# Do You Want to Rehabilitate a Home in Arcata?

IF YOU ARE AN INCOME ELIGIBLE PROPERTY OWNER WITHIN THE ARCATA CITY LIMITS, THE CITY OF ARCATA MAY BE ABLE TO ASSIST YOU!

LOAN FUNDS: UP TO \$50,000 PER HOME

LOAN TERM: 15 YEARS - DEFERRED (NO MONTHLY PAYMENTS REQUIRED)

INTEREST RATE: 1.5% SIMPLE INTEREST

- 1. The Program Operator shall conduct an assessment of the debt-to-value ratio for the property;
- 2. Debt will include the Program loan and all other debt or liens recorded against the property;
- 3. Value may be estimated by the Program Operator on the basis of assessed value or comparable sales methods and without a formal appraisal; and
- 4. If the Program Operator determines on that basis that the debt-to-value ratio will exceed 80%, a formal appraisal by a licensed appraiser is required.

#### **Eligible Improvements:**

- 1. Health and Safety Concerns;
- 2. Elimination of Blight Conditionsk, and
- 3. Energy Efficiency Upgrades.

#### **To Qualify:**

You must meet the following income limits:

#### **2009 Income Limits**

<b>Household Size</b>	<b>Income Must Be Below</b>
1	\$31,250
2	\$35,700
3	\$40,200
4	\$44,650





**To Apply:** Arcata Community Development Department

City Hall, 736 F Street, Arcata, CA 95521

Call 822-5955 for more information.

## City of Arcata



#### **Housing Programs**

### **Income Reporting Requirements**

#### (Supplemental Guide)

The following information will help you identify the **income documentation**<sup>2</sup> that is required to participate in the City's Home Ownership Program. On review of your application and the documentation of income that you provide, the City will request a third party verification of your income and assets and may request other supplemental information.

#### ❖ If your employment is consistent throughout the year, submit copies of:

- 1. Paycheck stubs for the most recent **three months**,
- 2. Statements documenting any **other sources of income<sup>3</sup>**, and
- 3. Signed and complete copies of the previous **three year's** Federal Tax Return.

#### ❖ If your employment income varies throughout the year, submit copies of:

- 1. Paycheck stubs for the most recent **Six months**,
- 2. Signed and complete copies of previous **three year's** Federal Tax Returns,
- 3. Statements documenting any **other sources of income**<sup>2</sup>,
- 4. A month-by-month projection of your income for a full calendar year.

#### ❖ If your income is non-employment derived⁴, submit copies of:

- 1. Statements of any and all benefits<sup>5</sup> you receive,
- 2. Statements documenting any **other sources of income**<sup>2</sup>,
- 3. A signed and complete copy of your previous year's Federal Tax Return<sup>6</sup>.

#### If you are self-employed, submit copies of:

- 1. A letter describing your employment situation,
- 2. Quarterly taxable income projections or Profit and Loss Statements,
- 3. Previous **three year's** Federal Tax Returns, including Schedule C.

If your situation is unique and not represented in the above methods, please call 822-5955 for assistance.

<sup>&</sup>lt;sup>2</sup>Income information must be provided for all household members.

<sup>&</sup>lt;sup>3</sup>e.g., Child Support, Alimony, Mutual Funds, Parental Contributions.

<sup>&</sup>lt;sup>4</sup>e.g., SSI/SSA, TANF, Disability, Unemployment, private financial contribution or other.

<sup>&</sup>lt;sup>5</sup>Please submit copies of benefit award letters with a signed permission to verify benefits.

<sup>&</sup>lt;sup>6</sup>If you do not file a tax return, please submit a brief letter stating that you do not file and describe the reason you do not file.



