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**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 corporate City limits of Upland.
2. Rehabilitation loans are available up to \$90,000 from state, federal and local funds. Loan terms are 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 or title changes. (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, or title changes. Interest rates listed above are simple interest and provided that conditions are met, interest ceases to accrue after a period of 240 months.
3. In order to participate, household income may not exceed those listed in Table "A." Household income includes all income from all members age 18 years or older living in the household to be repaired, regardless of whether they contribute to the overall household. In addition, household income must be verifiable.
4. All loans are secured by a promissory note and a deed of trust.
5. Homeowner's requesting 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, who has the required general liability, automobile and workmen's compensation insurance coverage, and who has or will obtain a City business license. Neither City nor Homeowner will have control over the means of construction. All work constructed under this program is solely rehabilitation and not restoration in nature.
6. Rehabilitation work must not commence until a City approved construction contract has been signed by the homeowner and the contractor, building permits have been issued and the City has issued a Notice to Proceed.
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. All 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 those instances where the work has been satisfactorily completed and the homeowner is unavailable or 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 as determined by the City. 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.

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**

<b>Owner-Occupied Housing Rehabilitation Program (OOR)</b>		
<b>Household Size</b>	<b>0% to 50% of Area Median</b>	<b>51% to 80% of Area Median</b>
1	\$26,400	\$42,200
2	\$30,150	\$48,200
3	\$33,900	\$54,250
4	\$37,650	\$60,250
5	\$40,700	\$65,100
6	\$46,700	\$69,900
7	\$46,700	\$74,750
8	\$49,700	\$79,550
<b>Loan Type</b>	<b>0% Deferred</b>	<b>3% Deferred</b>

Based on 2020 Median Family Income for San Bernardino County

## 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 HAZZARD 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 CURRENT CONSECUTIVE CHECKING BANK STATEMENTS AND ONE MONTH CURRENT SAVINGS BANK STATEMENT FOR ALL HOUSEHOLD MEMBERS**  
*Please provide six months of current consecutive checking statements and one month current saving statement for all household members.*
- **VERIFICATION OF ASSET HOLDINGS**  
*Please provide photocopies of the last month of transaction statements for all asset accounts held.*
- **VERIFICATION OF INCOME FOR ALL HOUSEHOLD MEMBERS (2 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 18-years of age or older.. 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 3<sup>rd</sup> 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 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**

**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 comply with present and additional future requirements of the program.

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 agree to allow the City to run all necessary credit reports to determine our credit worthiness.

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 909-931-4300 to schedule an appointment with our staff to review your completed application.  
APPLICATIONS WILL NOT BE ACCEPTED WITHOUT AN APPOINTMENT**

### **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.

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

### **Proof of Residency Requirement:**

You must reside at the address named on the OOR application. Attach your most recent copy of a utility bill (gas, telephone or electric) to your OOR application.

### **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. Please complete all entries. 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/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 or Checking:
Name of Primary/Secondary Account Holder:	Current Account Balance:

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

Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:
Address:	Savings or Checking:
Name of Primary/Secondary Account Holder:	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 Accounts Indicated Above	\$
Total Value of Other Cash Accounts	\$
Total Value of Cash on Hand	\$
Stocks/Bond/Other Investment Accounts	\$
Life Insurance Net Cash Value	\$
Net Worth of Business	\$
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:			
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 <sup>st</sup> Mortgage:	Amount	Mortgage Holder			
Name and Amount of 2 <sup>nd</sup> Mortgage:	Amount	Mortgage Holder			
Name and Amount of 3 <sup>rd</sup> Mortgage:	Amount	Mortgage Holder			
Total Outstanding Debt against which the Property is used as security:	Amount				
Estimate Appraised Market Value:	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 (e.g.: 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

**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  Yes  No

**RACIAL BACKGROUND**

**SINGLE CATEGORIES**

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White
- Other – For individuals that do not identify with any of the above

**DOUBLE CATEGORIES**

- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American

**ETHNIC BACKGROUND**

- Not Hispanic/Latino
- Hispanic/Latino Ethnicity
  - Mexican-American
  - Puerto Rican
  - Cuban
  - Other Hispanic/Latino \_\_\_\_\_

**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).**

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. \_\_\_\_\_

## HOMEOWNER ACKNOWLEDGEMENT

It is expressly agreed and understood by the undersigned that:

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.

### 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);
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**

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ATTACHMENT "B"

**REQUEST FOR BIDDING ASSISTANCE**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I hereby request the City of Upland to assist me in obtaining a contractor for work to be performed through the Owner-Occupied Rehabilitation Program.

I understand that while the City of Upland staff will assist me both to identify contractors and to solicit and evaluate proposals from contractors, I will be responsible for the final selection of a contractor.

I understand that contractors will be contacting me to inspect my property. I agree to permit such inspections at convenient time(s).

I agree to hold the City of Upland harmless for any activities associated with contracting for rehabilitation of my residence. I reserve the right to select the contractor of my choice and reject all other contractors. I understand that all contractors must be approved by the City of Upland.

I understand that once the contractor I have selected is approved by the City of Upland, the resulting contract will be between myself and the contractor and that the City of Upland will not be a party to the contract.

\_\_\_\_\_  
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



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

**Certification**

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 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 "D"



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 Redevelopment 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 "E" - 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)**

**Development Services –Housing 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 "E" – CO-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**

**ATTACHMENT "F"**  
**California Fair Lending Notice**

Under the Housing Financial Discrimination (Holden) Act of 1977, it is unlawful to discriminate in the provision of or in the availability of financial assistance because of the consideration of:

1. Trends, characteristics or conditions in the neighborhood of geographic area surrounding a housing accommodation, unless the financial institution can demonstrate in the particular case that such consideration is required to avoid an unsafe and unsound business; or
2. Race, 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 geographical area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in 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 questions about your rights, or if you wish to file a complaint, contact:

Department of Real Estate  
2201 Broadway  
P.O. Box 187000  
Sacramento, CA 95808-7000

**Equal Credit Opportunity Act (ECOA) Notice**

To: All borrowers for a real property secured loan to purchase, construct, rehabilitate, improve or refinance an owner-occupied one- to four-family residence; and all owner-applicants for a real property secured home improvement loan to improve a one- to four-family residence (whether or not owner-occupied)

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derive from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. In addition to your rights under federal law, you may also have other rights afforded under state law. The federal agency that administers compliance with this law concerning this lender is the:

Consumer Response Center  
Federal Trade Commission  
Washington, DC 20580.

**Acknowledgment of Receipt**

I/We have received a copy of the California Fair Lending Notice and the Equal Credit Opportunity Notice.

\_\_\_\_\_  
Borrower Name (Printed)

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower Name (Printed)

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date



<b>SCHEDULE OF REAL ESTATE OWNED</b>									
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	
<b>TOTALS</b>									