



## CITY OF FILLMORE

CENTRAL PARK PLAZA  
250 Central Avenue  
Fillmore, California 93015-1907  
(805) 524-3701 • FAX (805) 524-7058

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### HOUSING REHABILITATION PROGRAM

#### *Application*

The City of Fillmore Redevelopment Agency offers financial assistance for housing rehabilitation to very low to low income families within the Central City Project Area which have not been previously assisted through other Agency-funded programs. For owner-occupied programs, the applicant/property owner must currently reside in the housing unit as their primary residence, and shall remain living in the residence for the duration of the loan. Eligible rehabilitation work includes roofing, painting, plumbing, windows, and other general property improvements, as per program guidelines. All work must be completed in the following priority:

1. Health & safety items
2. Correction of code and building violations, and
3. Other property improvements

The following are the four programs:

**CRITICAL NEED HOUSING GRANT:** This is a 100% grant of a maximum of \$10,000 for which repayment is not necessary after the first year, as long as the property is not transferred or sold.

***Qualifications:*** You must be the owner/occupant of the home for a minimum of twelve months, and earn no more than 50% of the Ventura County median income.

***Repayment:*** If you sell, refinance, or transfer title to your home within one year of completing the work, the money must be repaid. If these occur after one year, the grant does not need to be repaid.

***Lien:*** A one-year lien, or deed of trust, is filed against the property.

**HOME IMPROVEMENT DEFERRED LOAN:** This is a 0% interest loan of a maximum of \$15,000 with no monthly payments.

***Qualifications:*** You must be the owner/occupant of the home for a minimum of twelve months and earn no more than 80% of the Ventura County median income

***Repayment:*** Loans are payable at 5% simple interest payable when the house is sold or transferred, when it ceases to be the owner's primary residence, or if it is refinanced such that the monthly payment increases. The loan is forgiven in thirty years.

***Lien:*** The City of Fillmore Redevelopment Agency will file a deed of trust against the property to secure the loan.

**RENTAL PROPERTY LOAN:** This is a loan applicable to rental properties, and are handled on an ad hoc basis

***Qualifications:*** The rental property must be located within the Central City Project Area. Money may be loaned against the property, or income limitations may be imposed as a 'public benefit' during the entitlement process.

***Repayment:*** Handled on an ad hoc basis.

***Lien:*** A deed of trust may be filed on the property, and/or an owner participation agreement with a declaration of covenants, conditions, and restrictions may also be filed.

**HOME & GARDENS BEAUTIFICATION GRANT:** This is a 100% grant of a maximum of \$5,000 for which repayment is not necessary. An agreement to maintain the improvements will be required.

***Qualifications:*** For owner/occupied properties, the occupants may earn no more than 80% of the Ventura County median income. For rental properties, the occupants will be limited to income of no more than 80% of Ventura County median income. These grants may be approved separately, or combined with other grants or loans.

# **APPLICATION FOR ELIGIBILITY**

<i>Office Use Only:</i>	
<b>APPLICATION NUMBER:</b>	02-
<b>APPROVED:</b>	<input type="checkbox"/>
<b>DENIED:</b>	<input type="checkbox"/>

- Application for Critical Need Grant {Up to \$10,000}
- Application for Deferred Loan {Up to \$15,000}
- Application for Rental Property Loan
- Application for Home & Garden Grant {Up to \$3,000}

**PROPERTY ADDRESS:** \_\_\_\_\_

**APPLICANT:** NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_  
 WORK PHONE: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_

**List all property owners:**

NAME: _____	SOCIAL SECURITY NUMBER: _____
NAME: _____	SOCIAL SECURITY NUMBER: _____
NAME: _____	SOCIAL SECURITY NUMBER: _____
NAME: _____	SOCIAL SECURITY NUMBER: _____

**HOUSEHOLD INCOME:**

*List all members of household: (Including applicant)*

NAME	AGE	ANNUAL INCOME

**BRIEFLY DESCRIBE PROPOSED WORK:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE:** *If you have an illegal structure or code violations, you may be required to correct the conditions either before receiving assistance, or as a first priority within the work scope of the project.*

I/We declare under penalty of perjury that the above statements are true, and agree to comply with all participant eligibility requirements as requested. I/We further agree that the City of Fillmore Redevelopment Agency shall not be held liable for damages that may arise out of or in connection with any improvements performed. I/We understand that this Application for Eligibility does not constitute any requirement by the Redevelopment Agency to fund the proposed project, and is intended to assist in determining eligibility only.

