



Owner-Occupied Housing Rehabilitation Program

GENERAL CONDITIONS

1. The intent of the Owner-Occupied Rehabilitation Program is to provide loans to homeowners of owner occupied single-family detached dwellings for the preservation of decent, safe, and sanitary housing; to correct hazardous structural conditions; to make improvements considered necessary; to eliminate blight; and to correct building and code violations. All property to be repaired must be residential property located within the incorporated City limits of Upland.
2. Rehabilitation loans are available up to \$90,000, with \$60,000 derived from CalHome funding and the balance derived from HOME or HOME Program Income. Loan terms are generally as follows: (A) Households that are at 50% or below the San Bernardino County median income qualify for a deferred, zero-percent (0%) interest loan, payment is deferred for 30-years or until the property is sold, refinanced, title changes occur or the loan recipient no longer occupies the home as their principal place of residence. (B) Households that are between 51%-80% of the San Bernardino County median income qualify for a deferred, three-percent (3%) interest loan, payment is deferred for 30-years or until the property is sold, refinanced, title changes occur or the loan recipient no longer occupies the home as their principal place of residence. Interest rates listed above are simple interest and provided that conditions are met, interest ceases to accrue after a period of 240 months (20-years).
3. In order to participate, household income may not exceed those listed in Table "A." Household income includes all income from all household members over the age of 18-years old living in the household to be repaired, regardless of whether they contribute to the overall household or relationship. In addition, household income must be verifiable and supported by appropriate documentation.
4. All loans are secured by a promissory note and a deed of trust recorded against the property. The property's loan to value ratio after the City loan has been encumbered cannot exceed 95%.
5. Homeowner's performing work that requires more than two trades must contract with a B-licensed general contractor who maintains a current license in good standing with the Contractors State License Board, has the required general liability, automobile and workmen's compensation insurance coverage and has or will obtain a City business license. Neither City/Homeowner will have control over the means of construction.
6. Rehabilitation work must not commence until a City approved construction contract has been signed by the homeowner and the contractor, building permits and a Notice to Proceed issued by the City.
7. Do not advance any personal funds, incur any expenses on your own or enter into "side-deals" with the contractor. The City is not responsible for funds, expenses or deals made with the contractor outside the program construction agreement.
8. Funds disbursed are payable to the contractor with written authorization from the homeowner. The City reserves the right to make payment to the contractor without obtaining the homeowners signature in instances where the work has been satisfactorily completed and the homeowner is unavailable/unwilling to sign.
9. Previously contracted or commenced work or materials purchased are NOT eligible for reimbursement or for continuation of work under this program.

10. Eligible repairs may include work to be performed on the main residential unit and ancillary structures on the property. Eligible items include but are not limited to the following:

- Correction of code violations;
- Correction of incipient violations of the uniform building code;
- Removal of lead-based paint/asbestos hazards;
- Removal of barriers to the handicapped;
- Removal of termites/vermin (pest control);
- Repair/Replace roofing;
- Repair/Replace heating;
- Repair/Replace plumbing;
- Repair/Replace screens;
- Install new smoke alarms;
- Repair/Replace bath fixtures;
- Repair/Replace countertops;
- Repair/Replace water heaters;
- Repair/Replace electrical work;
- Repair/Replace windows;
- Repair/Replace stucco;
- Minor painting;
- Install new dead bolt locks;
- Replace floor-coverings;
- Repair/Replace kitchen or bath cabinets;
- Repair/Replace fencing;
- Installation of new insulation;
- Any items determined eligible by the screening committee; and
- The elimination of specific conditions detrimental to public health and safety, which have been identified by Program Inspector.

11. Applicants must provide proof of ownership to the property, have clear fee simple title, have a good credit history and are current on debts and property taxes.

12. Applicants shall be eligible for only one loan under this program, for the life of the program.

13. Applicants by signing the attached “Consent and Declaration” are providing “right of entry” to the Contractor, City staff or its agents to conduct necessary construction and/or property and repair work inspections. Additionally applicants authorize the City to run credit reports as needed.

14. The City reserves the right to deny requests in specific instances where the repairs to be completed and/or the application does not conform to these or other program guidelines.

15. The City solely determines the eligibility and nature of the repairs requested by the applicant to the program to ensure conformance with program requirements and policy. The City determination is FINAL.

