



PLACER COUNTY REDEVELOPMENT AGENCY

File Name: \_\_\_\_\_  
 (Print Applicant's Last Name)

**PLACER COUNTY CDBG & HOME OWNER  
 OCCUPIED REHABILITATION LOAN  
 APPLICATION**

This application, when complete, will place the applicant on a waiting list for a loan. The order of the list depends on when an application is deemed complete. The actual issuance of a loan depends on the availability of CDBG or HOME funds. No application is complete until all requested information is received and verified.

**GENERAL INFORMATION**

Physical address of property to be rehabilitated: \_\_\_\_\_  
 (Must be Primary Residence)

Applicant: \_\_\_\_\_ Spouse or Co-Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

SSN: \_\_\_\_\_ SSN: \_\_\_\_\_

Age or DOB: \_\_\_\_\_ Gender: \_\_\_ Disabled: \_\_\_ Age or DOB: \_\_\_\_\_ Gender: \_\_\_ Disabled: \_\_\_

**HOUSEHOLD MEMBERS**

List all persons who will be living in the property being rehabilitated including and in addition to Applicant or Spouse or Co-applicant(s). NOTE: Income must be identified in terms of "**Gross Monthly**". List income for all household members over 18

NAME	RELATION TO APPLICANT	BASE INCOME	OVERTIME	BONUS	SSI/SSA	OTHER*	TOTAL
Applicant							
Spouse or Co-Applicant							









**County of Placer/Placer County Redevelopment Agency**  
Community Development Block Grant & HOME Owner Assistance Loans  
3091 County Center Drive, Suite 260, Auburn, CA 95603

**APPLICANT CERTIFICATION OF ELIGIBILITY**  
(to be completed by Applicant)

Print Applicant's Name \_\_\_\_\_

I/We hereby certify the following to be true and correct:

2. My/Our total household size is \_\_\_\_ persons. The following people are members of my/our household (for all household members 18 years of age and older, documentation of income earnings and/or verifications of student status is required, including, but not limited to, employment verification, wages, tax returns for the past 3 years; class registration; and report cards. If last names are different, explanations are required including documentation of child support, alimony, social security benefits, etc):

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. My/Our combined GROSS annual household income is \$ \_\_\_\_\_ and is verified through enclosed documentation.

4. I/We occupy the property at \_\_\_\_\_ as our primary residence:  Yes  No

List Address

County of Placer/Placer County Redevelopment Agency  
3091 County Center Drive, Suite 260, Auburn, CA 95603  
**CDBG & HOME Owner Assistance Loan Program**



