



## CITY OF ELK GROVE EMERGENCY REPAIR LOAN APPLICATION

The City of Elk Grove Emergency Repair Loan Program provides ten-year forgivable loans of up to \$7,500 (\$5,000 for mobile homes) to repair no more than two serious health and safety hazards in owner-occupied housing. The loans are available on a first-come, first-served basis to households earning no more than 50 percent of the area median income. In order to be considered eligible, applicants need to have their income verified by the City.

Please complete the form and fax it, along with all supporting financial documentation (see checklist below), to **916-627-4800**. Alternately, you may mail the application to the following address:

City of Elk Grove – Development Services  
 Attn: Planning/ Housing  
 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 conditions of the Emergency Repair Loan Program may be directed to the Elk Grove Housing Division at 916-478-2254.

### 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.

- 2007 1040 form
- 2007 W-2
- 2008 1040 form
- 2008 W-2
- Two recent pay stubs,  
Social Security award letters, etc.
- Homeowner hazard insurance policy
- Checking account statement(s)
- Savings account statement(s)
- Deed or title to property
- Mobile home registration card (if applicable)
- Annual tax bill

### Maximum Income by Household Size

To qualify for the Emergency Repair Loan Program, the household income must be equal to or less than the amount shown below for the number of persons in the household.

Maximum Income by Number of Persons in Household							
1	2	3	4	5	6	7	8
25,500	29,100	32,750	36,400	39,300	42,200	45,150	48,050





## City of Elk Grove Emergency Repair Loan Application

APPLICANT INFORMATION					
Last Name:		First Name:		M.I.:	Home Phone:
Street Address:		City:	State:	Zip Code:	Work Phone:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (Single, Divorced, Widowed) <input type="checkbox"/> Separated				Birth Date:	Place of Birth:
Social Security Number:	Race:	Ethnicity:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Disabled: <input type="checkbox"/> Y <input type="checkbox"/> N	E-mail:
CO-APPLICANT INFORMATION					
Last Name:		First Name:		M.I.:	Home Phone:
Street Address:		City:	State:	Zip Code:	Work Phone:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (Single, Divorced, Or Widowed) <input type="checkbox"/> Separated				Birth Date:	Place of Birth:
Social Security Number:	Race:	Ethnicity:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Disabled: <input type="checkbox"/> Y <input type="checkbox"/> N	E-Mail:
PROPERTY INFORMATION					
Property Address:		City:		State:	Zip Code:
Mobile Home: <input type="checkbox"/> Y <input type="checkbox"/> N	Duplex: <input type="checkbox"/> Y <input type="checkbox"/> 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:	\$	\$	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

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? ___ Y ___ N	If so, give name and relationship:
Does anyone who is not listed above plan to live with you in the future? ___ Y ___ 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