Table A: Eligibility Income Limits

Owner-Occupied Housing Rehabilitation Program (OOR)		
Household Size	0% to 50% of Area Median	51% to 80% of Area Median
1	22,400	35,800
2	25,600	40,900
3	28,800	46,000
4	31,950	51,100
5	34,550	55,200
6	37,100	59,300
7	39,650	63,400
8	42,200	67,500
Loan Type	0% Deferred	3% Deferred

Based on 2016 Median Family Income for San Bernardino County (Eff. 06/06/2016) – HCD

ITEMS NEEDED TO DETERMINE ELIGIBILITY

In order to evaluate your application for a Loan please submit the following documents:

- **CONSENT AND DECLARATION FORM**
Included below. Please read and sign and return this document.
- **COMPLETED PROGRAM APPLICATION AND APPLICATION ATTACHMENTS A-G**
Included in this packet. Please fill out completely.

Please submit photocopies of the following supporting documentation:

- **GRANT DEED OR DEED OF TRUST**
This document will verify that you are the owner of the property and confirm how title is held.
- **RECENT UTILITY BILL**
This document is needed to verify city residence.
- **PROPERTY HAZARD INSURANCE DOCUMENTATION**
Please provide photocopy of current property insurance documentation (Declarations Page).
- **SIGNED AND FILED THREE MOST RECENT FEDERAL INCOME TAX RETURNS**
Please provide the last three years of Federal Income Tax returns and corresponding W-2's.
- **SIX MONTHS BANK STATEMENTS FOR ALL ACCOUNTS HELD FOR ALL HOUSEHOLD MEMBERS**
Please provide the last six months of all bank statements to verify deposits checking and savings.
- **VERIFICATION OF ASSET HOLDINGS**
Please provide photocopies of the last three months of transaction statements for all asset accounts held.
- **VERIFICATION OF INCOME FOR ALL HOUSEHOLD MEMBERS (3 most current and sequential month's pay stubs)**
This includes payroll stubs, social security checks, SSI checks, AFDC checks or pension and retirement check, disability, unemployment, IRA withdrawals, etc., or other supporting documentation for all members in the household over the age of 18-years old. All income verifications must be provided, whether taxable or not.
- **MOST RECENT PROPERTY TAX BILL**
Property taxes must be current. If you have outstanding taxes, submit a Certificate of Redemption from the County Tax Assessor's Office
- **MOST RECENT MORTGAGE STATEMENT(S)**
Provide monthly mortgage statements for all existing liens on property. City will not take less than a 3rd position on title.
- **PHOTO IDENTIFICATION**
Provide a photocopy of driver's license, passport, CA Identification, or Resident Alien Card for every applicant.
- **PROOF OF FAMILY COMPOSITION**
Provide a copy of the birth certificate and social security card for each and every household member.

PLEASE CONTACT OUR OFFICE AT (909) 931-4105 TO SCHEDULE AN APPOINTMENT TO MEET WITH A PROGRAM COORDINATOR TO SUBMIT ALL APPLICATION DOCUMENTATION.

DROP-OFF OR MAIL-IN FORMS WILL NOT WILL NOT BE PROCESSED



**City of Upland
Owner-Occupied Housing Rehabilitation Program**

CONSENT AND DECLARATION

I / We, as undersigned, hereby consent to allow authorized representatives of the City of Upland (the “City”) to enter my/our single family residence for the purpose of evaluating the housing structure. This evaluation will be performed jointly by the undersigned and the representatives of the City. In addition, by signing below, I/We declare that the information provided herein is true and accurate to the best of my /our belief and knowledge that I/We made no misrepresentations in the application or other documents, nor did I/We omit pertinent information and that I/We under penalty of perjury have received and read the attached Owner-Occupied Housing Rehabilitation Program General Conditions.

The undersigned certify the following: I/We have applied for a loan under the Owner-Occupied Housing Rehabilitation Program funded by the City. In applying for assistance, I/We completed an application containing various information for the purpose of obtaining a loan. I/We understand and agree that the City cannot ensure that information provided by me/us or on my/our application will be kept confidential notwithstanding that the City intends to maintain my/our application package in a confidential file. I/We agree to allow the City to run credit reports as needed for applicants to determine credit worthiness, score or other lending factor.

