



**TUSTIN COMMUNITY REDEVELOPMENT AGENCY
RESIDENTIAL REHABILITATION PROGRAM APPLICATION FORM –
MULTI FAMILY**

The following information is needed to determine your eligibility for the Tustin Community Redevelopment Agency's Residential Rehabilitation Program. All information in this form is confidential. Please supply all information requested in order to allow prompt processing. If you need assistance in completing the form, contact the Agency at (714) 573-3128.

Program Applying For:

Deferred Loan Program Grant Program Both

Address of Property to be Rehabilitated: _____

Number of Dwelling Units: _____

Does the owner reside at the property? Yes No

Property Owner's Name: _____

Property Owner's Address: _____

Social Security Number: _____ Driver's License/Identification No. _____

Marital Status: () Single () Married () Divorced

Contact: Home: () _____

Work: () _____ Ext. _____

Cell: () _____

Other () _____

Best Hours to Contact: _____

E-Mail: _____

Mailing Address (if different from home): _____

Property Co-Owner's Name: _____

Property Co-Owner's Address: _____

Social Security Number: _____ Driver's License/Identification No. _____

Marital Status: () Single () Married () Divorced

Contact: Home: () _____

Work: () _____ Ext. _____

Cell: () _____

Other () _____

Best Hours to Contact: _____

E-Mail: _____

Mailing Address (if different from home): _____

Property Co-Owner's Name: _____

Property Co-Owner's Address: _____

Social Security Number: _____ Driver's License/Identification No. _____

Marital Status: () Single () Married () Divorced

Contact: Home: () _____

Work: () _____ Ext. _____

Cell: () _____

Other () _____

Best Hours to Contact: _____

E-Mail: _____

Mailing Address (if different from home): _____

COMPLETE THIS SECTION ONLY IF THE PROPERTY TO BE REHABILITATED IS MANAGED BY SOMEONE OTHER THAN THE OWNER

Name of Manager: _____

Contact: Home: () _____

Cell: () _____

1. Does the Manager reside on the property? ____ Yes ____ No

Managed for how long? _____

Mailing Address (if different from property address): _____

2. Is the above named Manager(s) authorized by the property owner to permit city staff, their agent, and/or consultants to enter and inspect the property or any of its units?
____ Yes ____ No

3. May City staff contact the above named Manager(s) regarding any information provided by the Property Owner in this Application Form? ____ Yes ____ No

If you answered no to either question 2 or 3, please explain: _____

IN THE CASE OF A LOAN, THE APPLICANTS MUST HAVE A MINIMUM PRE-REHABILITATION EQUITY POSITION OF 20% IN THE PROPERTY TO BE REHABILITATED

Year Property Purchased: _____

List the names and addresses of all persons or lenders holding Deeds of Trust, Liens, or Judgments on the property:

Name: _____

Address: _____

Amount of Lien: _____ Due Date: _____

Position of Deed of Trust: _____

Name: _____

Address: _____

Amount of Lien: _____ Due Date: _____

Position of Deed of Trust: _____

Name: _____

Address: _____

Amount of Lien: _____ Due Date: _____

Position of Deed of Trust: _____

Total Liens: \$ _____

Current Balance owned: \$ _____

Estimated value of property: \$ _____

Monthly income from rental units: \$ _____

TENANT SURVEY

You may reproduce sheets as necessary so that a survey form is completed for each unit.

All rental information may be verified by rent receipts and/or rental agreement.

Address: _____ Unit No. _____

Number of Bedrooms (circle): 0 1 2 3 4 5 Current Monthly Rent: \$ _____

Does the rent include utilities (circle): Yes No If Yes, list them _____

Name of Tenant (Head of Household) Print: _____

Head of Household (circle): Male Female Number of persons in household: _____

Is the Tenant currently receiving assistance under the Section 8 Program (circle)? Yes No

To the best of your knowledge, is the Tenants household considered low to moderate-income (circle)? Yes No

Unit is rented (circle): Unfurnished Furnished

Address: _____ Unit No. _____

Number of Bedrooms (circle): 0 1 2 3 4 5 Current Monthly Rent: \$ _____

Does the rent include utilities (circle): Yes No If Yes, list them _____

Name of Tenant (Head of Household) Print: _____

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Is the Tenant currently receiving assistance under the Section 8 Program (circle)? Yes No

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REHABILITATION NEEDS AND COST ESTIMATES

Please provide a brief explanation of the desired improvements:

Cost Estimate: \$ _____

Have you received any Code Enforcement violations? ____ Yes ____ No

If you answered “yes” to the question above, please attach a copy of the Code Enforcement Violation Notice.

