



**City of Fountain Valley
Home Improvement Program
APPLICATION PACKET**

Dear Homeowner:

Thank you for your interest in the City of Fountain Valley's Home Improvement Program. The City of Fountain Valley has created this program to assist qualified homeowners with making needed improvements to their properties.

A Home Improvement Program Application Packet is enclosed, and includes each of the following items:

- 1. Instructions for preparing and submitting a complete Home Improvement Program application including all required supporting documentation;**
- 2. A City of Fountain Valley Home Improvement Program Application; and**
- 3. A City of Fountain Valley Home Improvement Grant/Rebate Funding Application**

Please carefully review the attached instructions prior to preparing your application to ensure the submission of a complete and accurate application. An incomplete application will delay the processing of your application. Completed applications should be submitted in person or by U.S. mail to:

**City of Fountain Valley
Housing and Community Development
10200 Slater Avenue
Fountain Valley, CA 92708**

If you have any questions regarding this application or the City of Fountain Valley's Home Improvement Program, please call me at (714) 593-4510.

Sincerely,

**Nikeshia Hazel
Housing Technician**



Enclosure: City of Fountain Valley Home Improvement Program Application Packet



City of Fountain Valley Home Improvement Program APPLICATION INSTRUCTIONS

In addition to completing the attached Home Improvement Program application, copies of various documents including: Driver's License or Identification Card, W-2's, tax returns, bank statements, certificates of insurance, ownership documentation, mortgage statements, Home Owners Association paperwork (if applicable) and utility bills must be included with the application. The required documents are necessary to verify property ownership and household income, and to determine applicant eligibility. Please note applicants must provide copies of each document. Original documents will not be accepted.

VERIFICATION OF INCOME AND PROPERTY OWNERSHIP/INSURANCE

Please provide copies of the following documents:

1. Copy of Grant Deed/Mobile Home Registration Card and current tax bill;
2. Copy of most recent mortgage statement; Homeowner's Association statement, if applicable
3. Copy of current Fire and Flood Insurance policy;
4. Current Utility bills including gas, electric, water, trash and sewage.

VERIFICATION OF INCOME

Copies of the following documents must be provided for each working adult (occupant or family member over 18 years of age) who resides in the home:

1. Most recent W-2 form and two (2) year federal tax returns, all schedule;
2. Four recent consecutive pay check stubs; and
3. Three recent bank statements for all accounts (i.e. checking, savings, & brokerage).

Additional documents may be required depending on the source(s) of income of each member of the household. The Income Source Checklist provided below lists various sources of income other than salaries/wages, and the type(s) of document(s) that must be included with the application to verify each income source.

| <u>Source Of Income</u> | <u>Verification Required</u> |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Retirement/Pension | Copy of recent check <u>or</u> verification statement from Pension Fund. |
| Social Security/SSI Veterans Benefits AFDC Unemployment/Disability | Copy of recent check <u>or</u> verification statement from State/Federal Agency or private benefits provider (i.e. Social Security Administration, Veterans Administration, Social Services Agency, California Department of Employment, or Insurance company). |
| Alimony/Child Support | Copy of final divorce agreement. |
| Self-Employment | Copy of year-to-date profit/loss statement <u>and</u> previous two years State and Federal tax returns. If incorporated, prior two years Corporation Tax Returns and current Financial Statement. |
| Scholarships/Grants | Statement of grant award, school related expenditures, and net income. |



City of Fountain Valley
Home Improvement Program
AUTHORIZATION TO RELEASE INFORMATION

I/we have applied for assistance from CITY OF FOUNTAIN VALLEY. As part of the application process, CITY OF FOUNTAIN VALLEY and/or its assignee, may verify information contained in my/our application and in other documents required in connection with the loan either before the loan is closed or as part of its quality control program.

I/we authorize you to provide to CITY OF FOUNTAIN VALLEY, or its assignee, any and all information and documentation that they request. Such documentation includes, but is not limited to, past and present employment records and payroll information; copies of federal and state income tax returns; bank, money market, mutual funds, stocks, bonds and similar type balances in personal and business accounts; credit report and other credit information, including past and present mortgage and rental payment history; payoff balances on loans; and title search and any other necessary escrow documents.