I/We understand and agree that the City, reserves the right to change the review process to a full documentation program on a case-by-case basis. This may include independent verification of the information provided on the application. I/We expressly consent to and authorize City to verify the information on the application and hereby instruct all persons so requested to fully cooperate with City, including, but not limited to providing further confirmation or documentation as the City may request from time to time. I/We understand that by receiving assistance through the Home Investment Partnership Program (HOME) I/We are bound to comply with all Federal, State and Local requirements governing this program for the duration of time the loan is outstanding.

I/We understand and agree that the Homeowner’s Acknowledgement and Request for Bidding Assistance (Attachments A and B) are a part of this Application.

I/We understand and agree that the City reserves the right to change the requirements of this application and program at any time without notice.

Applicant’s Name (Print)

Date

Applicant’s Signature

Co-Applicant’s Name (Print)

Date

Co-Applicant’s Signature



**CITY OF UPLAND
OWNER-OCCUPIED HOUSING REHABILITATION PROGRAM**

460 N. Euclid Avenue, Upland, CA 91786
(909) 931-4300

OWNER-OCCUPIED HOUSING REHABILITATION PROGRAM (OOR) Application Form Instructions

The Owner-Occupied Housing Rehabilitation Program (OOR) requires the completion of the OOR Application in order to participate in the Program. The following is a brief listing of the information you will be required to provide in order to initially submit as complete an application as possible.

Please call 909-931-4105 to schedule an appointment with our staff to review your completed application.

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT AN APPOINTMENT

A. Proof of Ownership Requirement:

Please attach a photocopy of the recorded grant deed and a copy of the most recent property tax bill for your property to the application. Additionally attach a copy of your most recent mortgage statement.

Note: Applications without the required proof of ownership described above will be deemed incomplete and will not be processed.

B. Proof of Residency Requirement:

You must reside at the address indicated on the OOR application. Attach the most recent copy of a utility bill (gas, telephone or electric) and a valid CA Driver's license or CA Identification Card.

C. Proof of Income Requirement:

Please complete the Verification of Employment form, sign item no. 8 on that page and include it with your application to the City.

If you are receiving social security, disability, unemployment, annuity and/or pension income, please provide a copy of the check, or if your checks are automatically deposited into your account, provide a copy of your bank statement.

If you are receiving AFDC, please provide a copy of the statement provided to you by the County's Department of Social Services which states the amount of your benefits.

All forms of income verification must be submitted as part of the fully completed OOR application.

All original documents will be copied by the City and returned to the applicant.



**CITY OF UPLAND
OWNER-OCCUPIED HOUSING REHABILITATION PROGRAM**

460 N. Euclid Avenue, Upland, CA 91786
(909) 931-4300



Owner-Occupied Housing Rehabilitation Program

PROGRAM APPLICATION

Please complete the following so that we can determine the assistance program(s) for which you may qualify. Complete all entries do not leave anything blanks. Where items are non-applicable, enter none or "n/a." Where insufficient space is supplied, attach additional sheets as necessary. Applications must be complete to be considered for program participation.

Address of the Property to be Repaired	Day Telephone No.
Mailing Address	Evening Telephone No.

APPLICANT		CO-APPLICANT	
Name		Name	
Date of Birth	Gender	Date of Birth	Gender

Household – Please enter the requested information for all property residents (attach additional sheets, if necessary)

Applicant Name	Age	Self	Employment Status	Social Security Number
Co-Applicant Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number

Enter Household Size: _____ persons

Employment and Income – Please complete the following

APPLICANT	CO-APPLICANT
Current Employer	Current Employer
Employer Address	Employer Address
Business Phone	Business Phone

Position/Title	Position/Title
Length of Time Currently Employed	Length of Time Currently Employed
Previous Employer (If employed less than three years at current employer)	Previous Employer (If employed less than three years at current employer)
Previous Employer Address (If employed less than three years at current employer)	Previous Employer Address (If employed less than three years at current employer)
Previous Business Phone (If employed less than three years at current employer)	Previous Business Phone (If employed less than three years at current employer)
Current Hourly Rate of Pay <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Current Hourly Rate of Pay <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

