



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. For over 30 years, the City of Fountain Valley has assisted qualified low- and moderate-income homeowners with needed home repairs.

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

1. City of Fountain Valley Home Improvement Program Document Checklist;
2. City of Fountain Valley Home Improvement Program Application; and
3. City of Fountain Valley Home Improvement Program Authorization to Release Information.

When completing the application materials, please be sure to use either blue or black ink and answer each question. If a question does not apply to you or your household, write N/A. In addition to completing the application, you will need to provide various supporting documents. The required documents are necessary to verify household income, property ownership, and applicant eligibility. A document checklist is provided to assist you with preparing your application and to ensure that your submission is complete and accurate. An incomplete application will delay processing. Please note that income and asset documentation must be provided for all adult household members over 18 years of age. Completed applications must 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



CITY OF FOUNTAIN VALLEY HOME IMPROVEMENT PROGRAM DOCUMENT CHECKLIST

In addition to completing the Home Improvement application, various forms of documentation must be provided. The required documents are necessary to verify household income, property ownership and applicant eligibility. Please provide copies of each document. Please use this checklist as a tool for preparing your documents when completing your application. Some of these items may not apply to you.

APPLICATION AND IDENTIFICATION
<input type="checkbox"/> Completed Home Improvement Program Application <input type="checkbox"/> Photo identification for all adult household members
INCOME
<p>Income may not exceed 80% of OC Median income adjusted for family size. Income documentation must be verified for all household members including those related and unrelated such as lodgers who share the housing unit.</p> <p>Earned Income:</p> <input type="checkbox"/> 4 recent consecutive paystubs and <input type="checkbox"/> Previous 2 years federal and state income tax returns (all schedules). <p>Self-Employment Income:</p> <input type="checkbox"/> Year-to-Date Profit/loss statement and <input type="checkbox"/> Previous 2 years federal and state tax returns (all schedules). <p>Unearned Income (includes):</p> <input type="checkbox"/> Social Security Award Letter <input type="checkbox"/> Retirement Benefit Statement, <input type="checkbox"/> Veteran's Benefit Statement, <input type="checkbox"/> Unemployment Insurance Award Letter, <input type="checkbox"/> State Disability Benefit Statement, <input type="checkbox"/> CalWorks/CalFresh Award Letter, <input type="checkbox"/> Final Divorce Decree, <input type="checkbox"/> Child Support <p>Tenant Income: Monthly rent collected from a person renting a room. <input type="checkbox"/> A true copy of the rental agreement with the tenant or the tenant must provide a notarized statement indicating the amount of rent paid on a monthly basis.</p>
ASSETS
<p>Household liquid assets must not exceed \$50K and includes all funds held in savings, checking, money market, brokerage, and trust accounts. Assets held in deferred compensation retirement accounts will not be considered liquid if the holder is less than 59 ½ years of age. If holder is over 59 ½ years of age and the gross household income is less than or equal to 30% of the OC median income the liquid asset limit is \$100K.</p> <p>Bank Statements:</p> <input type="checkbox"/> 3 months of consecutive checking and savings account statements (include all pages). <p>Other Assets:</p> <input type="checkbox"/> Current Brokerage account Money Market, <input type="checkbox"/> Certificate of Deposit, <input type="checkbox"/> IRA statement (include all pages), <input type="checkbox"/> Cash surrender value of Life Insurance Policies.
OWNERSHIP AND OCCUPANCY
<p>Single Family Homeowners:</p> <input type="checkbox"/> Grant Deed, <input type="checkbox"/> Mortgage Statement, <input type="checkbox"/> Homeowner Association Dues. <p>Mobile Homeowners:</p> <input type="checkbox"/> MH Registration, <input type="checkbox"/> MH Certificate of Title, <input type="checkbox"/> MH Mortgage Statement, <input type="checkbox"/> MH Space Rent.
HAZARD INSURANCE
<p>Insurance:</p> <input type="checkbox"/> Copy of homeowner's insurance policy
PROPERTY/INCOME TAX DELINQUENCY OR LEINS
<p>Property Tax Statement:</p> <input type="checkbox"/> Current Property Tax Bill
OUTSTANDING JUDGEMENTS AND OBLIGATIONS
<p>Outstanding Judgements and Obligations:</p> <input type="checkbox"/> HELOC, Other financing. <input type="checkbox"/> Gas/Electric Bill, Water/Trash Bill



CITY OF FOUNTAIN VALLEY

HOME IMPROVEMENT PROGRAM APPLICATION

10200 Slater Avenue, Fountain Valley, CA 92708 | (714) 593-4510 | www.fountainvalley.org

Please fill out this form completely and accurately using blue or black ink. Do not leave any blanks. If an item does not apply to you write N/A. An incomplete form will delay the processing of your application. All information is kept confidential and shall be used for the sole purpose of determining eligibility and collecting statistical data of the City of Fountain Valley Housing Programs.

