



# City of Modesto Homeowner Rehabilitation Program

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## Overview:

Grants and Loans available for low income homeowners to complete:

- Health and Safety Repairs
  - Plumbing, roof, electrical, HVAC
- Accessibility Repairs
  - Ramps, and grab bars
- Energy Efficiency Improvements
  - Windows, weatherization, water heater

## Qualifications:

Occupancy: Must be owner occupied

Income: Total gross household income must be below 80% AMI as determined by HUD. Income must be below the following income levels:

| <u>Family Size</u> | <u>Gross Monthly Income</u> | <u>Gross Yearly Income</u> |
|--------------------|-----------------------------|----------------------------|
| 1                  | \$2,833.33                  | \$34,000                   |
| 2                  | \$3,237.50                  | \$38,850                   |
| 3                  | \$3,641.67                  | \$43,700                   |
| 4                  | \$4,045.83                  | \$48,550                   |
| 5                  | \$4,370.83                  | \$52,450                   |
| 6                  | \$4,695.83                  | \$56,350                   |
| 7                  | \$5,020.83                  | \$60,250                   |
| 8                  | \$5,341.67                  | \$64,100                   |

## Debt Ratio:

- Front End (mortgage debt compared to gross income): less than 35%
- Back End (mortgage and revolving debt compared to gross income): less than 45%

## Equity:

Loan to Value ratio must not exceed 100% of home value

## Credit:

- No outstanding collection accounts (medical excluded)
- No Bankruptcy in the last three years

## Liens and Title:

Must disclose any personal liens on the property. The City of Modesto will be required to be in second position on the property.

## Insurance:

Must have homeowner hazard insurance at the time of application, City of Modesto will be required to be added as additional insured if accepted into the program.



## Application Requirements

If you are interested in applying for the Homeowner Rehabilitation Program, please call 209-577-5211 to schedule an appointment with the City's Housing Financial Specialist. Please bring a Completed Application Packet to your appointment.

A Completed Application Packet consists of:

- Completed *Homeowner Rehabilitation Program Application*
- The following financial information for each household member who is over the age of 18:
  - Tax Returns (2016, 2017 & 2018)
  - W-2s (2016, 2017 & 2018)
  - Checking account statement(s), most recent last 3 months (no printouts)
  - Savings account statement(s), most recent last 3 months (no printouts)
  - Divorce documents, showing child support and alimony
  - Recent Mortgage statement
  - Copy of Deed of Trust
  - Copy of home insurance
  - Three (3) months recent pay stubs and/or most recent Social Security award
  - Benefits statements (e.g., pension, Social Security, IRA's, Certificate of Deposits Retirement Account, Money Market Accounts.)

Incomplete applications **WILL NOT BE ACCEPTED**. Providing a Completed Application Packet with all the requested copies of financial information will facilitate and speed up the application review process. The City may request additional documentation of your income after reviewing your application. After receiving your completed application and all required supporting documentation, the City will determine if you are eligible for assistance. Please allow up to thirty (30) days from the date of application submittal, for eligibility determination. The City will notify you in writing of your eligibility determination. Further questions about the process or conditions of the Homeowner Rehabilitation Program may be directed to the City at (209) 577-5211. *If accommodation is needed Limited English Proficient (LEP) persons, please contact the Community Development Division office for translator assistance at [housing@modestogov.com](mailto:housing@modestogov.com) or (209)577-5211.*

### Timeline\*

- 1) Schedule appointment to submit complete application packet;
- 2) Within **30 days** - Staff will review packet and will process complete application;
- 3) Within **7 business days** - If approved, staff will schedule property inspection;
- 4) Within **5 business days** - Scope of work will be determined by a completed inspection;
- 5) Within **14 business days** - Project will be presented to committee for approval;
- 6) Within **10 business days** - If approved, contractor walk through will be scheduled;
- 7) Within **10 business days** - Contractor selected based upon bid results, and loan documents signed;
- 8) Within **10 business days** - Documents executed and recorded, Notice to Proceed issued;
- 9) Within **30-45 days** – For work to begin and be substantially completed;
- 10) Within **5 business days** - Final Inspection, Notice of Completion, Warranty Information and closeout letter issued.