INCOME EARNED BY OTHER HOUSEHOLD MEMBERS				
Household Member Name	Employer Name	Employer Address	Current Hourly Rate of Pay <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Annual Income
Household Member Name	Employer Name	Employer Address	Current Hourly Rate of Pay <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Annual Income
Household Member Name	Employer Name	Employer Address	Current Hourly Rate of Pay <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Annual Income

All additional sources of income must be disclosed, whether taxable or not. List all additional sources of income within the household:

EMPLOYMENT EARNINGS FROM APPLICANT		Annual Income
EMPLOYMENT EARNINGS FROM CO-APPLICANT		Annual Income
EMPLOYMENT EARNINGS FROM OTHER HOUSEHOLD MEMBERS		Annual Income
Pension/Retirement/Veteran Benefit/Social Security (Specify)	Recipient	Annual Income
Alimony/Child Support/Foster Care (Specify)	Recipient	Annual Income
Unemployment/Disability (Specify)	Recipient	Annual Income
Other (Specify)	Recipient	Annual Income
Other (Specify)	Recipient	Annual Income
Other (Specify)	Recipient	Annual Income
Other (Specify)	Recipient	Annual Income
TOTAL ANNUAL INCOME FOR ALL HOUSEHOLD MEMBERS		Annual Income

Financial Information - Please list all applicable savings and checking account information for each account held

Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:
Address:	Savings/ Checking/Other:
Current Account Balance:	

Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:
Address:	Savings/ Checking/Other:
Current Account Balance:	

Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:
Address:	Savings/ Checking/Other:
Current Account Balance:	

Please list all other asset accounts and their respective values (checking/savings/stocks/401K/bonds/annuities/pensions/cash value of life insurance policies, etc.)

ACCOUNT CATEGORY	CURRENT CASH VALUE
Total Value of Checking/Savings/Other Cash Accounts Indicated Above	\$
Stocks/Bond/Other Investment Accounts	\$
Life Insurance Net Cash Value	\$
Net Worth of Business	\$
Retirement/PERS/401K/IRA	\$
Other Assets (Veterans Benefits):	\$
Other Assets (list):	\$
Other Assets (list):	\$
Total Assets:	\$

Do you currently own, or have an interest in any real estate, other than the property which you are seeking to have rehabilitated under this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, you must complete and submit the attached Schedule of Real Estate Owned
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List applicable information regarding all of your loan obligations - (Attach additional sheets as necessary)

Creditor / Financial Institution	Account Number	Monthly Payment Amount	Current Outstanding Balance
Mortgage:			
Creditor:			

Creditor:			

Property Information

Number of Housing Units on Property:		Number of Bedrooms:		Number of Bathrooms:	
Year Property Acquired:		Original Purchase Price:			
Name and Amount of 1 st Mortgage:	Amount	Mortgage Holder			
Name and Amount of 2 nd Mortgage:	Amount	Mortgage Holder			
Name and Amount of 3 rd Mortgage:	Amount	Mortgage Holder			
Estimate Appraised Market Value:	Amount				
Total Outstanding Debt against which the Property is used as security:	Amount				

Please answer all of the following:

	Applicant	Co-Applicant
Do you have any judgments currently outstanding against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you declared bankruptcy within the last seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you has a property foreclosed on, or given a deed-in-lieu in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
During the preceding 5 years, have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure or judgment, or which resulted in a loan default (eg.: mortgages, SBA loans, home improvement loans, any financial obligation, bond or loan guaranty, etc.) ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently delinquent or in default on any debt to the Federal Government (e.g.: Federal Guaranteed Student Loan, Public Health Service, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the property to be rehabilitated your primary residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the owner of this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any members of your household disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. Armed Forces Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Repairs - Please supply a detailed list of all repairs you are seeking to have completed under this program. Prioritize your repairs starting with the items which are most important. Be as detailed as possible (attach additional sheets if necessary), and provide photocopies of any cost estimates which you may have already obtained (Attach additional sheets as necessary).

