



CITY OF ELK GROVE OWNER OCCUPIED REHABILITATION LOAN PROGRAM

2010-11 Community Development Block Grant (CDBG) Program Year

The City of Elk Grove Owner Occupied Rehabilitation Loan Program is designed to provide low-income owner-occupants with financial assistance to rehabilitate their homes. The goal of the rehabilitation is to eliminate critical health hazards and make repairs necessary to safety. Additionally, the program aims to reduce the number of substandard housing units within the City, maintain the existing affordable housing stock, and contribute to increasing independence and quality of life for persons with special needs, including the elderly and the disabled.

Please mail or deliver the completed application along with all required documentation to:

City of Elk Grove
 Attn: CDBG Housing/Grants
 8401 Laguna Palms Way
 Elk Grove, CA 95758

When funds are available, the City will contact all eligible applicants to schedule a site visit to determine the cost and extent of necessary repairs. Further questions about the process or eligibility criteria of the Owner Occupied Rehabilitation Loan Program may be directed to the Elk Grove Housing Division at (916) 478-2254 or housing@elkgrovecity.org.

Application Checklist

Please include the following financial information for each member of your household. The City may request additional documentation of your income after reviewing the form.

- 2008 1040 form
- 2008 W-2
- 2009 1040 form
- 2009 W-2
- Two recent pay stubs, Social Security award letters, etc.
- Homeowner hazard insurance policy
- Checking account statements, last 2 months
- Savings account statements, last 2 months
- Deed or title to property
- Mobile home registration card (if applicable)
- Annual tax bill

Maximum Income by Household Size

To qualify for the Owner Occupied Rehabilitation Program, the applicant's household income must be equal to or less than the amount shown below for the number of persons in the household.

Maximum Income per Number of Persons in Household

1	2	3	4	5	6	7	8
\$40,950	\$46,800	\$52,650	\$58,500	\$63,200	\$67,900	\$72,550	\$77,250



CITY OF ELK GROVE OWNER OCCUPIED REHABILITATION LOAN APPLICATION

APPLICANT INFORMATION					
Last Name:		First Name:		M.I.:	Home Phone:
Street Address:		City:	State:	Zip Code:	Work Phone:
Marital Status: ___ Married ___ Unmarried (Single, Divorced, Widowed) ___ Separated				Birth Date:	Place of Birth:
Social Security Number:	Race:	Ethnicity:	Gender: __M __F	Disabled: __Y __N	E-mail Address:
CO-APPLICANT INFORMATION					
Last Name:		First Name:		M.I.:	Home Phone:
Street Address:		City:	State:	Zip Code:	Work Phone:
Marital Status: ___ Married ___ Unmarried (Single, Divorced, Widowed) ___ Separated				Birth Date:	Place of Birth:
Social Security Number:	Race:	Ethnicity:	Gender: __M __F	Disabled: __Y __N	E-mail Address:
PROPERTY INFORMATION					
Property Address:		City:		State:	Zip Code:
Mobile Home: __Y __N	Duplex: __Y __N	Year Built:		Year Purchased:	
Average Cost of Monthly Utilities:		Annual Homeowners' Insurance:		Annual Property Taxes:	
Electricity \$	Garbage \$	\$		\$	
Water \$	Gas \$	Estimate Current Value of Property: \$			
Sewer \$	Other \$				
FINANCING INFORMATION					
First Mortgage Lender:			Second Mortgage Lender:		
Account #:			Account #:		
Lender Name:			Lender Name:		
Street Address:			Street Address:		
City, State, Zip:			City, State, Zip:		
Monthly Payment: \$			Monthly Payment: \$		



DESCRIPTION OF REPAIRS NEEDED				

INCOME INFORMATION				
	Applicant - Monthly	Applicant - Annual	Co-applicant - Monthly	Co-applicant - Annual
Wages, Salaries, etc.	\$	\$	\$	\$
Tips or Commission	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Retirement Funds	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Alimony, Child Support	\$	\$	\$	\$
Welfare Payments	\$	\$	\$	\$
Other:	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

ASSET INFORMATION				
Type	Cash Value	Annual Income from Assets	Bank Name	Account No.
Checking Accounts	\$	\$		
	\$	\$		
Savings Accounts	\$	\$		
	\$	\$		
Stocks	\$	\$		
Investment Real Estate	\$	\$		
Other:	\$	\$		
	\$	\$		



LIABILITY INFORMATION (list outstanding obligations including auto loans, credit cards, charge accounts, credit union loans, personal loans, real estate loans, etc.)

Type	Monthly Payment	Unpaid Balance	Creditor's Name	Due Date
Mortgage	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

HOUSEHOLD COMPOSITION (List the head of your household and all members who live in your home. Give relationship of each family member to head.)

Full Name	Relationship	Date of Birth

Does anyone who is not listed above live with you now? <input type="checkbox"/> Y <input type="checkbox"/> N	If so, give name and relationship:
Does anyone who is not listed above plan to live with you in the future? <input type="checkbox"/> Y <input type="checkbox"/> N	If so, give name and relationship:

The information provided below is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purposes of income verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification.

Applicant

Date

Co-Applicant

Date

