



CITY OF PERRIS

REDEVELOPMENT AGENCY
135 N. "D" STREET, PERRIS, CA 92570-220
TEL: (951) 943-5003 FAX: (951) 943-3293

SUBSTANTIAL REHABILITATION LOAN PROGRAM APPLICATION

APPLICANT INFORMATION

Homeowner
Name _____
Address: _____
City: _____ Zip: _____
Date of Birth: _____
Social Security No.: _____
Applicant Employed by : _____
Home #: () Work #: ()

Co-Owner Name: _____
Address: _____
City: _____ Zip: _____
Date of Birth: _____
Social Security No.: _____
Co-Applicant Employed by : _____
Home Phone: () Work #: ()

Total number of people in your household: _____ Number of Dependents: _____
Ages: _____

CASH ACCOUNTS AND OTHER ASSETS

Checking Acct.: _____ Balance: \$ _____
Savings Acct.: _____ Balance: \$ _____
Other Real Estate Owned
(address) _____

INCOME

Indicate **all sources of income** earned by each individual household member. Please provide documentation (paycheck stubs, other income statements, etc. for the last three months and the tax returns for last two years).

	<u>Name</u>	<u>Source of Income</u>	<u>Monthly</u>	<u>Annually</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

MORTGAGE INFORMATION

Amount Owed: \$ _____ (First Trust Deed) Name of Lender: _____ Acct.# _____
Amount Owed: \$ _____ (Second Trust Deed) Name of Lender: _____ Acct. # _____
Year Purchased: _____ Original Price: _____

DATA ON PROPERTY Single Family Home Detached Condo
Age of Structure: _____ Total Square Footage: _____ No. of Bedrooms: _____
Estimated Value: \$ _____ No. of Bathrooms: _____

LIST HOME IMPROVEMENTS REQUESTED

Exterior:

Interior:

List any building/ zoning, code violations that you are aware of: _____

Have you received assistance from the City of Perris before for home improvements? _____, If "yes," indicate when: _____

INFORMATION AUTHORIZATION

- I/We hereby authorize the Housing City of Perris to obtain any information for verification purposes including:
1. Employment history, dates, title, income, hours worked, etc.
 2. Checking and Savings account of record.
 3. Mortgage loan rating (opening date, high credit, payment amount, loan balance, and payment history).
 4. Credit Reports.
 5. Any other information deemed necessary in connection with my request for financial assistance.

This request for access to financial records is in compliance with the Provisions for the Financial Right to Privacy Act of 1978. This information is for confidential use to determine eligibility for a Property Improvement Loan with the City of Perris.

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

APPLICANT CERTIFICATION

Continued to Next Page

ADDRESS: _____ OWNER NAMES: _____



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The applicant certifies that all information on this application and all information furnished in support of this application is given only for the purposes of obtaining a grant/loan from the City of Perris, CA and is true and complete to the best of the Applicant(s) knowledge and belief. Information relative to this application may be obtained from any source required to insure proper documentation.

I/We fully understand that it is a crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts. I/ We fully understand that the City has the right to reject any application or immediately accelerate the full repayment of any housing rehabilitation funds awarded under this program if the statements provided are false or misleading.

I/We understand that the approval of the loan will be based on many factors, including but not limited to, program funding availability, income, available equity, property condition, property title report, credit history, liens, etc. The title of the property cannot be under the ownership of a trust.

I/We understand that all programs are based on funding and staffing availability and the City may impose timelines to proceed and complete the processes and we agree to follow the timelines given. Failure to follow the timelines may result in the termination of the Loan or Grant and it will be my/our sole responsibility to pay for any costs incurred.

I/We understand that once and if the loan/grant is approved, there will be fees charged for the loan/grant, which will be deducted from the loan/grant amount.

The applicant(s) certify the above listed property under section "Applicant Information", is the primary residence occupied by the applicant.
Homeowner Initials _____ Co-Owner Initials _____

I/We acknowledge that by submitting this application, the Housing Division staff may conduct an inspection on my/our property, and the staff will be obligated to report to the Building & Safety Division if any code violation items are found regardless if the loan is approved or if the loan is used to correct the code violations. I/We understand that it is solely my/our responsibilities as a property owner(s) for the correction of the code violations regardless of the duration that the violations have existed or if those were created under prior ownership of the property. It is the Housing Division's sole discretion to decline the loan if code violations, other than the items may be covered under this Loan or Grant Program, are found. If I/we am interested in any other rehabilitation loan programs, I/we will be following the normal Housing Division's procedure to be placed on the waiting list and no priority will be given. I/We understand and agree that there shall be only one grant program allowed for each property regardless of the ownership status or history, and I/we will be ineligible for other grant programs in the future unless otherwise approved by the City for specific programs, such as lead based paint related grant accompanied with the rehabilitation loan programs. Homeowner Initials _____ Co-Owner Initials _____

Information for Government Monitoring Purposes

Borrower:

Black/ African American

American Indian/Alaska Native

Native Hawaiian or Pacific Islander

Asian

Hispanic

White

Other _____

Co-Borrower:

Black/ African American

American Indian/Alaska Native

Native Hawaiian or Pacific Islander

Asian

Hispanic

White

Other _____

Owner Signature _____ Date _____ Co-Owner Signature _____ Date _____

APPLICANT MUST READ, SIGN, AND PROVIDE "THE PROPERTY OWNER ACKNOWLEDGEMENT AND AGREEMENT" WITH THIS APPLICATION FORM.