



# CITY OF SAN BERNARDINO

## OWNER OCCUPIED REHABILITATION PROGRAM

A home repair forgivable loan for qualified homeowners

### Application

Submit completed application and all requested information to:

**Mail, Email or Fax to:**  
**ATTN: Johanna Escobar**  
**9551 Pittsburgh Ave**  
**Rancho Cucamonga, CA 91730**  
**Email: [Johanna@nphsinc.org](mailto:Johanna@nphsinc.org)**  
**Fax: (909) 467-0120**  
**Phone: (909) 988-5979**

*Funds are available on a first-come, first-serve basis. Forgivable loan is contingent upon the availability of funds and not guaranteed.*



Dear Homeowner(s):

Neighborhood Partnership Housing Services in partnership with the City of San Bernardino is pleased to offer Owner Occupied Rehabilitation Loans that assists income qualified households by providing a forgivable loan to rehabilitate owner occupied properties throughout the City of San Bernardino. The program is designed to assist qualified low income homeowners with household incomes not exceeding the program income limits. This will allow qualified households to make necessary repairs on their owner-occupied single-family homes. The goal of the program is to allow homeowners to correct health and safety hazards, building code violations, make accessibility improvements, and to provide decent, safe, and sanitary living conditions.

- The Program provides assistance in the form of a forgivable loan up to the maximum total amount of \$40,000 for eligible homeowners.
- The loan has no interest and is forgiven after a period of 10 years.
- The loan will become due in the event of one of the following; property sale, transfer of title of the property, the applicant ceases to occupy the home as their primary residence, or the applicant refinances the property to take cash out or receive an equity line of credit during the ten-year loan term.

Applications are prioritized for funding purposes on a first-come, first-served basis. Therefore, you are required to complete and return the application within 30 days. If after three (3) contact attempts staff has not received your completed application, your file will be closed and your name will be placed at the bottom of the waiting list. Delays can jeopardize the funding since, as stated above, funds are available on a first-come, first-served basis. Staff will go to the next household on the waiting list.

Homeowners whose applications have been accepted for this Program will receive a one-time forgivable loan in an amount up to \$40,000 for eligible home repairs and in accordance with Program Guidelines and NPHS' housing rehabilitation standards as set forth in the Housing Code. The finished rehabilitation work must be free of any Health and Safety Code, Building Code, or other State and local code violations and must, at a minimum, meet Section 8 Housing Quality Standards (HQS).

TO BE ELIGIBLE, YOU MUST:

1. Be an individual residing in an owner-occupied single-family property, manufactured housing, or own a membership in a cooperative or mutual housing project that constitutes homeownership under state law in the City of San Bernardino proper.
2. Be listed on title as the legal owner of the subject property and permanently reside in dwelling in need of repairs. If property is owned by more than one person, all legal owners must execute the necessary covenant-agreement documents.
3. Have owned and resided in the dwelling in need of repair no less than one (1) year prior to submitting application.
4. Not own or have interest in any real property other than the subject property.
5. Have a maximum total family income of 80% Area Median Income (AMI) (all adult members of the household must submit income verification for all sources of income) of no more than:

1 person household	\$42,200
2 person household	\$48,200
3 person household	\$54,250
4 person household	\$60,250
5 person household	\$65,100
6 person household	\$69,900
7 person household	\$74,750
8 person household	\$79,550

(2020 HUD Income Guidelines for the HOME Investment Partnerships (HOME) Program)

The San Bernardino Owner Occupied Rehabilitation Program requires the completion of the application and all requested documents be submitted in order to be considered for the program. The following is a list of what information you will be required to provide in order to initially submit a completed application.

## Checklist

---

### **PROOF OF HOUSEHOLD MAKE-UP**

- Copy of **California Driver's license/identification card** of ALL adults in the household
- Copy of the applicant's most recent three (3) years of **Federal Income Tax return and W-2 forms** to support the stated household size **or a letter from the Internal Revenue Service (IRS)** stating you were not obligated to file income taxes for the preceding calendar year.

### **PROOF OF HOME OWNERSHIP**

- If you own a *Single-family home*, please attach a **COPY** of the recorded **Grant Deed**, a copy of the most recent **Property Tax Bill** for your property, and a copy of the most recent **Mortgage Statements** for your property.

### **PROOF OF RESIDENCY**

- You must reside at the address named on the application.
- Attach a copy of **two (2) current, different utility bills** (i.e., water, gas, telephone, or electricity bill) to your application.

### **PROOF OF HOMEOWNERS INSURANCE**

- Copy of the **homeowners insurance policy and flood insurance if located in a flood zone**

### **PROOF OF INCOME ELIGIBILITY**

- Provide copies of the most recent **three (3) months monthly bank statements/investment statements for all accounts including retirement accounts**. If you have more than one bank account, please provide copies of the most recent three (3) months bank statements/investment statements including retirement accounts for each account.

