



Date application first received: _____

Project ID#: _____

Dear Applicant,

Thank you for your interest in the Alameda County Community Development Agency’s Healthy Homes Department Housing Rehabilitation Program. We look forward to assisting you with making needed repairs to your home. In order to verify your eligibility for assistance, we are required to verify your household’s annual income and request a title report. We may also evaluate the loan to property value ratio and request a credit report. Please complete and submit this application. Please refer to the Owners Manual provided with your application for more information and if you have additional questions, contact Yumi Ishida at **(510) 567-8295**.

Please complete the attached application and return to the address below.

Housing Rehabilitation Program - ATTN: Applications
Alameda County Healthy Homes Department
2000 Embarcadero, Suite 300
Oakland, CA 94606

Supporting Documentation: The area you live in may have a long waiting list. If it does, you will be asked to hold off on providing supporting documentation until a later date. To be placed on the waiting list you must complete and submit the rest of the application. Please contact the Department to see if you need to provide Supporting Documentation at this time.

- Hold Documentation:** Please do NOT submit the supporting documentation (pay stubs, bank statements, etc.) at this time. These documents will be requested when funds become available. STOP and proceed to next page.
- Submit Documentation:** Please attach copies of the supporting documentation listed below that apply to yourself and your household.

- If you are self employed or have rental property**, please provide last year’s Federal Tax Returns, including all attachments and schedules.
- If the property is in a Living Trust**, please provide a copy of the Trust.
- If you live in a mobile home**, provide a copy of your mobile home registration card as proof of ownership.
- If you are applying for a loan**, provide your current mortgage statement and home equity lines of credits, which include the terms, outstanding balances, and monthly payments.
- Copy of your 2 most recent consecutive pay stubs or other current proof of income including, not limited to, Social Security, Retirement, Pension, General Assistance, Child Support, Unemployment, etc.
- Copy of your 2 most recent statements for each financial account including, but not limited to, checking, savings, stocks, IRAs, pensions, mutual funds, etc. Please **include all pages of statements**, even if blank.
- Copy of current Homeowner’s Insurance policy, which includes the agents name and phone number, policy number, policy period, amount of coverage and premium amounts, or complete the Property Insurance Verification form that is located inside the application.

NOTE: If you are a tenant interested in accessibility improvements, someone in the home must be 62 years or older and/or have a disability and you will need your landlord's consent. To apply, please complete the [Tenant Accessibility Application and Landlord Consent Form](#) (PDF - 71kb)*.

Do you currently have a mortgage for this property? Yes No

If yes, please enter the name of the lending institution, account number, balance and monthly payment amount.

Institution	Account Number	Balance	Monthly Payment

Do you currently have a second mortgage for this property? Yes No

If yes, please enter the name of the lending institution, account number, balance and monthly payment amount.

Institution	Account Number	Balance	Monthly Payment

Do you have a reverse mortgage on this property? Yes No

If yes, please enter the name of the lending institution, account number, balance and monthly payment amount.

Institution	Account Number	Balance	Monthly Payment

Do you currently have any plans to sell the property? Yes No

Do you own real estate that is not your primary residence? Yes No

The following information is requested by the federal government for monitoring or compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. Please furnish the following information for the head of the household only.

Head of Household:

Race American Indian or Alaska Native

Gender Female Male

Asian

African American or Black

Native Hawaiian or other Pacific Islander

Native American Indian or Hawaiian

Caucasian/White

Other _____

Ethnicity Hispanic/Latino Yes No

How did you hear about our program?

Agency referral _____ Internet/Website Word of Mouth Flyer/Brochure

Presentation Direct Mail Email/Group Newspaper Phone Book Prior Contact

HOUSEHOLD MEMBERS

Please include yourself and all members of the household.

Name	Date of Birth	Relation to Head of Household	Does this person have income?	Does this person have assets or bank accounts?	62 or older or Disabled?	Under the age of six?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

The ACHHD needs information about your income and assets to make sure that our assistance goes to eligible families. If you need more space, please attach an additional sheet.

INCOME INFORMATION

Please list each individual household member's name that receives income and amount. Income includes: wages, public assistance payments, interest income, pension and retirement, alimony, child support, recurring gifts, net income from a business or rental property, and dividends.

Name	Employer or Income Source	Gross Income Amount
		\$
Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		
Name	Employer or Income Source	Gross Income Amount
		\$
Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		
Name	Employer or Income Source	Gross Income Amount
		\$
Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		
Name	Employer or Income Source	Gross Income Amount
		\$
Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		

ASSET INFORMATION

Please list all assets. Do not include your personal car. If you need more space, please attach an additional sheet.

Description of Asset	Balance / Value
Name:	\$
Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Retirements (401K, IRA) <input type="checkbox"/> Rental Properties <input type="checkbox"/> Stocks, mutual funds <input type="checkbox"/> Other	
Name:	\$
Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Retirements (401K, IRA) <input type="checkbox"/> Rental Properties <input type="checkbox"/> Stocks, mutual funds <input type="checkbox"/> Other	
Name:	\$
Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Retirements (401K, IRA) <input type="checkbox"/> Rental Properties <input type="checkbox"/> Stocks, mutual funds <input type="checkbox"/> Other	
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CERTIFICATION

I hereby certify all the information given is true and complete and that I have read the EPA booklets *Protect Your Family from Lead in Your Home* and *Renovate Right* available at <http://www.achhd.org/programs/housing-rehab>

I certify under penalty of law that the information contained in this declaration is true, accurate, and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

I authorize the Alameda County Healthy Homes Department to verify information contained in this application and to use copies of this document in obtaining the required information to verify income, mortgages, bank accounts and/or any other assets named.