Please answer the following questions pertaining to the cost estimate listed above:

1. What is the maximum amount available from personal resources? \$ _____
2. What is the estimated amount that will require financing from the Multi Family Residential Rehabilitation Program? \$ _____

3. What is the estimated amount that will require financing by a private lending institution? \$ _____

ACKNOWLEDGEMENTS MUST BE SIGN BY PROPERTY OWNER(S)

I (We), _____
the owners of the property located at _____

certify that all information in this application and all information furnished in support of this application, as given for purpose of obtaining financing under the Tustin Community Redevelopment Agency's Residential Rehabilitation Program is true and complete to the best of my (our) knowledge and any statements found to be false or fraudulent shall result in applicant's immediate disqualification and remittance of proceeds received under this program. I (We) also acknowledge that I (We) have been instructed in and understand the following items in relationship to the Agency's Multi Family Residential Rehabilitation Program.

1. The submittal of an application form does not guarantee approval for a loan/grant.
2. A deferred loan will be secured by a lien on my (our) property recorded in the amount of the Loan.
3. The loan/grant is primarily intended to cover housing code deficiencies and other substandard conditions as determined by the City of Tustin Community Development Department.
4. If serious hazards relating to the health and safety of tenants are detected by a City of Tustin Building Inspector and/or Code Enforcement Office during the property inspection, a citation may be issued.
5. If granted a Loan, property's fire insurance policy on the subject property must adequately cover the total amount of the lien encumbrance and the Tustin Community Redevelopment Agency shall be listed as a beneficiary in the amount of the lien encumbrance.
6. Construction cannot start on subject property until such time as all loan documents have been fully executed and Agency authorizes work to proceed.
7. No permanent relocation of tenants residing in the property being rehabilitated shall be necessary. If temporary relocation is found to be unavoidable, the cost of said temporary relocation will be the responsibility of owner unless otherwise approved by the Agency.

8. Property owner will submit a Termite Inspection Report, prepared by a properly licensed inspector when requested by staff. Property owner will be responsible for the cost of obtaining the Termite Inspection Report, if a current report is not already available. A Termite Inspection Report will be considered “current” if it was issued 6 months prior to the property owner’s submittal of an Application Form.

9. In consideration of the services rendered by the Tustin Community Redevelopment Agency, the undersigned releases the City of Tustin, the Tustin Community Redevelopment Agency, its officers, employees and servants from any claim or demand for loss or damage which may arise out of the participation of the undersigned in the Tustin Residential Rehabilitation Program.

Signature of Property Owner

Signature of Property Owner

Date

Date

**TUSTIN COMMUNITY REDEVELOPMENT AGENCY
RESIDENTIAL REHABILITATION PROGRAM**

LOT BOOK GUARANTEE AUTHORIZATION

I (We) authorize the Tustin Community Redevelopment Agency, to secure a Title Report from a title company, or perform any steps necessary in order that my application may be considered for a Tustin Community Redevelopment Agency Residential Rehabilitation Loan/Grant.

I (We) further understand that the cost of the Title Report may be added to my total loan at my election. If I(We) should decide not to proceed any further with my application after the report has been ordered, my (our) deposit for said report will be forfeited as reimbursement for the cost of such report.