Please indicate the repairs you would like to have performed on your property, starting with the items which are most important:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

NOTES:

Ethnicity/Head of Household (For Statistical Purposes Only)

Demographic information will be held strictly confidential, and is not considered as a factor in the review of your grant application. However, in accordance with Department of Housing and Urban Development (HUD) requirements, this information must be collected for your participation in this program. Please complete the following:

HEAD OF HOUSEHOLD
Female Head of Household <input type="checkbox"/> Yes <input type="checkbox"/> No

RACIAL BACKGROUND	
Applicant's race* _____	Co-applicant's race* _____
11-White 12-Black/African American 13-Asian 14-American Indian/Alaskan 15-Native Hawaiian/other Pacific Islander	16-American Indian/Alaskan Native & White 17-Asian & White 18-Black/African American & White 19-American Indian/Alaskan Native & Black/African American 20-Other Multi-Racial

ETHNIC BACKGROUND	
Applicant's _____	Co-applicant's _____
<input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino Ethnicity <ul style="list-style-type: none"> <input type="checkbox"/> Mexican-American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic/Latino _____ 	

ATTACHMENT B

CITY OF UPLAND

HOME Investment Partnerships Program (HOME): Income & Asset Inclusions

Type of Income	YES or NO	Type	Received from whom?	Amount Received Annually
1 The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees tips, and bonuses, and other compensation for personal services.				
2 The net income from the operation of a business of profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Services Regulations. Any withdrawal of cash or assets from the operation or business will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family.				
3 Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used in determining net income. An allowance for depreciation is permitted only as authorized in number 2 (above). Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family.				
4 The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount.				
5 Payments in lieu of earnings, such as unemployment and disability compensation, and severance pay.				
6 Welfare assistance, Welfare assistance made under the Temporary Assistance for Needy Families (TANF 45 CFR 260.31) program.				
7 Periodic and determinable allowances such as alimony and child support payments, and regular contributions or gift received organizations or from persons not residing in the dwelling.				
8 All regular pay, special pay, and allowances of a member of the Armed Forces.				

	Type of Assets:	YES or NO	Source	Value of Asset	Interest Earned Annually
1a	Cash held in savings accounts (current balance)				
1b	Cash held in checking accounts (avg. balance for last 6 mos.)				
1c	Cash held in safe deposit boxes				
1d	Other cash				
2	Cash value of revocable trusts available to the applicant.				
3	Equity in rental property or other capital investments.				
4	Cash value of stocks or bonds.				
5a	Cash value of Treasury bills, certificates of deposit and money market accounts.				
5b	Individual retirement, 401(K), and Keogh accounts (even though early withdrawal could result in a penalty).				
6	Retirement and pension funds.				
7	Cash value of life insurance policies available before death.				
8	Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.				
9	Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.				
10	Mortgages or deeds of trust held by applicant.				
11	Assets (cash, property, etc.) gifted or sold below market value in last 24 months.				

APPLICANT'S CERTIFICATION

I/we certify that all information on this **CITY OF UPLAND HOME Investment Partnerships Program (HOME): Income and Asset Inclusions** form is true and correct to the best of my/our knowledge and I/we understand that any deliberate falsifications are grounds for rejection of the application. I/we consent to all verification of any information herein contained.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Print Name

Print Name

ATTACHMENT “B”

HOMEOWNER ACKNOWLEDGEMENT

HOMEOWNER ACKNOWLEDGES:

1. The City is not a party to any contacts or agreements between the undersigned and contractor(s) performing work on the home nor will the City guarantee any payments to contractors. Contractual agreements are solely between homeowners and contractors.
2. No expenditures made by the homeowner prior to receipt of a Notice to Proceed will be paid from loan proceeds, nor will the City approve reimbursement to the homeowner for costs incurred prior to the issuance of a Notice to Proceed.
3. No changes can be made in the Work Write-Up without prior, written approval of the program coordinator. The City will not authorize payment for any change that is not approved.
4. The homeowner affirms and understands that all work performed under the construction contract is rehabilitation in nature and not restoration, custom work or luxury in nature. To “industry standards” as determined by the City are the minimum requirements of the program.

HOMEOWNER AGREES:

1. To reasonably attempt to resolve any problems that arise with the contractor before calling the program staff for help;
2. To assure that all necessary building permits are secured by contractor(s);
3. To authorize the payment of all bills from the contractor(s) that pass City inspection;
4. To notify the Program Coordinator when progress inspections are needed; and
5. To assure that all permit inspections are completed prior to calling for progress or final inspections.

