



## *CITY OF RIVERSIDE*

### *HOUSING REHABILITATION PROGRAM*

A home repair program for income-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. Loan is contingent upon the availability of funds and is not guaranteed.





# HOUSING REHABILITATION PROGRAM FUNDING & GENERAL GUIDELINES

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Dear Homeowner(s):

Neighborhood Partnership Housing Services in partnership with the City of Riverside is pleased to offer owner occupied Housing Rehabilitation in the form of an interest-free deferred loan or grant that assists income qualified households to rehabilitate properties throughout the City of Riverside. The program is designed to assist qualified homeowners with household incomes that do not exceed the program income limits. This will allow qualified households to make necessary repairs to their single-family, manufactured, or mobile 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. Income eligibility is detailed below.

The Program provides the following types of assistance:

Deferred Loans: Maximum loan amount \$60,000. Deferred loans do not accrue interest and require no monthly payments. Deferred loans become due and payable upon the resale, transfer of title, refinancing of the subject property with cashout, or at their 30- year maturity date. A single-family homeowner can apply for a loan and a grant for a maximum of \$65,000.

Grants: Applicants who are income eligible and own a single-family residence home are encouraged to apply for a grant of up to \$5,000. These grants are to correct minor code violations or address health and safety hazards.

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 loan or grant for eligible home repairs and in accordance with Program Guidelines and NPHS' housing rehabilitation standards as set forth in the California 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).

Loan recipients will be subject to annual reporting for the life of the loan.

# HOUSING REHABILITATION PROGRAMS

The Housing Rehabilitation Program is intended to serve residents of the City of Riverside who own their homes, live in their own homes, and whose income does not exceed amounts established by the U. S. Department of Housing and Urban Development (HUD). To be eligible applicants must be listed on title as the legal owner of the property and permanently reside in the dwelling in need of repairs. If the property is owned by more than one person, all legal owners must execute the necessary covenant agreement documents. Applicants must also have owned and resided in the property no less than one (1) year prior to submitting application. Applicants may not own or have interest in any real property other than the subject property. Rental Housing, town houses and condominiums are not eligible for this program.

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## INCOME ELIGIBILITY FOR HOUSING REHABILITATION LOAN & GRANT PROGRAMS

Maximum total household income of 80% of area median income (AMI) as amended annually. All adults in the household must submit income verification for all sources of income.

<u>FY 2020 80% Income Limit Area</u>	
Family Size	Max Income
1	\$44,250
2	\$50,600
3	\$56,900
4	\$63,200
5	\$68,300

Liquid Assets not to exceed \$50,000.00-Applicants must self certify that the value of all their "liquid assets" (all cash, bank checking and savings accounts, money market accounts, stock, bonds, mutual funds, etc), do not exceed \$50,000.00. Excluding the value of their primary residence, real estate investments (revenue derived from rental property is counted under income), qualified retirement savings, IRA and 401 k, (revenue derived from retirements savings is counted under income), household furnishings, clothing, and cars. Applicants must also self certify that they own no more than one piece of property in addition to their primary residence. Households owning more than one additional property are ineligible for the program.

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Should you wish to be considered for housing assistance, please read and complete the attached application materials. All documentation submitted to Neighborhood Partnership Housing Services must be copies, not originals. Documentation submitted will not be returned to the owner if your application/file is canceled or closed. Materials are confidential to the fullest extent of California State law.

# **LIST OF COPIES/INFORMATION TO BE INCLUDED WITH YOUR PRE-APPLICATION**

## **INCOME INFORMATION**

If you are employed:

- One month of current paystub(s) and W-2 statements
- Complete set of SIGNED federal income tax returns for previous tax year

If you are retired or have income from sources other than wages:

- Current benefits check stub/award letter
- Complete set of SIGNED federal income tax returns for previous tax year.
- Copies of 1099'S

If you are self-employed:

- Two years of SIGNED federal tax returns for two previous tax years.
- Copies of 1099'S
- Copy of profit and loss statement for current year.

If you are not required to file income tax returns:

- Complete and sign the "Certification of Non-Filing"

## **MORTGAGE AND HOMEOWNERSHIP INFORMATION**

- Current monthly statement or payment coupon.
- Year end mortgage statement for previous year.
- Homeowner's Insurance Policy (Declaration/Coverage page only).
- Your current property tax bill.
- Grant Deed to your property. If in a Trust, copy of Trust (1 year residency required)
- If your mortgage is paid off (Deed of Reconveyance).
- All Deeds of Trust (Include Promissory Note for any loans with an Adjustable Rate Rider)
- Copy of current utility bill and utility bill at least 12 months old (verify 1 year residency).