CITY OF FOUNTAIN VALLEY or its assignee, or any credit reporting agency that City of Fountain Valley designates, may address this authorization to any party named in the loan application. A copy of this authorization may be accepted as an original.

| | | |
|-------------------------------------------------------|-------------------------------------|-------------------|
| <hr/> Borrower's Signature | <hr/> Social Security Number | <hr/> Date |
| <hr/> Co-Borrower's Signature | <hr/> Social Security Number | <hr/> Date |
| <hr/> Other Adult Household Member's Signature | <hr/> Social Security Number | <hr/> Date |
| <hr/> Other Adult Household Member's Signature | <hr/> Social Security Number | <hr/> Date |
| <hr/> Other Adult Household Member's Signature | <hr/> Social Security Number | <hr/> Date |

PRIVACY ACT NOTICE: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by the Title 38 USC, Chapter 37 (if VA) by 12 USC, Section 1452b (if HUD.CPD) and Title 42 USC (1471er Seq. or 7 USC 1921 et Seq. (if USDA/Fm11A)

City of Fountain Valley
Home Improvement Program
GRANT/REBATE FUNDING APPLICATION

| PROPERTY INFORMATION AND PURPOSE OF FUNDING | | | |
|------------------------------------------------------|---------------|-----------------------|--------------------|
| Subject Property Address (street, city, state & zip) | | | Number of Bedrooms |
| Year Acquired | Original Cost | Amount Existing Liens | |
| Title will be held in what Name(s) | | | |

| BORROWER INFORMATION | | | |
|---------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------|--------------------------------------|
| BORROWER | | CO-BORROWER | |
| Borrower's Name (include Jr. or Sr. if Applicable) | | Co-Borrower's Name (include Jr. or Sr. if applicable) | |
| Social Security # - - | Home Phone (area code) () - | Social Security # - - | Home Phone (area code) () - |
| Birth Date / / | Work/Cell Phone (area code) () - | Birth Date / / | Work/Cell Phone (area code) () - |
| Present Address if other than Subject Property (street, city, state, zip) | | Present Address if other than Subject Property (street, city, state, zip) | |
| Previous Address (street, city, state, zip) | | Previous Address (street, city, state, zip) | |
| Email Address | | Email Address | |

| EMPLOYMENT INFORMATION | | | |
|------------------------|----------------------------------------|--------------------|-----------------------------------------|
| BORROWER | | CO-BORROWER | |
| Name of Employer | <input type="checkbox"/> Self-Employed | Name of Employer | <input type="checkbox"/> Self- Employed |
| Employer's Address | Yrs. on this job | Employer's Address | Yrs. on this job |
| Position/Title | Yrs. in profession | Position/Title | Yrs. in profession |
| Type of Business | Business Phone (area code) () - | Type of Business | Business Phone (area code) () - |

| MONTHLY INCOME | | | | HOUSING EXPENSE | |
|---------------------------------------|-----------|-------------|-----------|--------------------------------------------------|-----------|
| Gross Monthly Income | Borrower | Co-Borrower | Total | Combined Housing Expense | Monthly |
| Base Employment Income | \$ | \$ | \$ | Rent Amount | \$ |
| Overtime | \$ | \$ | \$ | Utilities | \$ |
| Bonuses | \$ | \$ | \$ | First Mortgage (P&I) | \$ |
| Commissions | \$ | \$ | \$ | Other Financing (2 nd or HELOC) (P&I) | \$ |
| Dividends/Interest | \$ | \$ | \$ | Hazard Insurance | \$ |
| Net Rental Income | \$ | \$ | \$ | Real Estate Taxes | \$ |
| Pension | \$ | \$ | \$ | Mortgage Insurance | \$ |
| Alimony/Child Support | \$ | \$ | \$ | Homeowner Assn. Dues | \$ |
| SSA/SSI | \$ | \$ | \$ | Space Rent | \$ |
| Other Income (See Below) ¹ | \$ | \$ | \$ | Other Housing Expenses (See Below) ² | \$ |
| TOTAL INCOME | \$ | \$ | \$ | TOTAL HOUSING EXPENSES | \$ |