Signature of Applicant

Date

Signature of Applicant

Date



CITY OF UPLAND
OWNER-OCCUPIED HOUSING REHABILITATION PROGRAM
 460 N. Euclid Avenue, Upland, CA 91786
 (909) 931-4300



ATTACHMENT "D"
Certification

Owner-Occupied Housing Rehabilitation Program
Borrower's Certification and Authorization

The undersigned certify the following:

1. I/We have applied for a loan from the City of Upland (the "City"). In applying for the loan, I/We completed a loan application containing various information on the purpose of the loan, employment and income information, and assets and liabilities. I/We certify under penalty of perjury that all of the information is true and complete and that I/We made no misrepresentations in the loan application or other documents, nor did I/We omit any pertinent information.
2. I/We understand and agree that the City, reserves the right to change the loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.
3. I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage/trust deed, as applicable under the provisions of Title 18, United States Codes, Section 1014.
4. If approved, I/We agree to participate with the City's marketing efforts by allowing City staff to install a program marketing sign on my premises during the course of the home renovation.

Authorization to Release Information

To Whom it may concern:

1. I/We have applied for a loan from the City. As part of the application process, the City may verify information contained in my/our loan 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.
2. I/We authorize you to provide to the City, any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income, bank, money market, and similar account balances; credit report; credit history, and copies of income tax returns.
3. The City may address this authorization to any party named in the loan application, (credit reporting bureau, etc.).
4. A copy of this authorization may be accepted as an original.
5. Your prompt reply to the City is appreciated.

Applicant's Signature

Date

Social Security Number

Co-Applicant's Signature

Date

Social Security Number



CITY OF UPLAND
OWNER-OCCUPIED HOUSING REHABILITATION PROGRAM

460 N. Euclid Avenue, Upland, CA 91786
(909) 931-4300



ATTACHMENT "E"

Owner-Occupied Housing Rehabilitation Program
Advance Payment Agreement

THIS ADVANCE PAYMENT AGREEMENT (the "AGREEMENT") is entered into this _____ day of _____, 200__, between the City of Upland (the "City"), hereinafter referred to as "City" and _____, hereinafter referred to as "Owner".

RECITALS

WHEREAS, the City by and through the Development Services Department, administers the Owner-Occupied Housing Rehabilitation Program (the "OOR") that provides technical and financial assistance to property owners for the purpose of making certain repairs and improvements to privately owned residential property; and,

WHEREAS, the above named Owner has requested that the City provide such assistance for the property located at _____, Upland, California; and,

WHEREAS, the City has determined that the Owner and the property so described are eligible to receive financial assistance in the form of a loan by execution of a Note secured by Deed of Trust; and,

WHEREAS, the Owner has indicated good faith and intent to cause such indebtedness to be lawfully encumbered in accordance with the City's OOR Policies.

WITNESSETH

NOW THEREFORE, in consideration of the mutual understandings contained herein, the parties agree as follows:

- 1. The City agrees to make advance payment of certain preliminary costs necessary for the preparation of owner to get a loan approved, provided that the Owner shall execute a written authorization for each advance payment disbursed by the City.
2. The Owner agrees that the aforementioned costs are necessary to accomplish the intended repairs and obtain an OOR Loan through the City. The Owner furthermore promises to reimburse the City in lawful currency of the United States of America for all advance payments made in connection with the proposed rehabilitation project.
3. The City shall retain supporting documentation for each advance payment.
4. In the event Owner qualifies for an OOR Loan, Owner promises to reimburse the City for advance payments and City agrees that such costs will be regarded as eligible costs for inclusion in the principal amount of the Promissory Note secured by the Deed of Trust.

Applicant's Signature Date
Co-Applicant's Signature Date
Redevelopment Staff Date



REQUEST FOR VERIFICATION OF EMPLOYMENT

ATTACHMENT "F" - APPLICANT

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/or 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 Title 38, USC, Chapter 37(if VA); by 12 USC, Section 1701 et seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et seq. or 7 USC, 1921 et seq. (if USDA/FmHA).

Instructions: Lender complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1. **Employer** Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.

Part I - Request

1. To (Name and Address of Employer)

2. From (Name and Address of Lender)

**Redevelopment Department – Loan Programs
CITY OF UPLAND
460 North Euclid Avenue
Upland, CA 91786**

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other party.