#### **CITY OF ARCATA HOUSING PROGRAMS APPLICATION FORM**

Total number of people in household: Current monthly rent: \$
Current monthly rent: \$
Have you or any household member owned any real property in the last three years?  If yes, describe type and location of property.  Rental Property # of units # of bedrooms  Complete Rental Property Household Information Form.  Contact the City for Davis-Bacon applicability.  CERTIFICATION/AUTHORIZATION FOR RELEASE OF INFORMATION  I certify that to the best of my knowledge the information provided in this application is true and complete. I intend it to be relied upon for the purposes of this application. I authorize the City of Arcata or its Program Operator to make any and all inquiries necessary and appropriate to verify this information. I understand that the City of Arcata or its Program Operator will keep this application whether or not this credit is approved. I hereby authorize the use of a photostatic copy of my/our signature(s) below, to obtain information regarding any of the following items:  * Credit Report * Beneficiary Statement * Income Verification * Lot Book / Title Insurance * Contractor Negotiation * Bank Accounts Report  * Contact / Contract * Change Order Negotiation * Mortgage Verification  Management and Approval  REPORT OF INCOME BENEFITS  Applicants for assistance under the HOME and CDBG Programs are required to provide verifiable evidence of annual household income. This includes related and unrelated household members and persons who will be living in the residence more than half time. Please list below the household members who are included in your application and submit copies of income verification. Documentation may vary depending on income source. Document gross annual
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submit copies of income verification. Documentation may vary depending on income source. Document gross annual
household income by source, person, and amount. Attach income verification as specified by the <u>Technical Guide for</u>
<u>Determining Income and Allowances for the HOME Program</u> , Second Edition, June 1999. Contact the Program Operator for Housing Rehabilitation requirements and the City for First Time Homebuyer requirements.
Operator for Flousing Renabilitation requirements and the City for First Fifthe Florifebuyer requirements.
Please fill in all questions. If a question does not pertain to you, write "N/A."
Date: Applicant Signature:
Applicant Name:
Date: Co-applicant Signature:
Date: Co-applicant Signature: Co-applicant Name:
Co-applicant Name:
Co-applicant Name:  STAFF USE ONLY: INCOME VERIFICATION
Co-applicant Name:

					_
Street Address:		City	State	Zip	Phone
Home:					Wk
Mailing:					Hm
Date of Birth:	SSN:	Gen	der: ( ) M or ( ) F		
Race (Check ALL that apply	y): ( ) White ( ) African American ( ) A	Asian ( ) American Indian ( ) Alaska	a Native ( ) Native Ha	awaiian/Pacit	fic Islander ( ) Other
Ethnicity (Check One): (	) Hispanic ( ) Non-hispanic	Marital Status: ( ) Married ( ) Ur	nmarried ( ) Separat	ed	Disabled: ( ) Y or ( ) N
Are you a Student? ( ) No	if Yes, ( ) Full-time ( ) Part-time	School Name/Address:			
Income type, source (e.g.,	, Employment, Place of Work)	Amount: \$	Periodici	ty (How oft	en payments are made)
		\$	( ) Weekl	y()Biweek	ly ( ) Monthly ( ) Other, specify:
		\$	( ) Weekl	y()Biweek	ly ( ) Monthly ( ) Other, specify:
		\$	( ) Weekly	y()Biweek	ly ( ) Monthly ( ) Other, specify:
Add additional sheets if ned	cessary. Attach documentation for each in	· ·	` ′		
	cessary. Attach documentation for each in cking, savings, other bank accounts, s	ncome source (e.g., check stubs, tax re	eturns, profit/loss state	ement, benef	its statement).
	cking, savings, other bank accounts, s	ncome source (e.g., check stubs, tax re	eturns, profit/loss state	ement, benef	its statement). u own.
Assests: List all che	cking, savings, other bank accounts, s	ncome source (e.g., check stubs, tax restocks, bonds, CDs, trusts, real est	eturns, profit/loss state ate, cash, and other	ement, benef	its statement). u own.
Assests: List all che	cking, savings, other bank accounts, s	ncome source (e.g., check stubs, tax restocks, bonds, CDs, trusts, real est	eturns, profit/loss state ate, cash, and other	ement, benef	its statement). u own.
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Assests: List all checking	cking, savings, other bank accounts, s	ncome source (e.g., check stubs, tax restocks, bonds, CDs, trusts, real est	eturns, profit/loss state ate, cash, and other	ement, benef	its statement). u own.
Assests: List all checking Account Type (checking	cking, savings, other bank accounts, s  g, etc.)  Account Number	ncome source (e.g., check stubs, tax restocks, bonds, CDs, trusts, real establishment Balance Rate	eturns, profit/loss state ate, cash, and other Institution nam	ement, benef assests you e and addre	its statement). u own. ess
Assests: List all checking Account Type (checking	cking, savings, other bank accounts, s g, etc.)  Account Number  S WITHIN THE LAST 18 MONTHS	ncome source (e.g., check stubs, tax restocks, bonds, CDs, trusts, real establishment Balance Rate	eturns, profit/loss state ate, cash, and other Institution nam	ement, benef assests you e and addre	its statement). u own. ess
Assests: List all checking Account Type (checking	cking, savings, other bank accounts, s g, etc.)  Account Number  S WITHIN THE LAST 18 MONTHS	ncome source (e.g., check stubs, tax restocks, bonds, CDs, trusts, real establishment Balance Rate	eturns, profit/loss state ate, cash, and other Institution nam	ement, benef assests you e and addre	its statement). u own. ess