Along with the proof of income eligibility documents, provide all applicable documents below:

#### **Employed**

- Provide copies of the most recent **three (3) months of paycheck stubs;**

#### **Self-Employed**

- Provide copies of YTD **profit & loss statement, balance sheet, and cash flow statement;**

#### **Social Security/disability income**

- If you are receiving *Social Security, annuities, insurance policy benefits, retirement funds, pensions, unemployment, disability or death benefits, worker's compensation, severance pay, alimony, child support, or Armed Forces income*, please attach a copy of the **entitlement letter or equivalent;**

#### **Public Assistance**

- If the applicant(s) is receiving *AFDC, other public assistance, or welfare income* a copy of the **benefit statement** shall be required from the Department of Social Services or other agency that states the amount of benefits;

**NOTE:** Applications without the required proof of HOUSEHOLD, OWNERSHIP, RESIDENCY, HOMEOWNERS INSURANCE, and INCOME as described above will be considered incomplete. All incomplete applications **will not** be processed.

Staff will review your completed application to determine whether you are eligible for assistance. At this time, please **DO NOT** request bids or hire a contractor. If you are deemed eligible to participate in the program you will be notified.

**APPLICATION**

(1) \_\_\_\_\_ ( )  
**Applicant Name** ~~Mr.~~ ~~Mrs.~~ ~~Ms.~~ **Social Security No.** **Home Phone**

(2) \_\_\_\_\_ ( )  
**Co-Applicant Name** **Social Security No.** **Home Phone**

\_\_\_\_\_ *Street* *City* *State* *Zip Code*  
(3) **Property Address**

\_\_\_\_\_ *Street* *City* *State* *Zip Code*  
(4) **Mailing Address (If different from above)**

<b>(5) Total Number of Persons in household:</b> _____ List all <b>OTHER</b> members who live in your home at the time of application.		
<b>Full Name</b>	<b>Age</b>	<b>Relation to Owner(s)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>(6) Total Monthly Gross Income</b> \$ _____ <b>Source of Income:</b> (Please indicate amount)	
<input type="checkbox"/> Social Security Income (SSI) \$ _____	<input type="checkbox"/> Disability Income (SSI) \$ _____
<input type="checkbox"/> Workers Compensation \$ _____	<input type="checkbox"/> Pension (SSI) \$ _____
<input type="checkbox"/> Alimony/Child Support \$ _____	<input type="checkbox"/> Investment \$ _____
<input type="checkbox"/> Employment Income \$ _____	<input type="checkbox"/> Self Employment Income \$ _____
<input type="checkbox"/> Other Income: \$ _____	

<b>(7) What is the age of the head of household?</b> (Please check only one)
<input type="checkbox"/> Under 18 years <input type="checkbox"/> 18 to 24 years
<input type="checkbox"/> 25 to 44 years <input type="checkbox"/> 45 to 59 years
<input type="checkbox"/> 60 to 61 years <input type="checkbox"/> 62 years or older

<b>(8) Marital Status</b>
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated
<input type="checkbox"/> Widower/Widow <input type="checkbox"/> Single

<b>(9) What is the gender of the head of household?</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>(10) Is the applicant or co-applicant handicapped?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(11) Is the applicant or co-applicant permanently disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Neighborhood Partnership Housing Services Inc. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Section 504 (24 CFR, part 8 dated June 2, 1988).

<b>(12) I/We currently:</b> <input type="checkbox"/> Own my/our house free and clear <input type="checkbox"/> Have a mortgage to pay off <input type="checkbox"/> Lease with an option to buy <input type="checkbox"/> Other: _____
<b>(13) Are you a Veteran of the U.S Armed Forces?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>(14) Are you the OWNER-OCCUPANT of the property to be repaired?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
---

<b>(15) How many years have you occupied the home?</b> <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 to 5 yrs <input type="checkbox"/> Over 5 yrs <input type="checkbox"/> Not an Occupant
---

<b>(16) My/Our residence is a:</b> <input type="checkbox"/> Single-Family Home <input type="checkbox"/> Mobile Home <input type="checkbox"/> Unit in a Co-Op or Condominium <input type="checkbox"/> Other:	<b>(17) How many bedrooms in your home?</b> <input type="checkbox"/> 1 bedrooms <input type="checkbox"/> 2 bedrooms <input type="checkbox"/> 3 bedrooms <input type="checkbox"/> 4 bedrooms <input type="checkbox"/> 5 or more bedrooms
<b>(18) What year was the house built?</b> _____	<b>(19) What year did you buy the house?</b> _____
<b>(20) How did you first hear about this Program?</b> <input type="checkbox"/> Referral from City of San Bernardino <input type="checkbox"/> Referral from Public Housing Waiting List <input type="checkbox"/> Friend/ Relative <input type="checkbox"/> Community Bulletin Board/Flyers <input type="checkbox"/> Referral from another Department/Agency <input type="checkbox"/> Other:	
<b>(21) Have you had this service before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what year? _____	

**(22) Briefly describe the repairs needed. Attach a separate sheet if more room is necessary.**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_\_\_  
\_\_\_\_\_
7. \_\_\_\_\_  
\_\_\_\_\_

**Application Affidavit**

You are hereby signing this Application Affidavit under the False Claims Act, 31 U.S.C. §§ 3729-3733, those who knowingly submit, or cause another person or entity to submit, false claims for payment of government funds are liable for three times the government's damages plus civil penalties of \$5,500 to \$11,000 per false claim.