APPLICANT INFORMATION	
Applicant Name: _____	_____
Last	First
Co-Applicant Name: _____	_____
Last	First
Property Address: _____	
Home Phone: _____	Work Phone: _____
Mobile Phone: _____	Email Address: _____

HOUSEHOLD COMPOSITION							
Federal law requires that we collect the following information. List the head of your household (HOH) and all members who live in your home at the time of application, including applicant and co-applicant. Give the relationship of each family member to the head of household.					Check each box that applies for each person		
Member Number	Full Name	Relationship	Date of Birth	Social Security Number	Gender		Disabled
					M	F	
HOH		SELF					
2							
3							
4							
5							
6							

CHECK THE APPROPRIATE BOX/COMPLETE BLANKS AS APPLICABLE TO YOU: These questions help us to identify additional information that may be needed to process your application.	Yes	No
Do you own the property requiring rehabilitation?		
Is anyone else on the Title with you that does not live with you?		
Have you previously applied for or received assistance through the City of Fountain Valley Home Improvement Programs?		
If yes, year completed. _____ What Program? _____		
Do you have any persons renting rooms from you? If yes, these people are considered household members. Income information will be requested from each renter.		
Has previous work been completed on your home? If yes, all work must have City permits, as required.		
Do you own any other property or real estate holding?		

REPAIRS NEEDED: Please list needed repairs and improvements			
1. _____	2. _____	3. _____	4. _____
5. _____	6. _____	7. _____	8. _____
9. _____	10. _____	11. _____	12. _____

PROPERTY INFORMATION

Property Address:		Number of Bedrooms:
Year Acquired:	Original Cost: \$	Existing Liens: \$
Name(s) on Title:		

EMPLOYMENT INFORMATION

All persons living in the residence who are 18 years of age and older must complete this section for each employer. If additional space is needed, please attach a continuation sheet.

Household Member Name:							
Name of Employer:					<input type="checkbox"/> Self-Employed		
Employer's Address:							
Employer's Phone:							
Position/Title:						Start Date:	
Frequency of Paycheck (check One):		<input type="checkbox"/> Weekly	<input type="checkbox"/> Every Two Weeks	<input type="checkbox"/> Twice a Month	<input type="checkbox"/> Once a Month		
Hourly Rate: \$		Monthly Salary: \$		Monthly Commission/Bonus: \$			

Household Member Name:							
Name of Employer:					<input type="checkbox"/> Self-Employed		
Employer's Address:							
Employer's Phone:							
Position/Title:						Start Date:	
Frequency of Paycheck (check One):		<input type="checkbox"/> Weekly	<input type="checkbox"/> Every Two Weeks	<input type="checkbox"/> Twice a Month	<input type="checkbox"/> Once a Month		
Hourly Rate: \$		Monthly Salary: \$		Monthly Commission/Bonus: \$			

Household Member Name:							
Name of Employer:					<input type="checkbox"/> Self-Employed		
Employer's Address:							
Employer's Phone:							
Position/Title:						Start Date:	
Frequency of Paycheck (check One):		<input type="checkbox"/> Weekly	<input type="checkbox"/> Every Two Weeks	<input type="checkbox"/> Twice a Month	<input type="checkbox"/> Once a Month		
Hourly Rate: \$		Monthly Salary: \$		Monthly Commission/Bonus: \$			

Household Member Name:							
Name of Employer:					<input type="checkbox"/> Self-Employed		
Employer's Address:							
Employer's Phone:							
Position/Title:						Start Date:	
Frequency of Paycheck (check One):		<input type="checkbox"/> Weekly	<input type="checkbox"/> Every Two Weeks	<input type="checkbox"/> Twice a Month	<input type="checkbox"/> Once a Month		
Hourly Rate: \$		Monthly Salary: \$		Monthly Commission/Bonus: \$			

