

Dear Applicant(s):

Thank you for your interest in the **Residential Rehabilitation Loan Program(s)**. Please complete the loan application. You will also need to include/provide the following documents:

Property must have sufficient equity for the loan.

- Proof of Ownership: copy of Grant Deed, Quitclaim Deed, etc.
 - Complete Federal Tax Returns for most recent two years, W-2s, 1099s and all schedules
 - If self-employed, current Profit and Loss Statement and Balance Sheet
 - If employed, 2 current checkstubs; if retired, documentation of pension or retirement income
 - Documentation of other income: e.g. child support, alimony, relative's contribution, rental income, stocks, bonds, mutual funds, annuities, etc.
 - Bankruptcy papers, including petition, list of creditors and discharge, if applicable
 - If co-signer for a loan, documentation that co-signer is making payments
 - Current mortgage statements or payment histories for all mortgage loans
 - Copies of bank or credit union statements for the past two months
 - Copy of property tax bill
 - Copy of current fire insurance policy
 - Copy of Living Trust; Power of Attorney; if applicable
 - Rental Agreements, if applicable
 - Copy of HUD 1 (closing statement) if property was purchased or if a new loan against the property was obtained in the past 12 months
 - Documentation for all applicants and all household members who are 18 years old or older
 - Copies of Promissory Notes, required if there is balloon payment due
 - Copies of inspection reports, including termite and roof reports, completed in the past 12 months, if applicable
 - Copy of Code Violations from the City's Code Compliance Division, if applicable
- *****If applying for Emergency loan, please provide Contractor's bid and detailed work description for the proposed emergency repair work*******
- Contractor's bid and detailed work description for the proposed emergency repair work, if available

ATTACH ADDENDUM(S) TO REHABILITATION LOAN APPLICATION FOR ALL PROGRAMS THAT YOU ARE APPLYING FOR.

Call our office at 510-238-3909 if you have any questions. AFTER you have completed the application, related attachments, AND you have all applicable documents listed, you can mail back to us or drop off in the office, 9:00 a.m. to 4:30 p.m., Monday thru Friday, at: City of Oakland, Dept. of Housing and Community Development, Residential Lending Services, 250 Frank H. Ogawa Plaza, Ste. 5313, Oakland, CA 94612, Attn: Loyd Ware, Manager.

RESIDENTIAL REHABILITATION LOAN APPLICATION

Property Information

Subject Property Address (street, city, state, zip)			No. of units	Loan Amount Requested: \$
Date Acquired:	Original Cost: \$	Amount of Existing Liens: \$	Describe proposed repairs/maintenance:	

Borrower	Borrower Information	Co-Borrower
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Borrower's Name			Co-Borrower's Name		
Social Security No.	Date of Birth	Age	Social Security No.	Date of Birth	Age
Home Phone No. ()	Cell/Other No. ()		Home Phone No. ()	Cell/Other No. ()	
<input type="checkbox"/> Married <input type="checkbox"/> Domestic partnership <input type="checkbox"/> Unmarried (include single, divorced, widowed) <input type="checkbox"/> Separated		No. of Household Members (not listed by Co-Borrower, include dependents and housemates): _____	<input type="checkbox"/> Married <input type="checkbox"/> Domestic partnership <input type="checkbox"/> Unmarried (include single, divorced, widowed) <input type="checkbox"/> Separated		No. of Household Members (not listed by Co-Borrower, include dependents and housemates): _____
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. _____
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Household Composition

Name	Age	Sex	Relationship	Monthly Income Amount	Income Source	How Verified
1.						
2.						
3.						
4.						
5.						
Attach Additional Page if needed (Provide Income Documentation for anyone over the age of 18yrs)					Total	

Monthly Income and Housing Expense Information

	Borrower	Co-Borrower	Mo. Housing Exp.	Present
Gross Mo. Income				
Base Gross Salary	\$	\$	Rent	\$
Overtime			First Mortgage (P & I)	
Social Security			Second Mortgage (P & I)	
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: Borrower _____ Co-Borrower _____

Borrower		Employment Information		Co-Borrower	
Name & Address of Employer	<input type="checkbox"/> Self Employed	Yrs. on this job	Name & Address of Employer	<input type="checkbox"/> Self Employed	Yrs. on this job
		Yrs. employed in this line of work/profession			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	<input type="checkbox"/> Self Employed	Dates (from – to)	Name & Address of Employer	<input type="checkbox"/> Self Employed	Dates (from – to)
Name & Address of Employer	<input type="checkbox"/> Self Employed	Dates (from – to)	Name & Address of Employer	<input type="checkbox"/> Self Employed	Dates (from – to)

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
		\$	\$	\$	\$	\$	\$

Liabilities

Creditor's Name	Address	Type of loan	Monthly Payment/ Mos. Left to Pay	Unpaid Balance
			\$ /	\$
Alimony/Child Support/Separate Maintenance Payments Owed to:				
Job Related Expense (childcare, union dues, etc.)				

Existing Debt(s) on Property (Mortgages, Liens, etc.)