Applicant Signature: \_\_\_\_\_

Co-applicant Signature: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

**INCOME TAX AFFIDAVIT**

**I (we) the undersigned, being first duly sworn, state the following:** *(Please check all that apply)*

*(Check and complete Number 1 & 2 if you were not required by law to file a Federal Income Tax Return.)*

\_\_\_ 1. I (we) hereby certify that I (we) was (were) not required by law to file a Federal Income Tax Return for the following year(s) \_\_\_\_\_ for the reason(s) below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form 4506-T "Request for Transcript of Tax Return" must be submitted to the IRS for verification of non-filing status.

\_\_\_ 2. I (we) certify that I (we) cannot produce a copy of a signed federal tax return. I (we) agree that I (we) will provide NPHS with the following:

\_\_\_ A Transcript of Tax Return by completing Form 4506T

*(Check and Complete Number 3 if you are providing the City with acceptable tax documentation other than copies of tax fillings.)*

\_\_\_ 3. I (we) certify that I (we) filed Form 1040EZ /1040A/1040 for Tax Year (s) \_\_\_\_\_. I am providing this certification in addition to a tax account summary provided by the IRS since I cannot produce a copy of the tax filing.

*(Check and complete Number 4 only if the Owner Occupied Residential Rehabilitation Application is submitted between January 1 and April 15 and you have not yet filed a Federal Income Tax Return for the previous year, but intend to file.)*

\_\_\_ 4. I (we) hereby certify that I (we) have not yet filed a Federal Income Tax Return for the previous tax year. I hereby certify that the information submitted to NPHS is in accordance and consistent with the tax documentation which I (we) intend to submit for the previous tax year. I (we) agree that I will provide NPHS with a copy of my tax filing documents no later than April 16 of this year.

**CERTIFICATION OF ALL APPLICANTS**

**By my (our) signature below, I (we) certify that the above information is true. I (we) understand that NPHS/ City of San Bernardino can revoke any funds granted upon discovery of an Applicant's material misstatement, whether negligent or fraudulent.**

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**HOUSEHOLD SIZE AFFIDAVIT**

**I (we) the undersigned, being first duly sworn, state the following:** *(Please check all that apply)*

\_\_\_ 1. I (we) hereby certify that my (our) household size is \_\_\_\_\_ and income limits do not exceed the established limits for household size indicated in the Owner Occupied Residential Rehabilitation Loan Program application.

*(Check and complete Number 2 only if you share ownership of property with someone not residing in the property)*

\_\_\_ 2. I (we) hereby certify that I (we) share title of ownership with someone other than those residing in my (our) household on the Owner Occupied Residential Rehabilitation Loan Program application. I (we) hereby certify that the information submitted to NPHS is in accordance and consistent with the tax documentation which I (we) submitted. I agree that I will provide NPHS with a copy of my tax filing documents or proof of non-filing, which will be used to determine household size.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date



## RIGHT OF ENTRY

**Right of Entry:**

I/We the undersigned hereby consent to allow authorized representatives of NPHS to enter my/our place of residence for the purpose of evaluating the housing repairs needed described herein. The undersigned and the representatives of NPHS will perform this evaluation jointly.

I/We understand NPHS shall receive all repair estimates within 15 calendar days from three (3) licensed contractors following the receipt of a Project Cost Estimate/Bid that is prepared by an authorized representative of NPHS. Failure to do so will result in no further processing of my/our application and transferring committed funds to another eligible project.

**Please initial here** \_\_\_\_\_/\_\_\_\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

## Credit Report Request & Authorization

### Applicant Personal Information

Last Name	First	MI
<input type="text"/>		
SSN	Date of Birth	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Apt	
<input type="text"/>		
City	State	Zip
<input type="text"/>		

### Co-Applicant Personal Information

Last Name	First	MI
<input type="text"/>		
SSN	Date of Birth	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Apt	
<input type="text"/>		
City	State	Zip
<input type="text"/>		

### Authorization

I authorize NPHS to pull my credit report and review my credit file in connection with my participation in NPHS' Programs, using an online credit reporting source.

- (a) \_\_\_\_\_ **Initial** if Applicant and Co-Applicant are married  
(b) \_\_\_\_\_ **Initial** if you are authorizing NPHS to process a one-time transaction.

**\$25.00 per applicant. Payments can be made by cash or check only.**

I understand that information about services provided to me may be used to conduct research and reporting, related to service needs, income supports, education and employment, and program effectiveness. The use of this information for research and reporting may last beyond the actual delivery of current services. My name, social security number, or any other information that would identify me personally **will never** appear on research or a report. **I understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/ or criminal liability under the provisions of Title 18, United States Code, Section 1001.**

#### Staff use only

Payment type:

- Cash  
 Check # \_\_\_\_\_

Report run by: \_\_\_\_\_

Staff initials

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

Last Updated 9/9/2020