If your household size is larger than 4, you will need to photocopy the following page and include information on all household members. Please indicate whether the household member is a coapplicant. Coapplicants will be equally responsible for loan repayment. All household members' incomes must be listed; include additional pages if necessary. If you require additional space for any answer, please continue to the comments section.

Instructions: Provide the following information for each household member. Photocopy this form and insert the extra pages after this page if your household has more than three members.

CO-APPLICANT ( ) or OTHER HOUSEHOLD MEME (If current address is different from Applicant's, check here ( ), and	• • • • • • • • • • • • • • • • • • • •	ill be on title with the primary appl	licant.
Name:			
Date of Birth: SSN:	C	Gender: ( ) M or ( ) F	
Race (Check ALL that apply): ( ) White ( ) African American	( ) Asian ( ) American Indian ( ) Ala	aska Native ( ) Native Hawaiian/	Pacific Islander ( ) Other
Ethnicity (Check One): ( ) Hispanic ( ) Non-hispanic	Marital Status: ( ) Married (	) Unmarried ( ) Separated	Disabled: ( ) Y or ( ) N
Are you a Student? ( ) No if Yes, ( ) Full-time ( ) Part-time	School Name/Address:		
Income type, source (e.g., Employment, Place of Work)	Amount: \$	Periodicity (Hov	v often payments are made)
	<u></u>	( ) Weekly ( ) Bi	weekly ( ) Monthly ( ) Other, specify:
Add additional sheets if necessary. Attach documentation for ea	ach income source (e.g., check stubs, to	ax returns, profit/loss statement, b	penefits statement).
Assests List all checking, savings, other bank account Account Type (checking, etc.)  Account Number		estate, cash, and other assest  Institution name and a	
CO-APPLICANT ( ) or OTHER HOUSEHOLD MEME (If current address is different from Applicant's, check here ( ), and	• • • • • • • • • • • • • • • • • • • •	ill be on title with the primary appl	licant.
Name:			
Date of Birth: SSN:		Gender: ( ) M or ( ) F	
Race (Check ALL that apply): ( ) White ( ) African American	( ) Asian ( ) American Indian ( ) Ala	aska Native ( ) Native Hawaiian/	Pacific Islander ( ) Other
Ethnicity (Check One): ( ) Hispanic ( ) Non-hispanic	Marital Status: ( ) Married (	) Unmarried ( ) Separated	Disabled: ( ) Y or ( ) N
Are you a Student? ( ) No if Yes, ( ) Full-time ( ) Part-time	School Name/Address:		,
Income type, source (e.g., Employment, Place of Work)	Amount: \$	Periodicity (Hov	v often payments are made)
	 \$	( ) Weekly ( ) Bi	weekly ( ) Monthly ( ) Other, specify:
Add additional sheets if necessary. Attach documentation for ea	ach income source (e.g., check stubs, ta	ax returns, profit/loss statement, b	penefits statement).
Assests List all checking, savings, other bank account Account Type (checking, etc.) Account Number		estate, cash, and other assest  Institution name and a	

COMMENTS SECTION: Include any additional information or comments here. Housing Rehab applicants should use this section to list needed repairs	
Staff Use - Do not write below this line.	
Otali 036 - Do not write below this inte.	



#### **CITY OF ARCATA HOUSING PROGRAMS**

#### REQUEST FOR VERIFICATION OF EMPLOYMENT

INSTRUCTIONS: Items ONE (1) AND THREE (3) should be completed by the applicant. Applicant should then return the form to the City of Arcata or its Program Manager.