I hereby authorize employers to release information to verify the information provided above regarding my rate of pay and employment status. I hereby authorize financial institutions to release information to verify the information provided above regarding account and asset activity and balances.

Owner Signature _____ Social Security# _____ Date _____

Co-Owner's Signature _____ Social Security# _____ Date _____



ALAMEDA COUNTY

Healthy Homes Department

PROPERTY INSURANCE VERIFICATION FORM

The undersigned does hereby declare the following property insurance policy is in effect, or will be in effect by the date the project is funded, upon the subject property:

Property Address: _____

City: _____

Insurance Company: _____

Agents Name _____

Agents Address & Phone: _____

Policy No.: _____

Amount of Coverage: _____

Policy Period From: _____ To: _____

As responsible property owners, we will comply with the Alameda County Healthy Homes Department (ACHHD) insurance requirements and maintain insurance coverage meeting the standards below. The undersigned or their insurance company will provide proof to ACHHD of current property insurance upon request.

1. A current policy of insurance including the perils of fire and hazards.
2. Amount of insurance must be not less than the outstanding loan balances, or improvement costs.
3. The insurance policy is to be on standard forms.

Signature _____ Date _____

Signature _____ Date _____

ALAMEDA COUNTY HEALTHY HOMES DEPARTMENT

RECORDS, DOCUMENTS AND PHOTOGRAPHS

The Alameda County Healthy Homes Department (ACHHD) and its consultants and contractors routinely prepare documents, collect information and forms, take samples, and take photographs of the property as part of documenting conditions, preparing assessment reports, and in monitoring the work. The information collected is used to determine eligibility, identify, assess, and rate housing-related deficiencies, and may be included in assessment reports, used by program staff, and shared with funders and auditors. All ACHHD documents and records are public records subject to the California Public Records Act.

I, the undersigned, hereby authorize the Alameda County Healthy Homes Department to collect documents and information and to use photographs of my property in connection with participation in the Program as described above. I agree to hold the County of Alameda, its officers, agents and employees harmless from any and all claims for damages resulting from the above described use of such materials.

Property Address

Signature

Date

CONSENT TO USE PHOTOGRAPHS FOR PROMOTIONAL PURPOSES (Optional)

Consent to use photographs for promotional purposes is optional and will not affect approval for program services

The Alameda County Healthy Homes Department uses photographs as part of its efforts to promote lead safety and safe and healthy housing practices through training, presentations, brochures, website postings, and in partnership with other organizations. When photos are used, reasonable care will be taken to keep the specific street address from being made public.

I, the undersigned, hereby authorize the Alameda County Healthy Homes Department to use photographs of my property listed above in promoting lead safety and safe and healthy housing practices. I agree to hold the County of Alameda, its officers, agents and employees harmless from any and all claims for damages resulting from the above described use of such materials.

Signature

Date

Print Name

For Office Use:			
Property Address		Project #	

ALAMEDA COUNTY HEALTHY HOMES DEPARTMENT



FAIR LENDING NOTICE AND NOTICE OF RIGHT TO FINANCIAL PRIVACY

FAIR LENDING NOTICE

To: All borrowers for a real property secured loan to purchase, construct, rehabilitate, improve or refinance an owner-occupied one to four-family residence; and all owner-applicants for a real property secured home improvement loan to improve a one to four-family residence (whether or not owner-occupied):

The Federal Equal Credit Opportunity act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicants has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that administers compliance with this law concerning this credit in the U. S. Comptroller of the Currency, Consumer Affairs Division, Washington, D.C.20219.

In Addition to your rights under Federal law, you may also have other rights afforded under state law.

FOR CALIFORNIA RESIDENTS ONLY: In accordance with California law, the following notice is given to applicants who are residents of California.

The California Housing Financial Discrimination Act of 1977 provides in part as follows: 35810, no financial institution shall discriminate in the availability of, or in the provision of, financial assistance for the purpose of purchasing, constructing, rehabilitating improving, or refinancing housing accommodations due, in whole or in part, to the consideration of conditions, characteristics, or trends in the neighborhood or geographic area surrounding the housing accommodation, unless the financial institution can demonstrate that such consideration in the particular case is required to avoid an unsafe and unsound business practice.

35811. No financial institution shall discriminate in the availability of, or in the provision of, financial assistance for the purpose of purchasing, constructing, rehabilitating, improving or refinancing housing accommodations due, in whole or in part, to the consideration of race, color, religion, sex, marital status, national origin, or ancestry.

35812. No financial institution shall consider the racial, ethnic, religious, or national origin composition of a neighborhood or geographic area surrounding an housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, and under what terms and conditions, to provide financial assistance for the purpose of purchasing, constructing, rehabilitating, improving, or refinancing a housing accommodation. No financial institution shall utilize appraisal practices that are inconsistent with the provisions of this part.

If you wish to file a complaint, or if you have questions about your rights, contact: Controller of the Currency, Administrator of National Banks, Western District, Consumer Complaint Department, 50 Fremont Street, Suite 3900, San Francisco, California 94105

NOTICE OF RIGHT TO FINANCIAL PRIVACY:

This is notice to you as required by the Right to Financial Privacy Act of 1978 that the Department of Housing and Urban Development has a right of access to financial records held by any financial institution in connection with the consideration or administration of the housing rehabilitation loan for which you have applied. Financial records involving your transaction will be available to the Department of Housing and Urban Development without further notice or authorization but will not be disclosed or released to any other entities except as required or permitted by law.

Owner Signature _____

Date _____

Co-Owner's Signature _____

Date _____

ALAMEDA COUNTY

HEALTHY HOMES DEPARTMENT



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OWNER: PLEASE RETAIN THIS COPY FOR YOUR RECORDS