3. Signature of Lender

4. Title

5. Date

6. Lender's No. (Optional)

I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number)

8. Signature of Applicant

Part II – Verification of Present Employment

9. Applicant's Date of Employment

10. Present Position

11. Probability of Continued Employment

**12A. Current Gross Base Pay
(Enter Amount and Check Period)**

Pay Grade _____
 Annual Hourly
\$ _____ Monthly Other (Specify) _____
 Weekly

13. For Military Personnel Only

Type Monthly Amt.
Base Pay \$ _____
Rations \$ _____
Flight or Hazard \$ _____
Clothing \$ _____
Quarters \$ _____
Proficiency Pay \$ _____
Overseas or Combat \$ _____
Variable Housing \$ _____

14. If Overtime or Bonus is Applicable

Overtime Yes No
Bonus Yes No

12B. Three Years Gross Earnings

Type	Year-to-Date	Last Year	Prior Year
Base Pay	\$ _____	\$ _____	\$ _____
Overtime	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____
Bonus	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

15. If paid hourly, average hours/wk _____

16. Date of Applicant's next pay increase _____

17. Projected Amount of pay increase \$ _____

18. Date of Applicant's last pay increase _____

19. Amount of last pay increase \$ _____

20. Remarks (if employee was off work for any length of time, please indicate time period and reason).

Part III - Verification of Previous Employment

21. Date Hired _____ **23. Salary/Wage at termination per (year) (month) (week)**

22. Date Terminated _____ Base \$ _____ Overtime \$ _____ Commissions \$ _____ Bonus \$ _____

24. Reason for Leaving _____ **25. Position Held** _____

Part IV - Authorized Signature - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer

27. Title (please print or type)

28. Date

29. Print or type name signed in Item 26

30. Phone number

REQUEST FOR VERIFICATION OF EMPLOYMENT

ATTACHMENT "F" – CO-APPLICANT

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Instructions: Lender complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1. **Employer** Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.

Part I - Request

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2. From (Name and Address of Lender)

**Redevelopment Department – Loan Programs
CITY OF UPLAND
460 North Euclid Avenue
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I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other party.

3. Signature of Lender

4. Title

5. Date

6. Lender's No. (Optional)

I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number)

8. Signature of Applicant

Part II – Verification of Present Employment

9. Applicant's Date of Employment

10. Present Position

11. Probability of Continued Employment

12A. Current Gross Base Pay (Enter Amount and Check Period)

Pay Grade _____
 Annual Hourly
\$ _____ Monthly Other (Specify) _____
 Weekly

13. For Military Personnel Only

Type Monthly Amt.
Base Pay \$ _____
Rations \$ _____
Flight or Hazard \$ _____
Clothing \$ _____
Quarters \$ _____
Proficiency Pay \$ _____
Overseas or Combat \$ _____
Variable Housing \$ _____

14. If Overtime or Bonus is Applicable

Overtime Yes No
Bonus Yes No

12B. Three Years Gross Earnings

Type	Year-to-Date	Last Year	Prior Year
Base Pay	\$ _____	\$ _____	\$ _____
Overtime	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____
Bonus	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

15. If paid hourly, average hours/wk _____

16. Date of Applicant's next pay increase _____

17. Projected Amount of pay increase \$ _____

18. Date of Applicant's last pay increase _____

19. Amount of last pay increase \$ _____

20. Remarks (if employee was off work for any length of time, please indicate time period and reason).

Part III - Verification of Previous Employment

21. Date Hired _____ **23. Salary/Wage at termination per (year) (month) (week)**

22. Date Terminated _____ Base \$ _____ Overtime \$ _____ Commissions \$ _____ Bonus \$ _____

24. Reason for Leaving _____ **25. Position Held** _____

Part IV - Authorized Signature - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer

27. Title (please print or type)

28. Date

29. Print or type name signed in Item 26

30. Phone number

SCHEDULE OF REAL ESTATE OWNED									
Property Address	Type of Property (Residential/ Commercial/ Vacant)	Market Value	Outstanding Mortgage/ Loan Amounts	Monthly Gross Rents	Monthly Loan Payments	Taxes and Insurance	Other Monthly Operating Expenses	Monthly Income	
TOTALS									