



**County of Placer c/o Redevelopment Agency**  
**OWNER OCCUPIED Rehab Loan Program**  
**3091 County Center Drive, Suite 260,**  
**Auburn, CA 95603**

Applicant's Name: \_\_\_\_\_

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

**PROGRAM BASICS**

**CDBG& HOME** assistance program participants must meet the income qualifications for household size at 80% of County median. Household income of 80-120% may be considered for Redevelopment funds, if available. The complete documentation must be received and reviewed by the County prior to final approval and funding of the County's loan. Program funds are limited and failure to submit a complete package will result in delays and funds may no longer be available.

**APPLICATION INSTRUCTIONS**

1. Please fill out your name and address twice, once on the first page and once on the last page. The first page is for the required application. The last page will be detached and sent as a separate document for a credit report.
2. Provide your primary residence address on the first page of the application.
3. Submit copies of supporting documentation. No originals. The documents submitted will not be returned.
4. A complete application is made up of the application form filled out completely as well as bank statements, mortgage statements, income tax returns and any other asset documentation and household information (see checklist below).
5. Be assured that social security numbers and bank account numbers will be retained on the original application only. They will be blanked out on any documents circulated for loan approval.
6. There must be enough equity in your house to cover the loan amount for the repairs needed.
7. Completely describe household size. It is required because income limits vary with the size of the household.
8. Household income is based on the income from all individual over 18 that live in the house.

**CHECKLIST**

(To be completed by Applicant)

**COUNTY APPLICATION AND DISCLOSURE FORMS**

**Written verification of all income sources is required per program guidelines and Federal Regulations. All income sources shall be disclosed. ATM statements are not accepted. Income documentation includes but is not limited to: letters from Social Security, VA, EDD or other benefit income, as well as bank statements, W-2, wage statements, tax returns, etc.**

- County Application
- Information Release Authorization  
(last page of application)

- Signed Federal Income Tax Returns for previous three years

**INCOME DOCUMENTATION (include all that apply)**

- Child Support, Alimony
- Divorce Decree
- Current Employment Verification
- 6 Consecutive most recent pay stubs
- Interest Income (3 years)
- Pensions and/or Annuities
- Proof of student status (class registrations and report cards)
- Government Grants
- Self Employment (tax returns and profit and loss statement for current year)
- Supplemental Security Income (SSI, Social Sec.)
- TANF (Welfare Benefits)
- Trust Funds
- Unemployment
- VA or Military Benefits

**ASSET DOCUMENTATION: (include all that apply)**

- Life Insurance (Cash Value)
- Checking & Savings Accounts – 6 months of statements
- Stocks & Bonds (Cash Value)
- Retirement Funds – 401-K, 457-K, IRA, Etc.

**CREDIT DOCUMENTS**

- Bankruptcy Documentation, if applicable.

Upon receipt of the required above documents, the county will obtain or produce the following to perform underwriting and document the loan and household qualifications.

- ▶ Credit Report
- ▶ Property Appraisal
- ▶ Pest Control Report
- ▶ Loan Documents
- ▶ Equal Credit Opportunity Notice
- ▶ Preliminary Title Report
- ▶ Work Write Up
- ▶ Good Faith Estimate of Closing Costs



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**



Please have each principal that will own 10% or more sign this Borrower's Certificate & Authorization (Note: Duplicate copies of this Borrower's Certification & Authorization for can be made, as needed)

**Borrower's Certification and Authorization**

Date \_\_\_/\_\_\_/\_\_\_

**CERTIFICATION**

The undersigned certifies the following:

1. I/We have applied for a residential rehabilitation loan from Placer County, its assigns, affiliated lenders, or associated investors. In applying for the loan, I/We completed a loan application containing various information, and have supplied additional information concerning the financial condition of the borrowing entity, the personal financial condition of the guarantor, and financial information on the proposed project. I/We certify that to the best of my/our knowledge all of the information supplied is true, complete and correct. I/We made no misrepresentations in the loan application or any other documents, nor did I /We omit any pertinent information.
2. I/We fully understand that it is a crime punishable by fine, imprisonment, or both to unknowingly make any false statements or supply false or misleading information when applying for this loan, as applicable under state and federal laws.

**AUTHORIZATION TO RELEASE INFORMATION**

To Whom It May Concern:

1. I/We have applied for a residential rehabilitation loan from Placer County. As part of the application process, Placer County RDA, it assigns, affiliated lenders, associated investors, or regulatory examiners may obtain or 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 after as part of a quality control program.
2. I/We hereby authorize you to provide to Placer County and any other investor to Placer County whom its assigns, affiliated lenders, or associated investors may well sell, submit, or transfer the loan to, including any and all information and documentation that they may request. Such information includes, but is not limited to, employment history and income; money market, bank records, checking accounts and similar account balances, credit reports, credit history; and copies of income tax returns; plus obtaining and verifying references.
3. I/We hereby authorize Placer County to order copy(s) of my/our credit report from any credit service, to perform background checks and UCC searches on myself and any related person or entity during the underwriting of my /our loan request or if funded during the loan term.
4. Placer County regulatory examiners, or any investor that considers funding the loan, plus anyone who purchases the loan, may address this authorization to any party named in the information provided by me, or the loan documentation. A copy of this authorization may be accepted as the original.
5. Your prompt reply to Placer County its assigns, affiliated lenders, associated investors, or regulatory examiners or any other investor considering or working on the loan is appreciated.

Printed Full Name \_\_\_\_\_  
 (Applicant)                      First                      Last                      Signature                      Social Security No.

Printed Full Name \_\_\_\_\_  
 (Spouse or Co-Applicant) First                      Last                      Signature                      Social Security No.

Current Home Address \_\_\_\_\_  
    Number                      Street                      City                      State                      Zip Code