*\*Approximate timeline for informational purposes only. Subject to change if additional factors arise.*



# CITY OF MODESTO HOMEOWNER REHABILITATION PROGRAM APPLICATION

| <b>APPLICANT INFORMATION</b>                                   |                  |                         |                 |
|--|------------------|-------------------------|-----------------|
| Last Name:   | First Name:      | M.I.:                   | Daytime Phone:  |
| Street Address:  | City:            | State:                  | Zip Code:       |
| Social Security Number:  | Gender:<br>__M F | Self Employed:<br>__Y N | Birth Date:     |
| Employer Name:   |                  |                         | Employer Phone: |
| Employer Street Address:                                       | City:            | State:                  | Zip Code:       |
| Is the property owner occupied as the primary residence? _____ |                  |                         |                 |
| Are property taxes current? _____                              |                  |                         |                 |

| <b>CO-APPLICANT INFORMATION</b>                                   |                  |                         |                 |
|---|------------------|-------------------------|-----------------|
| Last Name:  | First Name:      | M.I.:                   | Daytime Phone:  |
| Street Address:   | City:            | State:                  | Zip Code:       |
| Social Security Number:   | Gender:<br>__M F | Self Employed:<br>__Y N | Birth Date:     |
| Employer Name:  |                  |                         | Employer Phone: |
| Employer Street Address:  | City:            | State:                  | Zip Code:       |
| Are you included or possess title for any this of property? _____ |                  |                         |                 |

| <b>HOUSEHOLD COMPOSITION</b> (List the head of your household and all members who currently live in your home. Give relationship of each family member to head.) |           |              |                | <b>Check Each Box That Applies for Each Person</b> |         |          |
|--|-----------|--------------|----------------|--|---------|----------|
| Member No.   | Full Name | Relationship | SS#            | Full-Time Student                                  | Veteran | Disabled |
| <b>Head of Household</b>   |           | Self         | ____-____-____ |  |         |          |
| 2  |           |              | ____-____-____ |  |         |          |
| 3  |           |              | ____-____-____ |  |         |          |
| 4  |           |              | ____-____-____ |  |         |          |
| 5  |           |              | ____-____-____ |  |         |          |
| 6  |           |              | ____-____-____ |  |         |          |
| 7  |           |              | ____-____-____ |  |         |          |
| 8  |           |              | ____-____-____ |  |         |          |
| 9  |           |              | ____-____-____ |  |         |          |



| ASSET INFORMATION      |            |                           |           |             |
|------------------------|------------|---------------------------|-----------|-------------|
| Type                   | Cash Value | Annual Income from Assets | Bank Name | Account No. |
| Checking Accounts      | \$         | \$                        |           |             |
|                        | \$         | \$                        |           |             |
| Savings Accounts       | \$         | \$                        |           |             |
|                        | \$         | \$                        |           |             |
| Stocks                 | \$         | \$                        |           |             |
| Investment Real Estate | \$         | \$                        |           |             |
| 401 (K)                | \$         | \$                        |           |             |
| IRA                    | \$         | \$                        |           |             |
| Other:                 | \$         | \$                        |           |             |
| <b>TOTAL</b>           | <b>\$</b>  | <b>\$</b>                 |           |             |

| INCOME INFORMATION (MONTHLY) |  |           |              |                                    |                                    |
|------------------------------|--|-----------|--------------|------------------------------------|------------------------------------|
|                              | Are you paid:<br>Hourly, Weekly,<br>Every two weeks,<br>twice monthly/<br>Monthly? | Applicant | Co-Applicant | Other Adult<br>Household<br>Member | Other Adult<br>Household<br>Member |
| Wages, Salaries, etc.        |  | \$        | \$           | \$                                 | \$                                 |
| Tips, Commission, Bonus      |  | \$        | \$           | \$                                 | \$                                 |
| Social Security              |  | \$        | \$           | \$                                 | \$                                 |
| Retirement Funds             |  | \$        | \$           | \$                                 | \$                                 |
| Unemployment Benefits        |  | \$        | \$           | \$                                 | \$                                 |
| Worker's Compensation        |  | \$        | \$           | \$                                 | \$                                 |
| Alimony, Child Support       |  | \$        | \$           | \$                                 | \$                                 |
| Welfare Payments             |  | \$        | \$           | \$                                 | \$                                 |
| Other:                       |  | \$        | \$           | \$                                 | \$                                 |
| <b>TOTAL</b>                 |  | <b>\$</b> | <b>\$</b>    | <b>\$</b>                          | <b>\$</b>                          |



**LIABILITY INFORMATION** (list outstanding obligations including auto loans, credit cards, charge accounts, credit union loans, personal loans, real estate loans, etc.)

| Type<br>(Auto, credit card, charge acct,<br>personal loan, etc) | Monthly Payment | Unpaid Balance | Creditor's Name | Due Date |
|---|-----------------|----------------|-----------------|----------|
| <b>MORTGAGE</b>   | \$              | \$             |                 |          |
|   | \$              | \$             |                 |          |
|   | \$              | \$             |                 |          |
|   | \$              | \$             |                 |          |
|   | \$              | \$             |                 |          |
|   | \$              | \$             |                 |          |
|   | \$              | \$             |                 |          |
|   | \$              | \$             |                 |          |
| <b>TOTAL</b>  | \$              | \$             |                 |          |

**ACKNOWLEDGMENT AND AGREEMENT**

**The information provided above is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purposes of income verification related to my/our application for financial assistance under the City of Modesto Homeowner Rehabilitation Program. I/We understand that any willful misstatement of material fact will be grounds for disqualification.**

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Co-Applicant Date



## Demographic Information

The information requested below is required to be collected the agency providing funds (HUD) to provide the services under this program. Any information collected is not intended for public dissemination. Please provide the information requested below. Thank you for your cooperation.

