Yolo County Housing Rehabilitation Loan Application

This application consists of five sections. Please complete each section to the best of your ability, leaving blank or marking "N/A" any questions that do not apply to your situation.

Section 1: Borrower Information Provide details about the borrower and co-borrower, including address, social security number, date of birth, and employment information.

Section 2: Financial Information List all checking, savings, and asset accounts in the borrower(s) name. You will need to provide bank statements for these accounts as part of the application to demonstrate no undeclared sources of income.

Section 3: Subject Property Information Provide details about the subject property (the property for which funding is requested), including mortgage lenders, taxes, insurance, utilities, and any other real property owned by the borrower(s).

Section 4: Rehabilitation Request Outline the requested scope of work for the rehabilitation and provide scheduling information for an inspection.

Section 5: Certifications Sign to certify the accuracy of the provided information and authorize third-party verification.

Please complete all sections and submit the application with the required supporting documentation (outlined in the document checklist on the last page). For assistance, contact OOR@Thurmondconsultingllc.com or call Roxann Kuhnert at 916-200-7552.

Section 1: Borrower Information.				
1a. Personal Information				
Borrower Name (First, Middle, Last, Suffix)	Borrower Social Security Number			
Alternate Names: List any other names under which credit has been received.	Borrower Date of Birth			
Current Address	Contact Information			
Street Address:	Phone:			
City, State, Zip	Email:			
How long at current address?				
Mailing Address (if different from above)				
1b. Employment Information				
Employer Name:				
Employer Address:				

Borrower's Position Title:	
Start Date:	
Supervisor's Name:	
Supervisors Phone Number:	
Supervisor's Email:	
1c. Co-Borrower's Personal Information	
Co-Borrower Borrower Name (First, Middle, Last, Suffix)	Co- Borrower Social Security Number
Alternate Names: List any other names under which credit has been received.	Co- Borrower Date of Birth
1d. Co-Borrower Employment Information	on
Employer Name:	
Employer Address:	
Co- Borrower's Position Title:	

Start Date:			
Supervisor's Name:			
Supervisors Phone Number	r:		
Supervisor's Email:			
1e. Household Information residing in the home and a			
Name of Individual	Age of Ir	ndividual	Relationship to Borrower
			Borrower
			Co-Borrower
Use an	additional she	et of paper if	needed.

1f. Household Income Information (*Provide the monthly amount* of income for each member of the Household over the age of 18)

Income Type	Borrower	Co-Borrower	Other Member	
W2 (Hourly/Salary)	\$	\$	\$	
Self-Employment	\$	\$	\$	
Rental Income	\$	\$	\$	
SSI	\$	\$	\$	
Disability	\$	\$	\$	
Pension/Retirement	\$	\$	\$	
Unemployment	\$	\$	\$	
Worker's Comp.	\$	\$	\$	
Unemployment	\$	\$	\$	
Alimony/Child Support	\$	\$	\$	
TANF (Welfare Benefits)	\$	\$	\$	
SNAP/CalFresh	\$	\$	\$	

Interest/Dividend Income	\$	\$	\$		
Total Monthly Income:	\$	\$	\$		
	Section 2. Finar	cial Information			
Account Type	Financial Institution	Account Number Cash or Ma Value			
Use an additional sheet of paper if needed.					
Se	ction 3. Subject P	Property Information	on.		
Subject Property Add	lress:				
3.1 Current Mortgag	jes (s)				
Name of First Mortgage Lender		Account Number			
Original Mortgage Amount:	\$	Approximate Current Balance:	\$		
Are taxes & insurance escrowed? (Y/N		If not escrowed proof homeowner's insurar required.			

Name of Homeowne	r's Insurance Carrier		
Policy Number			
Name of Second/HELCO Mortgage Lender		Account Number	
Original Mortgage Amount:	\$	Approximate Current Balance:	\$
3.2 Monthly Utilities	s (If a utility is not ap	plicable, leave the sp	ace blank)
Electric	\$	Water	\$
Sewer	\$	Garbage	\$
Gas	\$	НОА	\$
Annual Property Tax	\$	Annual Insurance Premium	\$
Is there flood insurance? (Y/N)		Flood Insurance Carrier & Policy #	
) own any other prope ion 3.3 Real Estate Sc		

3.3 Real Estate Schedule (Complete for each additional property owned. Use a separate sheet of paper if more space is needed)					
Property 1 (If applicable)					
Full Address					
Property Value	roperty Value Mortgage Lender		Monthly Mortgage Payment		
	Property 2 (l	If applicable)			
Full Address					
Property Value	Property Value Mortgage Lender		Monthly Mortgage Payment		
Section 4. Reha	bilitation Work Re	quested			
Days available for inspection (M-F)		Best time of day for inspections (Morning or Afternoon)			
Name of person to contact to schedule inspection:					
Contact Phone Number:					

Any pets onsite?		Type of pet(s)			
Provide a description of the requested rehabilitation work to be done. (Use a separate sheet of paper if more space is needed)					

Section 5. Certifications

- 1. The information provided in this application is true and complete to the best of my/our knowledge and belief.
- 2. I/We declare that the Borrower and any Co-Borrower currently are on title as owner(s) and that I/We reside in the home and use it for our primary residence.
- 3. I/We declare that the Borrower and any Co-Borrower currently are on title as owner(s) and that I/We reside in the home and use it for our primary residence.
- 4. I/We understand that any willful misstatement of material fact will be grounds for disqualification from the Program.

Borrower's Signature	Date
Co-Borrower's Signature	 Date

CDBG Income Limits

INCOME	HOUSEHOLD SIZE							
LIMITS	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Extremely Low (30% AMI)	\$24,250	\$27,770	\$31,150	\$34,600	\$37,400	\$40,150	\$42,950	\$45,700
Low (50% AMI)	\$40,400	\$46,150	\$51,900	\$57,650	\$62,300	\$66,900	\$71,500	\$76,100
Moderate (80% AMI)	\$64,600	\$73,800	\$83,050	\$92,250	\$99,650	\$107,050	\$114,400	\$121,800

Source: <u>HCD 2024 CDBG, HOME and NHTF Income Limits</u> effective 5/1/24

Yolo County Housing Rehabilitation Loan Document Checklist

To ensure prompt processing of your application please submit all of the following documents to <a href="https://ocent.org/documents.org/least-submit-all-of-the-following-documents.org/documents.org

Fully completed application, signed	
Copy of State issued id, such as a driver's license or identification card	
Most recent tax return (all schedules) If not required to file a tax return please provide a letter of explanation as to why Applicant is exempt from filing.	
Most recent month's mortgage statement. <i>Include statements for all mortgages on the property including second mortgages and HELOCS.</i>	
Most recent THREE (3) months banks statements for ALL bank accounts that the Applicant holds interest in.	
Paystubs covering the most recent six (6) week period, as applicable.	
2024 Benefit Letter for Social Security, TANF, disability, retirement, unemployment, or worker's compensation. If you do not have access to your benefit letter, please email OOR@Thurmondconsultingllc.com for alternative documentation that can be accepted.	
If applicant receives child support and/or alimony, provide a copy of the court order showing the amount.	

Additional documentation may be requested by Program Staff during the approval process.