## **CASH ACCOUNTS AND OTHER ASSETS INFORMATION**

- Current bank statements for all checking and savings accounts.

## **INSTALLMENT ACCOUNT INFORMATION**

- Current billing statements for all loans, credit cards and installment accounts (including automobile loans).

## **OTHER INFORMATION**

- Provide copy of your photo identification (Driver's License, CA I.D., Passport).
- Provide a copy of your Social Security Cards.
- Proof that participant(s) are US Citizens or Qualified Aliens
- Current credit report.

Please be sure to sign attached "Certification/ Authorization to Release Information" and return with your application documents. Additional information may be needed to support your application. You may be contacted by a representative from our office.

APPLICANT		CO-APPLICANT	
Name:	Age:	Name:	Age:
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Number of Dependents:			
Ages of Dependents:			
Social Security No:		Social Security No:	
Home Phone No:		Home Phone No:	
Employer's Name, Address, and Phone No:		Employer's Name, Address, and Phone No:	

MONTHLY INCOME (APPLICANT)	MONTHLY INCOME (CO-APPLICANT)
1. Wages: \$	1. Wages: \$
2. Social Security: \$	2. Social Security: \$
3. Other (Pension, Annuities, Etc.): \$	3. Other (Pension, Annuities, Etc.): \$
Totals: \$	Totals: \$
<b>MORTGAGE INFORMATION</b>	<b>CASH ACCOUNTS AND OTHER ASSETS</b>
Name of Lender, Address, City State, Zip:	TYPE ACCT. WHERE ACCT. NO. BALANCE
	Checking Acct. _____ \$
	Savings Acct. _____ \$
Account No.:	Number of other Real Estate owned:
Year Purchased:	Lender:
Original Price: \$	Address:
Loan(s) Balance: \$	
Monthly Payments: \$	Acct. No.:
Taxes: \$                      Ins: \$	Loan Balance: \$
Second Mortgage Balance: \$	Monthly Payment: \$
Second Mort. Monthly Payment: \$	Monthly Rent Received: \$

### INSTALLMENT ACCOUNTS

Include all loans, any additional mortgages, car loans, credit cards and installment accts.

Type & Where paid	Account No.	Monthly Payments	Balance
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

(Use the Back of This Form for Additional Accounts)

**NUMBER OF PEOPLE IN HOUSEHOLD:**

<b>Name</b>	<b>Age</b>	<b>Relationship</b>	<b>Monthly Income</b>
			\$
			\$
			\$
			\$
			\$
			\$

**DATA ON HOUSE**

- |                               |                     |
|-------------------------------|---------------------|
| 1. Age of Structure           | 4. No. of Bathrooms |
| 2. Estimated Value of home \$ | 5. No. of Bedrooms  |
| 3. Nearest Cross Street       |                     |

**REPAIRS NEEDED: (All Code Health and Safety Items Must be Addressed)**

- |                   |         |                                 |            |                    |             |
|-------------------|---------|---------------------------------|------------|--------------------|-------------|
| roof              | windows | chimney repair                  | electrical | screens            | garage door |
| plumbing          | doors   | bathroom                        | heating    | kitchen            |             |
| exterior painting |         | disability access modifications |            | termite fumigation |             |

Other

Have you ever applied for assistance in the past? If yes, when  
Which Program

**APPLICANT'S CERTIFICATION**

I/We, \_\_\_\_\_, Applicant(s), hereby certify that all information I/we have furnished in support of this application is given for the purpose of obtaining a grant/loan CalHome and or CDBG funds as administered by Neighborhood Partnership Housing Services and that all such information is true and complete to the best of my/our knowledge and belief. I/We hereby give our consent that information relative to this application may be obtained by Neighborhood Partnership Housing Services or the City of Riverside from any source as necessary to insure its accuracy. Applicant(s) hereby certifies that there is no application pending for refinancing the property that is the subject of this application. Applicant(s) hereby further certify and agree that no new loans or encumbrances secured by the subject property will be obtained prior to the recordation of any deed of trust securing any loan that is issued as a result of this application. If loan is completed, applicant gives the City of Riverside and NPHS permission to use photos of homes for purposes of program reporting and advertising.

I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1014.

Signature

Date

Signature

Date

# **CERTIFICATION/AUTHORIZATION TO RELEASE INFORMATION**

The undersigned certify the following:

I/We have applied for assistance in the form of a loan and/or grant from Neighborhood Partnership Housing Services. I/We have completed an application containing various information, including the purpose of the proposed loan and/or grant, my/our employment & income information, and my/our assets & liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the application or other documents, nor did I/We omit any pertinent information.