1. Are you the head of household? Yes \_\_\_\_\_ No \_\_\_\_\_  
 2. Household Size (A) and Total Annual Household Income (B):

| A - Household Size (Circle One) | B – Total Annual Household Income<br>(On the row that has your Household size, Circle your total annual household income) |                   |                   |                               |
|---------------------------------|---|-------------------|-------------------|-------------------------------|
|                                 | EL (0-30% AMI)  | VL (31-50% AMI)   | M (51-80%)        | Above MOD (81% AMI & Greater) |
| 1                               | \$12,750 or less  | \$12,751-\$21,250 | \$21,251-\$34,000 | \$34,001 or more              |
| 2                               | \$14,600 or less  | \$14,601-\$24,300 | \$24,301-\$38,850 | \$38,851 or more              |
| 3                               | \$16,400 or less  | \$16,401-\$27,350 | \$27,351-\$43,700 | \$43,701 or more              |
| 4                               | \$18,200 or less  | \$18,201-\$30,350 | \$30,351-\$48,550 | \$48,551 or more              |
| 5                               | \$19,700 or less  | \$19,701-\$32,800 | \$32,801-\$52,450 | \$52,451 or more              |
| 6                               | \$21,150 or less  | \$21,151-\$35,250 | \$35,251-\$56,350 | \$56,351 or more              |
| 7                               | \$22,600 or less  | \$22,601-\$37,650 | \$37,651-\$60,250 | \$60,251 or more              |
| 8                               | \$24,050 or less  | \$24,051-\$40,100 | \$40,101-\$64,100 | \$64,101 or more              |

3. Do you receive income from any of the following sources?:

CalWORKs       General Assistance       Social Security/SSI  
 Food Stamps       Medi-Cal       Other: \_\_\_\_\_

4. Ethnicity (Circle One): **Hispanic** / Non-Hispanic

5. Race (Check only one):

White  
 American Indian/Alaskan Native (includes Native Middle and Latin American)  
 Asian       Native Hawaiian/Pacific Islander  
 Black/African American & White       Black/African American  
 Asian & White       American Indian/Alaskan Native & White  
 American Indian/Alaskan Native & Black/African American  
 Other Multi- Racial (specify): \_\_\_\_\_

Name \_\_\_\_\_ Female  Male  Transgender  62 years +   
 Disabled  Veteran

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

I hereby certify that the above information is true and correct to the best of my knowledge. I acknowledge and understand that the information provided here will be relied upon for purposes of determining my eligibility for this program. I acknowledge that a material misstatement fraudulently or negligently made in this or in any other statement made by me may constitute a federal violation and may result in the denial of my participation in this program.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## Eligibility Release Form

To Whom It May Concern:

I/We authorize the City of Modesto, and any credit reporting agency utilized by the City of Modesto to verify any information necessary in connection with a Homeowner Rehabilitation application, including, but not limited to, the following:

1. Credit History
2. Bank Accounts
3. Employment and Income
4. Benefits
5. Assets (All Sources)

Authorization is further granted to use a photographic copy of my/our signature(s) below to obtain information regarding any of the aforementioned items. I acknowledge that all adult household members will sign this form.

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|                          |           |
|--------------------------|-----------|
| Applicant – Printed Name | Signature |
|--------------------------|-----------|

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|                        |      |
|------------------------|------|
| Social Security Number | Date |
|------------------------|------|

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|                             |           |
|-----------------------------|-----------|
| Co-Applicant – Printed Name | Signature |
|-----------------------------|-----------|

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|                        |      |
|------------------------|------|
| Social Security Number | Date |
|------------------------|------|

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|              |           |
|--------------|-----------|
| Name - Print | Signature |
|--------------|-----------|

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|                        |      |
|------------------------|------|
| Social Security Number | Date |
|------------------------|------|

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|              |           |
|--------------|-----------|
| Name - Print | Signature |
|--------------|-----------|

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|                        |      |
|------------------------|------|
| Social Security Number | Date |
|------------------------|------|