CITY of OAKLAND

250 FRANK H. OGAWA PLAZA * SUITE 5313 * OAKLAND, CALIFORNIA * 94612-2034
Department of Housing and Community Development (510) 238-3909
Residential Lending and Housing Rehabilitation Services Fax (510) 238-3794

Dear Applicant(s):

Thank you for your interest in our **Residential Grant Program(s)**. We are now in the process of receiving applications. If you are interested in applying for this program, please complete the grant application. You will also need to include/provide the following documents:

☐ Proof of Ownership (e.g., copy of Grant Deed, Quitclaim Deed, etc., with legal description attached);

☐ Your Current Property Tax Bill;

☐ Complete Federal Tax Returns for most recent two years, W-2s, 1099s and all schedules

☐ If employed, 2 current checkstubs; ☐ if retired, documentation of pension or retirement income

☐ Documentation for all applicants and all household members who are18 years old or older

☐ If self-employed, current Profit and Loss Statement and Balance Sheet

☐ Copies of bank or credit union statements for the past two months

☐ Copy of Lease or Rental Agreement if you receive rental income;

☐ Current Mortgage Statement

☐ Your most recent PG& E or Telephone Bill that shows your name and address;

☐ Copy of current fire insurance policy

☐ Copy of Code Violations from the City's Code Compliance Division, if applicable

☐ Proof of Age Eligibility Requirement (e.g., copy of driver's license; California I.D., or birth certificate). **Only required for the Lead-Safe Home Paint Program.**

ATTACH ADDENDUM(S) TO GRANT PROGRAM APPLICATION FOR ALL PROGRAMS APPLYING FOR.

If you have any question or require assistance with completing the application, please call (510) 238-3909.

City of Oakland
Department of Housing & Community Development
Residential Lending Services

250 Frank H. Ogawa Plaza, Suite 5313
Oakland, CA 94612
(510) 238-3909

RESIDENTIAL GRANT APPLICATION

Property Information			
Subject Property Address (street, city, state, zip)			No. of units
Date Acquired:	Original Cost: $	Amount of Existing Liens: $	Census Tract_____

Owner				Owner Information	Co-Owner		
Owner's Name					Co-Owner's Name		
Social Security No.	Home Phone No. ( )	Birthdate	Age		Social Security No.	Home Phone No. ( )	Birthdate	Age
☐ Married ☐ Domestic Partner ☐ Unmarried (include single, divorced, widowed) ☐ Separated		Household Members (not listed by Co-Owner, include dependents and housemates) No.: Ages:			☐ Married ☐ Domestic Partner ☐ Unmarried (include single, divorced, widowed) ☐ Separated		Household Members (not listed by Owner, include dependents and housemates) No.: Ages:	
Present Address (street, city, state, zip) _____ No. Yrs.					Present Address (street, city, state, zip) _____ No. Yrs.			
If residing at present address for less than two years, complete the following:								
Former Address (street, city, state, zip) _____ No. Yrs.					Former Address (street, city, state, zip) _____ No. Yrs.			

Owner		Employment Information	Co-Owner		
Name & Address of Employer	☐ Self Employed	Yrs. on this job Yrs. employed in this line of work/profession	Name & Address of Employer	☐ Self Employed	Yrs. on this job Yrs. Employed in this line of work/profession
Position/Title/Type of Business		Work Phone ( )	Position/Title/Type of Business		Work Phone ( )
If employed in current position for less than two years, or if currently employed in more than one position, complete the following:					
Name & Address of Employer	☐ Self Employed	Dates (from – to)	Name & Address of Employer	☐ Self Employed	Dates (from – to)
Name & Address of Employer	☐ Self Employed	Dates (from – to)	Name & Address of Employer	☐ Self Employed	Dates (from – to)

Monthly Income and Combined Housing Expense Information				
Gross Mo. Income	Owner	Co-Owner	Mo. Housing Exp.	Present
Base Gross Salary	$	$	Rent	$
Overtime			First Mortgage (P & I)	
Social Security				
Retirement/Pension			Hazard Insurance	
Disability			Real Estate Taxes	
Alimony/Child Support			Mortgage Ins.	
Other Gov't Assistance			Homeowner Assn. Dues	
Bonuses			Maintenance	
Interest/Dividends			Other:	
Rental Income				
TOTAL	$	$	TOTAL	$

Initials: Owner _____ Co-Owner _____

Schedule of Other Real Estate Owned							
Address of Property	Type of Property	Present Market Value	Mortgage Loan Balance	Gross Rental Income	Mortgage Payment	Taxes, Ins. Vacancy & Maint	Net Rental Income
		$	$	$	$	$	$

Household Composition						
Name	Age	Sex	Relationship	Income Amount	Income Source	How Verified
1.						
2.						
3.						
4.						
5.						
			TOTAL			

Information for Government Monitoring Purposes					
Borrower			Co-Borrower		
Race	☐ I do not wish to furnish this information ☐ Black/African American ☐ White ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ American Indian or Alaskan Native ☐ American Indian/Alaskan Native and White ☐ Asian and White ☐ Black/African American and White ☐ American Indian/Alaskan Native and Black/African American Balance/Other ☐ Balance/Other (specify):_____		Race	☐ I do not wish to furnish this information ☐ Black/African American ☐ White ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ American Indian or Alaskan Native ☐ American Indian/Alaskan Native and White ☐ Asian and White ☐ Black/African American and White ☐ American Indian/Alaskan Native and Black/African American Balance/Other ☐ Balance/Other (specify):_____	
Ethnicity	☐ Hispanic ☐ Non-Hispanic		Ethnicity	☐ Hispanic ☐ Non-Hispanic	
Sex:	☐ Male	☐ Female	Sex:	☐ Male	☐ Female

Certification: I/We certify that the information provided in this application is true and correct as of the date opposite my/our signature(s) and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in a civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001.

Authorization: I/We authorize City of Oakland to verify the information on this application.

Borrower's Signature	Date	Co-Borrower's Signature	Date
X		X	

To be Completed by Interviewer		
This application was taken by: ☐ face-to-face interview ☐ by mail	Interviewer's Signature	Date

For Office Use Only: Date Received	Application No.	District	Census Tract	Flood:
				☐ Yes ☐ No