PLEASE USE INK AND PRINT CLEARLY

FEEASE USE INK AND FRINT CEEARET				
PART I-REQUEST				
I. Employer Name:	2. Please reply to:			
Street Address:	City of Arcata, Community Dev.			
P.O. Box:	736 F Street, Arcata CA 95521			
City, State, Zip:	or return by fax:			
Fax Number: (707) 825-2029				
have applied for a loan through the City of Arcata Housing Programs. To qualify for this loan the				
City must verify my sources of income. My signature below authorizes the release of any income				
nformation requested by the City or its Program Manager.				
3. Applicant Name:	_			

Fax Number:		(707) 825-2029
	•	Programs. To qualify for this loan the
		authorizes the release of any income
information requested b	y the City or its Program Manager.	
3. Applicant Name:		
Street Address:		
P.O. Box #:		
City/State/Zip:		
Social Security No:		
Signature of Applicant:		
	Signature	Date
4. Signature and Title of	Requestor:	
_	Signature	Date
_	Title	Phone Number
	PART 2 VERIFICAT	
Employment Data:	Sa	lary and Wage Data:

Salary and Wage Data:
9. Past 12 month earnings
\$
Base salary/wage: \$
Overtime: \$
Commissions: \$
Bonus: \$
10. Anticipated earnings next 12 months?
\$
TION IS TRUE AND CORRECT
Date
Phone No



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			City of Arcata, Community Dev.
P.O. Box:			736 F Street, Arcata CA 95521
City, State, Zip:			or return by fax:
Fax Number:			(707) 825-2029
City must verify my so	an through the City of Arcata Hou urces of income. My signature be by the City or its Program Manag	elow authoriz	
3. Applicant Name:			
Street Address:			
P.O. Box #:			
City/State/Zip:			
Signature of Applicant:		_	
-	Signature		Date
4. Signature and Title	of Requestor:		
_	0: /		
	Signature		Date
_	T:41a		Dhana Numbar
	Title PART 2 VERIFIO	CATION	Phone Number
Employment Data:	171112 VERNIN		Wage Data:
	y employed by you?( )Yes ( )No	<del> </del>	
	7, if No complete 6.A, B & C		\$
<b>6.A</b> Duration of emplo	yment?	Base salary	v/wage: \$
6.B Date employment	ended?	Overtime:	\$
<b>6.C</b> Reason for leavin		Commission	ns: \$
7. Present position ti			\$
8. Probability of contin	nued employment:	<b>10.</b> Anticipa	ated earnings next 12 months?
			\$
Remarks:			
I CERTII  11. Signature and Title	FY THAT THE ABOVE INFORMA of Employer:	ATION IS TR	UE AND CORRECT
The organization and Thie	or Employer.		
Signature _			Date
Title			Phone No



Title

#### **CITY OF ARCATA HOUSING PROGRAMS**

REQUEST FOR VERIFICATION OF BENEFITS INSTRUCTIONS: Complete items ONE (1) AND THREE (3), then return the form to the City of Arcata or its Program Manager. Listing the agency's fax no. wild result in faster processing PLEASE USE INK AND PRINT CLEARLY **PART I-REQUEST** Agency Name: \_\_\_\_ 1. 2. Please reply to: Street Address: \_\_\_\_\_ City of Arcata, Community Dev. P.O. Box: \_\_\_\_\_ 736 F Street, Arcata CA 95521 City, State, Zip \_\_\_\_ or return by fax: Fax No.: (707) 825-2029 Either I have applied for home repair financing through the City of Arcata Housing Program or I am living in a home that has applied. Since all household income is considered in establishing eligibility for the program, I am required to document the source and amount of my income. My signature below authorizes your verification of the information requested. Thank you for your assistance. 3. Applicant Name: \_\_\_\_\_ Street Address: P.O. Box #: \_\_\_\_\_ City/State/Zip: Social Security No: Signature of Applicant: Signature Date **4.** Signature and Title of Requestor: Signature Date Title **Phone Number** PART 2 VERIFICATION **5.** Type of Income: Monthly amount: Total Amount Rec'd Last 12 Months: \$ 6. Comments: I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT 7. Signature and Title of Verifier: Signature Date