Describe other income below and whether it is Borrower (B) or Co-Borrower (C)
 Self Employed Borrowers will be required to provide additional documentation such as tax returns and financial statements.

| ¹ Other Income Description | B/C | Monthly Amount |
|---------------------------------------------------------|----------------|----------------|
| | | \$ |
| | | \$ |
| ² Other Housing Related Expenses Description | Monthly Amount | |
| | \$ | |

ASSETS

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|
| List all checking and savings accounts below owned by ALL household members (if additional space is needed, please include a continuation sheet) *10% of all liquid assets will be counted as household income for eligibility determination. | | Cash or Market Value |
| Name and address of Bank, S&L, or Credit Union | | |
| Acct. no. | | \$ |
| Name and address of Bank, S&L, or Credit Union | | |
| Acct. no. | | \$ |
| List CDs and Money Market accounts below | | Cash or Market Value |
| Name and address of Bank, S&L, or Credit Union | | |
| Acct. no. | | \$ |
| Name and address of Bank, S&L, or Credit Union | | |
| Acct. no. | | \$ |
| Name and address of Bank, S&L, or Credit Union | | |
| Acct. no. | | \$ |
| List Stocks & Bonds | | Cash or Market Value |
| Name and address of (Company name/number & description) | | |
| Acct. no. | | \$ |
| Name and address of (Company name/number & description) | | |
| Acct. no. | | \$ |
| Life insurance Company name | | Net cash value |
| Address /number | | Face amount |
| Acct. no. | | \$ |
| SUBTOTAL LIQUID ASSETS | | \$ |
| List Addresses of Other Property/Real estate owned | | Market Value |
| Vested interest in retirement fund | | \$ |
| Net worth of business(s) owned (attach financial statement) | | \$ |
| Other Assets (itemize) | | \$ |
| TOTAL ASSETS | | \$ |

DECLARATION

| If you answer "Yes" to any questions A through E , please include a continuation sheet with a written explanation. | Borrower | | Co-Borrower | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|-------------|----|
| | Yes | No | Yes | No |
| A. Do you have any outstanding Judgements against you? | | | | |
| B. Have you been declared bankrupt within the past 7 years? | | | | |
| C. Are you a party to a lawsuit? | | | | |
| D. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment? (Include such loans as home mortgage loans, SBA loans, home improvement loans, school or educational loans, manufactured (mobile) home loans, any mortgage, financial obligation, bond, or loan guarantee). If "Yes", provide details, including date, name and address of Lender, FHA or VA case number, if any, and reasons for the action? | | | | |
| E. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? If "Yes", give details as described in the preceding question? | | | | |
| F. Do you intend to occupy the property as your primary residence? | | | | |

ACKNOWLEDGMENT AND AGEEMENT

Certification: I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) in this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both and liability for monetary damages to the Lender, its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/We have made on this application under the provisions of Title 18, United States Code Section 1001, et seq. which states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

| | | | |
|----------------------|------|-------------------------|------|
| Borrower's Signature | Date | Co-Borrower's Signature | Date |
| X | | X | |

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for).

BORROWER

| | | | | | | | |
|--------------------------------------------------------------------|--------------------------------|--------------------------------|----------------------------------------------------|------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------|
| Race/National Origin (check all that apply): | | | | | | <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| <input type="checkbox"/> I do not wish to furnish this information | <input type="checkbox"/> White | <input type="checkbox"/> Black | <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Other (Specify): | Ethnicity (please check one): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | |

CO-BORROWER

| | | | | | | | |
|--------------------------------------------------------------------|--------------------------------|--------------------------------|----------------------------------------------------|------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------|
| Race/National Origin (check all that apply): | | | | | | <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| <input type="checkbox"/> I do not wish to furnish this information | <input type="checkbox"/> White | <input type="checkbox"/> Black | <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Other (Specify): | Ethnicity (please check one): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | |

