Market Value: _____ Amount Owed on Mortgage: _____

Mortgage Payments: _____ Gross Rental Income: _____

Address of Property: _____ Type of Property: _____

Present Market Value: _____ Amount Owed on Mortgage: _____

Mortgage Payments: _____ Gross Rental Income: _____

I/we certify that the above information represents our present real property position. If there is a change in the above information prior to the funding of this project, I/we agree to notify the City immediately.

Applicant's Signature

Date

Co-Applicant's Signature

Date

APPRAISAL

Borrower's Name: _____

Property Address: _____

Is the dwelling a:

- Single Family Home
- Multi-Unit Dwelling
- Single Family Home with Detached House
- Condominium/Townhome
- Apartment

Please fill in the following information:

Square Feet: _____

Purchase Amount: _____

Number of Bedrooms: _____

Number of Bathrooms: _____

Year Purchased: _____

Owner's Estimated Value: _____

Please check if any improvements apply:

- Fireplace
- Den
- Pool
- Patio
- Sprinkler System

CREDIT INFORMATION DISCLOSURE AUTHORIZATION

I/we hereby authorize you to release to the City of Brea, or its agent, for verification purposes, information concerning:

- Employment history; dates, title, income, hours worked, etc.
- Banking and Savings account records
- Mortgage loan information, including open date, high credit, payment amount, due date, loan balance, interest rate, and payment record.

The above reports are for confidential use in compiling information regarding a housing rehabilitation loan requested by the applicant(s) signing this form.

A photographic or carbon copy of this authorization (being a photographic or carbon copy of the signature(s) of the undersigned) may be deemed to be the equivalent of the original and may be used as a duplicate original.

Your prompt attention to this matter will help to expedite my housing rehabilitation loan application.

Thank you,

Applicant's Signature

Co-Applicant's Signature

Social Security Number

Social Security Number

Date

Date

FAIR LENDING NOTICE

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 and 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.

Applicant's Signature

Date

Co-Applicant's Signature

Date

****PLEASE MAKE A COPY OF THIS PAGE FOR YOUR RECORDS****

APPLICANT STATISTICAL INFORMATION

The Housing Rehabilitation Program is asking all applicants to the program to complete this form in order to comply with the U.S. Department of Housing and Urban Development (HUD) requirements. Data collected is used for statistical purposes only and will be kept confidential.

Applicant

Check one space only for the ethnic category you most closely identify with.

- White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian subcontinent.
- Black (not of Hispanic origin): All persons having origins in any of the black racial groups.
- Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islanders: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America.

Please check one:

- Male
- Female

Co-Applicant

Check one space only for the ethnic category you most closely identify with.

- White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian subcontinent.
- Black (not of Hispanic origin): All persons having origins in any of the black racial groups.
- Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islanders: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America.

Please check one:

- Male
- Female

How did you hear about the Housing Rehabilitation Program? _____

*****Please Note: This application is for PRE-approval only. The following documentation will be required at a later date to finalize the application approval process.***

Proof of Ownership

- Grant Deed to the property
- Property Tax Bill
- Mortgage statement
- Home Insurance Policy (cover page with name, address, and premium information)

Income Verification

- Completed Federal Income Tax Returns for the last two (2) filing periods, including ALL attachments.
- Paycheck stubs for the last three (3) months, Social Security award letter, pension statement, etc.
- Most recent bank statements (including name, address, and account balances)

If you have any questions about the Housing Rehabilitation Program or the application, you may call (714) 671-4461.

Completed Single Family Home Loan Applications can be returned to:

**Community Development Department
Attention: Marie Dao
1 Civic Center Circle
Brea, CA 92821**