Phone No



Title

#### **CITY OF ARCATA HOUSING PROGRAMS**

REQUEST FOR VERIFICATION OF BENEFITS INSTRUCTIONS: Complete items ONE (1) AND THREE (3), then return the form to the City of Arcata or its Program Manager. Listing the agency's fax no. wild result in faster processing PLEASE USE INK AND PRINT CLEARLY **PART I-REQUEST** Agency Name: \_\_\_\_ 1. 2. Please reply to: Street Address: \_\_\_\_\_ City of Arcata, Community Dev. P.O. Box: \_\_\_\_\_ 736 F Street, Arcata CA 95521 City, State, Zip \_\_\_\_ or return by fax: Fax No.: (707) 825-2029 Either I have applied for home repair financing through the City of Arcata Housing Program or I am living in a home that has applied. Since all household income is considered in establishing eligibility for the program, I am required to document the source and amount of my income. My signature below authorizes your verification of the information requested. Thank you for your assistance. 3. Applicant Name: \_\_\_\_\_ Street Address: P.O. Box #: \_\_\_\_\_ City/State/Zip: Social Security No: Signature of Applicant: Signature Date **4.** Signature and Title of Requestor: Signature Date Title **Phone Number** PART 2 VERIFICATION **5.** Type of Income: Monthly amount: Total Amount Rec'd Last 12 Months: \$ 6. Comments: I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT 7. Signature and Title of Verifier: Signature Date

Phone No



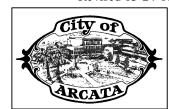
#### **CITY OF ARCATA HOUSING PROGRAMS REQUEST FOR VERIFICATION OF ASSETS**

INSTRUCTIONS: Complete items ONE (1) AND THREE (3), and return completed form to the City of Arcata or its Program Manager. Listing the institution's fax no. will result in faster processing.

#### PLEASE USE INK AND PRINT CLEARLY

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	IAN	TTREGOLOT		
1. Financial Institution:			2. Please reply to:	
			City of Arcata, Com	munity Dev.
			736 F Street, Arcata	a CA 95521
City, State, Zip:			or return by	fax:
Fax No.:			(707) 825-2	029
City must verify my a	oan through the City of Arc ssets. My signature below or its Program Manager.			
3. Applicant Name:				
Street Address:				_
City/State/Zip:				_
				_
Signature of Applicant:		<del></del>		
	Signature		 Date	
	<u> </u>	TE BELOW THIS LINI	E	
	Signature		Date	
	Title		Phone Nur	nber
	PART 2	VERIFICATION		
Type of Account	Account #	6 mo. Avg. l	palance	Interest rate
Checking Savings				
Type of Account	Account #	Current bala	ance	Interest rate
Checking				
Savings				
CD				
Trust Fund				
Other accounts:				-
	RTIFY THAT THE ABOVE I	NFORMATION IS TRU	JE AND CORRECT	
11. Signature and Title	of Bank Official:			
Signature			Date	
Title			Phone No	



#### **Application Checklist (Preliminary)**

The following checklist is used by City Staff to determine the completeness of your application. Though this list is not exhaustive, it does include the common steps you must complete to receive an eligibility determination. You should keep this form, and a copy of all materials you've submitted to the City for your records. You may use this form to track your progress.

	Form Name	Completion Date
1	City Housing Programs Application Form	
2	Employment Verification form - one for each wage earner and each job	
3	Asset Verification form - one for each institution and asset holder	
4	Benefits Verification form - one for each recipient and agency	
5	Mortgage Verification Form	
6	Last three years filed tax forms (if you did not file, write a brief letter explaining why)	
7	Profit and Loss Statements/Schedule C - if you own a business	
8	Three months' most recent pay stubs	
9	Three months' most recent bank statements for all accounts (checking, savings, IRA)	
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#### **CITY OF ARCATA HOUSING PROGRAM REQUEST FOR VERIFICATION OF MORTGAGE**

Applicant's Name:	Date of Request:			
Mailing Address:		(City/State/Zip)		
Property Address of Mortgage to be Verif	ied:	(City/State/Zip)		
Account Number:				
Name of Mortgagor:				
Mortgagor Address:	(City/State/Zip)			
Mortgagor Telephone:	Mortgagor	Mortgagor Fax:		
Borrower authorization by Applicant:  I authorize the mortgagor to furnish the information regarding the mortgage identified above.  (Date of Authorization) (Signature)				
	(e.g.iaita.e)			
Mortgage Data (for Lender's Use Only)  1. Type of Mortgage: ConventionalFHAV A/Cal Vet Other (Specify)All InclusiveTrust Deed  4. Terms: Original Loan Amount \$ Interest Rate:% Balloon Payment? Negative Amortization? Current Balance \$ 5. Payment History: Is loan current? Has loan ever	e3rd Position Specify position Loan Origination Date Fixed? If yes, amount: \$	Adjustable?Date DueIf yes, date due		
Mortgagor: (Signature) (Printed Name)	munity Development De	(Date) (Position/Title)		
736 F	munity Development De f Arcata Street a, CA 95521	Phone: (707) 822-5955 FAX: (707) 825-2042		