

City of South San Francisco

Community Development

Block Grant (CDBG) Housing Rehabilitation Loan Program

About the Program

This program is designed to assist low-income homeowners with home repairs. Loans are provided to help correct code deficiencies and improve the health and safety of homes in a timely manner.

Eligibility

Property: Any home considered for rehabilitation through this program must be a single-family dwelling, owner-occupied, and located in South San Francisco.

Applicant: Eligible applicants must be considered low to moderate income and have a gross household income that is at or below 80% of Area Median Income (AMI), as defined by the U.S. Department of Housing and Urban Development (HUD).

Improvements: Eligible repairs include roof repair and replacement, termite clearance repairs, foundation and structural repairs, hazardous material abatement, heating repair and upgrades, plumbing and electrical systems, modifications to improve disabled access, window replacement, interior and exterior painting, replacement of floor coverings, architectural and engineering services, and other non-cosmetic improvements.

Loan Terms

Qualifying applicants may borrow up to \$35,000. The loan amount is secured with a deed of trust recorded against the property. A typical loan is amortized over 10 years at 2-3% annual interest. Special loan terms and conditions can be arranged for seniors and extremely low-income households. Loan fees are minimal and include initial finance charges and a monthly service fee. Points and pre-payment penalties are not charged.

Contact Info

Phone: (650) 829-6620

Email: housingrehab@ssf.net

Fax: (650) 829-6623

To apply, complete the forms included in this packet:

- CDBG Eligibility Questionnaire
- Request for Housing Inspection
- Credit Application
- AmeriNational Credit Information Disclosure Authorization

Please also attach the following items for our review:

- Three (3) separate contractor estimates for the work stated in your application
- Proof of income
 - a. Copy of your most recent federal income tax forms **AND** copies of your last two pay stubs **OR**
 - b. Evidence of Supplemental Security Income (SSI) or other income-tested government assistance
- Copy of valid homeowner's insurance

Please complete the packet and email to housingrehab@ssf.net or mail it to:

The City of South San Francisco
Housing Rehabilitation Program
PO Box 711
South San Francisco, CA 94083-0711

CDBG HOUSING REHABILITATION LOAN PROGRAM

City of South San Francisco
Department of Economic & Community Development
400 Grand Avenue, South San Francisco, CA 94080
Phone: (650) 829-6620 Fax: (650) 829-6623
Email: housingrehab@ssf.net

Esta forma es disponible en español

INSTRUCTIONS TO HOMEOWNER: To determine if you qualify for the Housing Rehabilitation Loan program, please provide all of the information requested. After you have signed and dated this form, please send it to the address above along with **three contractor estimates, proof of income and copy of valid homeowners insurance.**

Do you own this home? Yes No Do you own any other homes? Yes No
Home Owner Name: _____ Phone: _____
Address: _____ Email: _____
All names on title: _____

1. Is the head of household: Female? Disabled? Elderly (62+ years)? (Check all that apply)
2. Please **circle** your family size and annual gross (pre-tax) household income. You must also **provide proof of income** with your application to validate income for all adults in the household. Acceptable documents for proof of income can be either of the following:
 - a. Copy of your most recent federal income tax forms **AND** copies of your last two pay stubs
 - b. Evidence of Supplemental Security Income (SSI) or other income-tested government assistance

2015	1 Person	2 People	3 People	4 People
30% AMI	\$24,650 or less	\$28,150 or less	\$31,650 or less	\$35,150 or less
50% AMI	\$24,651 - \$41,050	\$28,151 - \$46,900	\$31,651 - \$52,750	\$35,151 - \$58,600
80% AMI	\$41,051 - \$65,700	\$46,901 - \$75,100	\$52,751 - \$84,500	\$58,601 - \$93,850
	5 People	6 People	7 People	8 or More People
30% AMI	\$38,000 or less	\$40,800 or less	\$43,600 or less	\$46,400 or less
50% AMI	\$38,001 - \$63,300	\$40,801 - \$68,000	\$43,601 - \$72,700	\$46,401 - \$77,400
80% AMI	\$63,301 - \$101,400	\$68,001 - \$108,900	\$72,701 - \$116,400	\$77,401 - \$123,900

3. List all persons living in the home including all children and the applicant (attach separate sheet if necessary):

Name	Relationship to Applicant	Age	Monthly Income
Applicant:	Self		

*For each adult (over age 18) in the household without income, complete and attach a Zero Income Affidavit

4. Please select one of the following ethnic backgrounds (for statistical purposes only):

<p>If you are NOT Hispanic/Latino:</p> <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> American Indian/ Alaska Native and Black/African American <input type="checkbox"/> American Indian/Alaska Native and White <input type="checkbox"/> Asian <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American and White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____	<p>If you ARE Hispanic/Latino:</p> <input type="checkbox"/> Hispanic/Latino American Indian/Alaska Native <input type="checkbox"/> Hispanic/Latino Am. Indian/Alaska Native and Black/African Am. <input type="checkbox"/> Hispanic/Latino American Indian/Alaska Native and White <input type="checkbox"/> Hispanic/Latino Asian <input type="checkbox"/> Hispanic/Latino Asian and White <input type="checkbox"/> Hispanic/Latino Black/African American <input type="checkbox"/> Hispanic/Latino Black/African American and White <input type="checkbox"/> Hispanic/Latino Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Hispanic/Latino White <input type="checkbox"/> Hispanic/Latino Other _____
--	--

I certify under penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my knowledge. I further understand that providing false representations herein constitutes an act of fraud and that false, misleading, or incomplete information may result in the termination of the execution of the activity (28 U.S. Code 1746).