	1 st Deed of Trust	2 nd Deed of Trust	3 rd Deed of Trust	Other
Original Mortgage Amount	\$	\$	\$	\$
Unpaid Balance	\$	\$	\$	\$
Original Loan Term/ Interest Rate	/	/	/	/
Name and Address of Lender				
Loan Number				
Tel. No.				
F. H. A. Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Balloon payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Initials: Borrower _____ Co-Borrower _____

Checking/Savings Accounts, Stocks & Bonds: (provide copies of statements)	Checking Account		Savings Account		
	Name & Address of Bank or Credit Union	Number	Balance	Number	Balance
			\$		\$

Stocks/Bonds/IRA
(describe):

\$

Year & Make of Automobiles:

\$

Value of Furniture and Personal Effects:

Fire Insurance:	Policy No.	Amount of Coverage	Annual Premium Amt.
Name and Address of Ins. Co.		\$	\$
Name and Address of Agent:		Tel. No. ()	

Borrower		Nearest Relative <u>Not</u> Living With You		Co-Borrower	
Name and Address:		Name and Address:			
Relationship:	Tel. No. ()	Relationship:	Tel. No. ()		

Declarations

If your answer is "Yes" to any question, please provide an explanation below:

- a. Are there any outstanding judgments against you?
- b. Have you been declared bankrupt within the past seven years?
- c. Have you had property foreclosed or given title/deed in lieu thereof in the last seven years?
- d. Are you a party to a lawsuit?
- e. Are you obligated to pay alimony, child support, or separate maintenance?
- f. Are you a co-maker or endorser on a note?
- g. Are you or any member of your immediate family a member of a City of Oakland Board or Commission?
- h. Are you or any member of your immediate family a director or officer of a Community Development District?
- i. Have you previously received any financial assistance from the City of Oakland?
- j. Have you previously received any federal financial assistance to repair/maintain your Property?
- k. Have you received a List of Violations on your property from the City of Oakland's Code Compliance Division?

Borrower		Co-Borrower	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanation: (Please use separate sheet.)

Information for Government Monitoring Purposes

Borrower		Co-Borrower	
Race	<input type="checkbox"/> I do not wish to furnish this information <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> American Indian/Alaskan Native and Black/African American Balance/Other <input type="checkbox"/> Balance/Other (specify): _____	Race	<input type="checkbox"/> I do not wish to furnish this information <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> American Indian/Alaskan Native and Black/African American Balance/Other <input type="checkbox"/> Balance/Other (specify): _____
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> 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 order a credit report and 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: <input type="checkbox"/> face-to-face interview <input type="checkbox"/> by mail	Interviewer's Signature	Date
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For Office Use Only:	Date Received	Application No.	District	Census Tract	Flood: <input type="checkbox"/> Yes <input type="checkbox"/> No
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BORROWER'S AUTHORIZATION

Privacy Act Notice: *This information is to be used by the Lender, in determining your eligibility and qualification under its program. It will not be disclosed outside the Lender except as required and permitted by law. You do not have to provide this information, but if you do not, your application may be delayed or rejected.*

Part I – General Information

1. Borrower(s):	2. Name and Address of Lender: City of Oakland Community and Economic Development Agency Residential Lending Services 250 Frank H. Ogawa Plaza, Suite 5313 Oakland, CA 94612
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Part II – Borrower Authorization

I hereby authorize the Lender to verify my past and present employment, earning records, benefits and any income on my application; bank and credit union accounts, stock holdings, and any other asset balances that are needed to process my loan application. I further authorize the Lender to order a consumer credit report and to verify other credit information, including past and present mortgage loans. It is understood that a copy of this form will also serve as authorization.

Borrower

SSN

Date

Co-Borrower

SSN

Date

STATEMENT OF NON-CONFLICT OF INTEREST

I certify that I am not in conflict of interest by receiving financial assistance through the City of Oakland's HMIP/EHRP. Specifically, I am not a member, officer or employee of the following categories:

Officer of the City of Oakland, i.e., the Mayor, members of the City Council, City Manager, City Attorney, City Auditor and all City department heads, members of boards or commissions and executive officers of such boards and commissions;

Employees of the City of Oakland who participate in the policy-making, decision-making and/or administration of the Community and Economic Development Agency's Home Maintenance and Improvement Program;

All employees in the Office of the City Manager and the Community and Economic Development Agency;

All officers of any Community Development District Council, and

All members of the immediate families who reside in the same household of all those individuals listed in the preceding paragraphs.

Initials: _____

STATEMENT OF FEDERAL/STATE FINANCIAL ASSISTANCE

I certify that I have / have not received Federal/State Financial assistance for the rehabilitation of my property.

The type of assistance was _____

Initials: _____

STATEMENT OF FINANCIAL ASSISTANCE FROM THE CITY OF OAKLAND

I certify that I have / have not received financial assistance from the City of Oakland. The type of assistance was _____

Initials: _____

Applicant's Signature: _____

Date: _____

Co-Applicant's Signature: _____

Date: _____