**SIGNATURES:**

Applicant: _____	Date: _____
Property Owner: _____	Date: _____
Property Owner _____	Date: _____
Property Owner _____	Date: _____
Property Owner _____	Date: _____

# **BORROWER SIGNATURE AUTHORIZATION**

## **PART I: General Information**

### **BORROWERS:**

Applicant: \_\_\_\_\_  
Co-Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_

### **LENDER:**

City of Fillmore  
Redevelopment Agency  
250 Central Avenue  
Fillmore, California 93015

I/We hereby authorize the Lender to verify my/our past and presents employment earnings, records, bank accounts, stock holdings, and any other asset balances which are needed to process my mortgage loan application. I/We further authorize the Lender to order a consumer credit report, and verify other credit information, including past and present mortgage and landlord references. It is understood that a copy of this form will also serve as authorization.

**BORROWER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**CO-BORROWER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## **PART II: Supplemental Information**

I/We hereby authorize the City of Fillmore Redevelopment Agency, its employees and designees, to verify past and present residence, employment, financial holdings, real estate holdings, and interests, and, in general, all areas of interest regarding eligibility for the Housing Rehabilitation Program. Further, I/we authorize the City of Fillmore Redevelopment Agency, its employees and designees, to contact via telephone, mail, E-mail, FAX, or in person any individuals who may have any information which would confirm any information included in this application, whether or not the Applicant(s) have identified these persons. I/We understand that any inclusion of false, misleading, and/or fraudulent information in said application and its appendages is prima facie reason for immediate disqualification from the Program. I/We understand that the purpose for this information is intended, but not limited, to confirm that the Applicant(s) indeed qualify for the Program. Furthermore, I/we certify that all statements included herein are true and correct.

I/We certify that I/we have received a copy of the current Rules & Regulations of the Housing Rehabilitation Program, and will abide by these for the entire term of the loan, in the event that such loan is made.

I/We understand that incomplete and/or insufficient applications and attendant documentation **will not** be processed.

**BORROWER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**CO-BORROWER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*The information the Lender obtains is only to be used in the processing of my/our application for a mortgage loan.*

## **STACKING SHEET**

Copies of the following documents **must** accompany your Housing Rehabilitation Program Application for Eligibility when you submit it to the Redevelopment Agency Staff. ***Failure to do so will result in the rejection of the application until the package is complete.***

Place the documents in the listed order, with Number 1 stacked on top, and Number 9 stacked at the bottom.

1. Past two years' tax returns
2. All household members' six most recent paycheck stubs, or other proof of income
3. Verification of any other income for all household members
4. Six most recent bank statements for both checking & savings accounts, and any other assets, for all household members
5. Current California Driver's Licenses for all applicants/property owners
6. Social Security Cards for all applicants/property owners
7. Court documents re: custody/support, if applicable.

**DO NOT** provide original documents. Any documents supplied with this application will not be returned, nor will they be utilized for any future Down Payment Assistance Program applications submitted by the applicants.

## **DOWN PAYMENT ASSISTANCE PROGRAM STATISTICAL INFORMATION**

The following information will be kept confidential, and will be used only to provide aggregate data for program analysis. The information provided will be maintained separately from your application. Completion of this form is optional, and will not be used to evaluate your application for participation in this program.

\_\_\_\_\_ **WHITE**

\_\_\_\_\_ **AFRICAN-AMERICAN**

\_\_\_\_\_ **HISPANIC:** *Mexican, Puerto Rican, Cuban, Central/South American, or other Spanish culture or origin, regardless of race*

\_\_\_\_\_ **ASIAN/PACIFIC ISLANDER:** *Descendant of the peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian Sub-Continent, including, for example, China, Japan, Korea, the Philippine Islands, and Samoa*

\_\_\_\_\_ **AMERICAN INDIAN-ALASKAN NATIVE**

***PLEASE MARK ONE:***

Female

Male

***AGE BRACKET OF THE HEAD OF HOUSEHOLD:***

18-24 yrs

25-34 yrs

35-44 yrs

45-54 yrs

55-64 yrs

65 & older