I/We understand that Neighborhood Partnership Housing Services reserve the right to verify any and all information provided on the application with employers and/or financial institutions.

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To Whom It May Concern:

I/We have applied for a loan and/or grant from Neighborhood Partnership Housing Services. As part of the application process, Neighborhood Partnership Housing Services may verify information contained in my/our application and in other documents required in connection with the application.

I/We authorize you to provide to Neighborhood Partnership Housing Services any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market and similar account balances; credit history and copies of income tax returns.

A copy of this authorization may be accepted as an original.

Signature

Date

Social Security Number

Signature

Date

Social Security Number

## **CERTIFICATION OF NON-FILING\*\*\***

I hereby certify that I am not required to file income tax returns. I further certify that my sources of income are as follows:

Source

Monthly Income

Signature

Date

Signature

Date

\*\*\*NOTE: This form is to be completed ONLY if you do not file income tax returns.



# SELF-CERTIFICATION OF LIQUID ASSETS

I hereby certify that my "liquid assets" do not exceed \$50,000.00

Source

Amount

**Liquid Assets not to exceed \$50,000.00** Applicants must self-certify that the value of all their "liquid assets" (all cash, bank checking and savings accounts, money market accounts, stock, bonds, mutual funds, etc), do not exceed \$50,000.00. Excluding the value of their primary residence, real estate investments (revenue derived from rental property is counted under income), qualified retirement savings, IRA and 401k, (revenue derived from retirements savings is counted under income), household furnishings, clothing, and cars.

I/We hereby certify that the above information that I/We have furnished in support of this application is given for the purpose of obtaining a grant/loan of HOME and CalHome funds as administered by Neighborhood Partnership Housing Services and that all such information is true and complete to the best of my/our knowledge and belief.

I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1014.

Signature

Date

Signature

Date



# HOUSING REHABILITATION PROGRAM

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File #

## STATEMENT OF BENEFITS

I, \_\_\_\_\_ am currently receiving the following source(s) of income.

Please check any of the following income sources that apply to you and list the monthly amount you receive:

AFDC (total for all children)	\$
Alimony	\$
Annuity	\$
Child Support (total for all children)	\$
Disability	\$
Food Stamps	\$
Interest Accounts	\$
Pension	\$
Retirement	\$
Social Security	\$
SSI (Supplemental Security Income)	\$
Unemployment	\$
WIC (approx. monthly value)	\$
Worker's Compensation	\$
Other	\$
Explain:	

I am currently employed with \_\_\_\_\_  
and receive approx. \$ \_\_\_\_\_ on a monthly basis.

I **DO NOT** receive any form of income.

I fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1014.

Signature

Date



# HOUSING REHABILITATION PROGRAM

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Signature

Date

Race/Ethnicity

This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race/ethnicity is voluntary.

**RACE**

White	American Indian or Alaska Native AND White
Black/African American	Asian And White
Asian	Black/African American AND White
American Indian or Alaska Native	American Indian/Alaska Native AND Black/African American
Native Hawaiian or other Pacific Islander	Other: _____

**HISPANIC/LATINO ETHNICITY**

	Yes	No
Yes, Mexican/Chicano		Yes, Cuban
Yes, Puerto Rican		Yes, Other Hispanic Latino: _____

**Sex:**      Female                      Male

# CERTIFICATION OF ZERO INCOME

(To be completed by adult household members who are claiming zero income from any source, if appropriate.)

Name:

Property Address:

1. I hereby certify that I do not individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of a business;
  - c. Rental income from real or personal property;
  - d. Interest or dividends from assets;
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
  - f. Unemployment or disability payments;
  - g. Public assistance payments;
  - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
  - j. Any other source not named above.

2. Choose one:

Currently, I have no income of any kind and while I am seeking employment, there is no definite job offer at this time.

Currently, I have no income of any kind and I will not be seeking employment at this time.

3. I will be using the following sources of funds to pay for living necessities:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature

Printed Name

Date



## Credit Report Request & Authorization

### Applicant Personal Information

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Co-Applicant Personal Information

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Authorization

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

- (a) \_\_\_\_\_ **Initial** if Applicant and Co-Applicant are married
- (b) \_\_\_\_\_ **Initial** if you are authorizing NPBS 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



# **DISCLOSURE OF PROGRAM FUNDING AND GENERAL GUIDELINES**

I have received a copy of the Program Funding and General Guidelines form for funding through the Neighborhood Partnership Housing Services Inc., and I understand that certain restrictions apply to the use of this funding.

Signature

Date

Signature

Date

**Please return this page signed; along with your application. Thank you.**