Signature of Homeowner _____ Date _____ Signature of Homeowner _____ Date _____

REQUEST FOR HOUSING INSPECTION

Home Owner Name: _____ Phone: _____
Address: _____ Email: _____
All names on title: _____

I am interested in obtaining a rehabilitation loan for the property I own at:

_____, South San Francisco, California.
(Address)

The rehabilitation work I propose to have done is as follows:

Year your home was built? _____

How did you hear about this program? _____

In order to obtain a loan under the program being offered through the City of South San Francisco, I understand that my property at the above address will be evaluated for possible Housing Code deficiencies. I understand that any Housing Code deficiencies brought to my attention, which are considered to be threatening to life or property, will require corrective action to be taken.

I certify that to the best of my knowledge the information provided is true and correct.

Print Name of Homeowner

Print Name of Homeowner

Signature of Homeowner

Signature of Homeowner

Social Security Number

Social Security Number

Date

Date

CREDIT APPLICATION

A - APPLICANT
S - SPOUSE

Contact Information (A):	Contact Information (S):
Name (A) _____	Name (S) _____
Address (A) _____	Address (S) _____
Phone (Home): _____	Phone (Home): _____
Phone (Work): _____	Phone (Work): _____
Employer: (A)	Employer: (S)
Employer Name: _____	Employer Name: _____
Employer Address: _____	Employer Address: _____
Salary: _____	Salary: _____
Other income: _____	Other income: _____

Loan Amount _____ Terms _____

Additional Information:	
Checking Account (No) _____	Balance owed \$: _____
Savings Account (No) _____	Balance owed \$: _____
Automobiles	
1. _____ (Make/ Yr)	2. _____ (Make/Yr)
1. _____ Balance Owed \$	2. _____ Balance Owed \$

CREDIT APPLICATION, 2 of 3 - Credit Experience:

List all loans, charges and other credit card accounts and other debts for which you and/or your spouse are or have been responsible.

	Payment Per Month (\$)	Balance Owed (\$)
First Mortgage		
Rent		-
Second Mortgage		
Mobile Home/ Space Rent		-
Automobile Loan (1)		
Automobile Loan (2)		
Credit Card (1)		
Credit Card (2)		
Credit Card (3)		
Other		
Total Monthly Amount Due:		-

NOTES:

CREDIT APPLICATION, 3 of 3 - Financial Statement of Applicant(s):

Assets	Item	Amount (\$)
Cash In		
Cash In		
Accounts Receivable		
Stocks and Bonds		
Notes Receivable		
Cash surrender value life insurance		
Automobile		
Automobile		
Real Estate		
Other Assets		
Total Assets		

Liabilities	Item	Amount (\$)
Notes Payable		
Notes Payable		
Accounts Payable		
Taxes Payable		
Contracts Payable		
Real Estate Indebtedness		
Other Liabilities		
Total Liabilities		
Net Worth		

Have you or your spouse filed for bankruptcy within the last 14 yrs? Y N

Have you or your spouse ever voluntarily surrendered or had a vehicle, appliance or any other item repossessed? Y N

Are you or your spouse a co-signer or guarantor on any loan or contract not shown above? Y N

Are there any judgments against you or your spouse? Y N

Is there anything not known which would reduce or stop the income shown above before this credit is repaid? Y N

By signing, you:

1. Certify that the above information is true and complete as of the date above.
2. Agree that this application is the property of the City of South San Francisco and need not be returned to you.
3. Authorize the City to verify the accuracy and completeness of all information above from any source the City chooses. If you are married and applying for credit in your name alone, this authorization extends to verifying information about your spouse.
4. Authorize the City to answer questions from and to furnish information to others about the City's credit experience with you.

Applicant's Signature Date

Spouse's Signature Date

AMERINATIONAL COMMUNITY SERVICES, INC.

CREDIT INFORMATION DISCLOSURE AUTHORIZATION

I/We hereby authorize you to release to the City of South San Francisco or its agent, AmeriNational Community Services Inc., for verification purposes, information concerning:

Employment history; dates, title, income, hours worked, etc.;

Banking and savings account records;

Credit History: balance, payment history, etc.;

Mortgage loan information including open date, high credit, payment amount, due date, loan balance, interest rate, and payment record.

The above reports are for confidential use in compiling information regarding a real estate loan requested by the applicant(s) signing this form.

A photographic or carbon copy of this authorization (being a photographic or carbon copy of the signature(s) of the undersigned) may be deemed to be the equivalent of the original and may be used as a duplicate original.

Your prompt attention to this matter will help to expedite my real estate loan application.

Thank you,

Applicant Name

Social Security Number

Applicant Signature

Date

Applicant Name

Social Security Number

Applicant Signature

Date

ZERO INCOME AFFIDAVIT

(Program Name)

Household Member Income Information

(To be completed by all adult household members who receive zero income)

Last Name of Head of Household: _____

Address: _____

Full Name of Household Member: _____

Telephone: _____

Email Address: _____

1. I hereby certify that I do not individually receive income from any of the following sources:
 - Gross wages, salaries, overtime pay, commissions, fees, tips and bonuses
 - Net income from operation of a business or from rental or real personal property
 - Interest, dividends and other net income of any kind for real personal property
 - Periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of period receipts
 - Lump sum payment(s) for the delayed start of a periodic payment
 - Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay
 - Public assistance
 - Alimony and child support payments (whether through the court system or not)
 - Regular pay, special pay and allowances of a head of household or spouse who is a member of the Armed Forces (whether or not living in the dwelling)
 - Regular monetary gifts from family and/or friends

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status within the next 12 months or within the duration of the activity, whichever is shorter.

I certify under penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my knowledge. I further understand that providing false representations herein constitutes an act of fraud and that false, misleading, or incomplete information may result in the termination of the execution of the activity (28 U.S. Code 1746).

Print Name _____
(Full Name)

Executed on _____
(Date)

Signed _____
(Signature)