GROSS MONTHLY INCOME					HOUSING EXPENSE	
Income Source	Applicant	Co-Applicant	Other Household Member(s) 18 or Older	Total (add all income in the row)	Combined Housing Expense	Monthly
Base Employment Income	\$	\$	\$	\$	Utilities	\$
Commissions/Bonus	\$	\$	\$	\$	First Mortgage	\$
Social Security	\$	\$	\$	\$	Other Financing	\$
Disability	\$	\$	\$	\$	Hazard Insurance	\$
Retirement (401 K distributions)	\$	\$	\$	\$	Real Estate Taxes	\$
Pension	\$	\$	\$	\$	Mortgage Insurance	\$
Dividends/Interest	\$	\$	\$	\$	Homeowner Assn. Dues	\$
Net Rental Income	\$	\$	\$	\$	Space Rent	\$
Alimony	\$	\$	\$	\$		
Child Support	\$	\$	\$	\$		
Foster Care	\$	\$	\$	\$		
Unemployment	\$	\$	\$	\$		
CalWorks	\$	\$	\$	\$		
Other (See Below)	\$	\$	\$	\$		
TOTAL INCOME:				\$	TOTAL EXPENSES:	\$
Other Income Description					Household Member	Monthly
						\$
						\$
Other Housing Related Expenses						Monthly
						\$
						\$

ASSETS				
All persons living in the residence who are 18 years of age and older must complete this section for each asset they own. If additional space is needed, please attach a continuation sheet.				
	Name(s) on Account	Bank Name	Acct. No. last 4 digits	Balance, Cash or Market Value
Checking Account(s):				\$
				\$
				\$
Savings Account(s):				\$
				\$
CD/Money Market Accounts:				\$
				\$
Stocks/Bonds:				\$
				\$
Life Insurance:				\$
				\$
IRA(s):				\$
				\$
401K(s):				\$
				\$
TOTAL ASSETS:				\$

DECLARATION

If you answer "Yes" to any questions A through E, please include a continuation sheet with a written explanation.	Applicant		Co-Applicant	
	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 party to a lawsuit?				
D. Have you directly or indirectly been obligated on any loan that resulted in foreclosure, transfer or title in lieu of foreclosure or judgement? (Include such loans as home mortgage loans, SBA loans, home improvement loans, school or education 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 the 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 preceding question.				
F. Do you intend to occupy the property as your primary residence?				

ACKNOWLEDGEMENT AND AGREEMENT

IMPORTANT – READ BEFORE SIGNING: I/We acknowledge that the information provided in this application is true and complete as of the date set forth opposite of my/our signature(s). I/We acknowledge that a material misstatement or omission made by me/us in any statement or application by me/us in connection with my/our application for the City of Fountain Valley's Home Improvement Programs will be grounds (at the discretion of the City) for immediate disqualification by the City in conjunction with Housing Programs. In addition, I/We understand that the City may require additional documentation as part of its qualification process that may not be listed in this application package.

PENALTY FOR FALSE OR FRADULENT STATEMENT: I/We acknowledge my/our understanding that any intentional or negligent representation(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 loss due to reliance upon any misrepresentation which I/We have made in 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.

I/We certify that I/we have read and understand the provisions of this document and that I/We wish to proceed with the application for the City of Fountain Valley's Home Improvement Program.

Applicant's Signature	Date
Co-Applicant's Signature	Date

INFORMATION FOR GOVERNMENT MONITORING PURPOSES (OPTIONAL)

Applicant											
<input type="checkbox"/>	Male	<input type="checkbox"/>	Female								
Ethnicity (please check one):											
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Non-Hispanic								
Race/National Origin (check all that apply):											
<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):
Co- Applicant											
<input type="checkbox"/>	Male	<input type="checkbox"/>	Female								
Ethnicity (please check one):											
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Non-Hispanic								
Race/National Origin (check all that apply):											
<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):



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 program eligibility determination and/or 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 Home Improvement Program application. A copy of this authorization may be accepted as an original.

_____ Applicant's Signature	_____ Social Security Number	_____ Date
_____ Co-Applicant's Signature	_____ Social Security Number	_____ Date
_____ Other Adult Household Member's Signature	_____ Social Security Number	_____ Date
_____ Other Adult Household Member's Signature	_____ Social Security Number	_____ 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)