Applicant's Signature

Date

Applicant's Signature

Date

SCHEDULE OF REAL ESTATE OWNED

Property Address	
Date of Purchase	
Type of Property	
Lien Holder(s)	
Amount of Mortgage(s) and/or Lien(s)	
Mortgage Payment(s) including taxes, insurance, maintenance, etc.	
Gross Rental Income	
Net Rental Income	
Present Market Value	

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Mortgage Payment(s) including taxes, insurance, maintenance, etc.	
Gross Rental Income	
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Present Market Value	

TENANT'S DATA

Tenants Name: _____

Tenants Address: _____

Contact: Home: () _____

Work: () _____ Ext. _____

Cell: () _____

Other () _____

Best Hours to Contact: _____

E-Mail: _____

Marital Status: () Single () Married () Divorced

Total Number in Household: _____

Total Number of Adults: _____ Total Number of Children: _____

Head of Household is: () Male () Female () Elderly () Handicapped

Household information:

Name of Person	Gender	Age	Annual Gross Income	Relationship
				Applicant

Please Note: There are three pages required for each unit.

HOUSEHOLD INCOME

1. Annual gross earnings of household. Please attach signed copies of the previous year's federal income tax return Form 1040A, 1040EZ or 1040, a copy of paycheck stubs for the three most recent pay periods for all wage earners, and all other types of income.

- a. Head of Household \$ _____
- b. Spouse \$ _____
- c. Other \$ _____
- d. Total (sum of lines 1a-1c) \$ _____

2. Other annual sources of income:

- a. Social Security \$ _____
- b. Aid to Families with Dependent Children \$ _____
- c. Child Support/Alimony \$ _____
- d. Veterans, Retirement, Disability Benefits \$ _____
- e. Unemployment Compensation \$ _____
- f. Other (specify) _____ \$ _____
- g. Total (sum of lines 2a-2f) \$ _____

HOUSEHOLD EXPENSES

What is your current monthly rent? \$ _____
Please estimate your monthly utility cost. \$ _____
Total current rent and utility cost: \$ _____

Number of Bedrooms (circle): 0 1 2 3 4

Ethnic Origin (please check one):

- White Hispanic
- Black Asian
- American Indian South Pacific Islander
- Other (please specify) _____

Is any permanent member of the household physically handicapped?

Yes No

Are you a participant in the Housing Choice Voucher Program (Section 8)? Yes No
If yes, please attach documentation.

TENANT DOCUMENTATION CHECKLIST

Have you attached the required documents listed on page 2 for **all** wage earners?

- The previous year's Federal Income Tax Form 1040A, 1040EZ or 1040 "or"
- Paycheck stubs for the three most recent pay periods.
- Supporting documentation for other income sources (Social Security, AFDC, Child Support, Alimony, Retirement, Disability, Veterans, Unemployment, etc).
- Documentation verifying participation in the Housing Choice Voucher Program (Section 8).

CERTIFICATION

I (We) certify that all information in this Application and all information furnished in support of this Application are given for the purpose of allowing my (our) landlord to obtain financing under the Tustin Community Redevelopment Agency Multi Family Residential Rehabilitation Program to make certain home improvements to my (our) unit. This information is true and complete to the best of my (our) knowledge and belief. Verification of any of the information contained in this Application may be obtained from any source named herein.

I (We) declare under penalty of perjury that the foregoing is true and correct.

Dated at Tustin, California, this ____ day of _____, 20 ____.

Tenant's Name (Please Print)

Tenant's Name (Please Print)

Signature of Tenant

Signature of Tenant

Date

Date

TENANT'S DATA

Tenants Name: _____

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Tenant's Name (Please Print)

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Signature of Tenant

Signature of Tenant

Date

Date

REQUIRED DOCUMENTS

- _____ Program Application.
- _____ Copy of Grant Deed.
- _____ Copy of current property insurance policy.
- _____ Copy of most recent mortgage statement(s).
- _____ Copy of driver's license or Government issued identification Card for each property owner.
- _____ Check in the amount of \$75 made payable to the **Tustin Community Redevelopment Agency** for the required Lot Book Guarantee. A Lot Book Guarantee is a title document which provides the most current property owner information and any liens recorded against the property.
- _____ Completed Tenant's Data Form for each unit, including:
 - Income Documentation (one of the following):
 - Tenants federal tax return for the most recent filing period. The return must be signed and include all schedules. Submittal must include the tenants W2 forms for the most recent filing period. These should correspond with the required tax return.
 - Copy of the Tenants pay stubs for the three most recent pay periods for all adult household members (18 years or older). If receiving a pension, Social Security, or government assistance – two most recent statements.
 - Proof of enrollment for any adult tenant who is not employed but a student.