



Great Northern Services

310 Boles Street, Weed, CA 96094 • 530-938-4115 Extension 121

RENTAL OWNER

APPLICATION FOR HOUSING REHABILITATION SERVICES FOR THE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG)

PLEASE FILL IN ALL LINES AND BLOCKS, IF THE LINE OR BLOCK DOES NOT PERTAIN TO YOU, INSERT N/A.

SECTION 1 - Applicant Information (Please check one) Housing Rehab Homebuyer Program Private Sewer Lateral

BORROWER

NAME (Include Jr. or Sr. as applicable):	
MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (CHECK ONE): <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	
BIRTH DATE:	SOCIAL SECURITY NUMBER:
MAILING ADDRESS: (CITY/STATE/ZIP)	
PRESENT ADDRESS: (CITY/STATE/ZIP)	NO. OF YEARS:
HOME PHONE:	WORK PHONE:
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU A PERMANENT RESIDENT ALIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO ID#:	
NAME AND ADDRESS OF EMPLOYER:	
BUSINESS PHONE NUMBER:	
NO. OF YEARS ON JOB:	POSITION/TITLE:
NAME AND ADDRESS OF PREVIOUS EMPLOYER (IF AT POSITION LESS THAN 2 YEARS)	

OTHER PERSON ON TITLE

NAME (Include Jr. or Sr. as applicable):	
MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (CHECK ONE): <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	
BIRTH DATE:	SOCIAL SECURITY NUMBER:
MAILING ADDRESS: (CITY/STATE/ZIP)	
PRESENT ADDRESS: (CITY/STATE/ZIP)	NO. OF YEARS:
HOME PHONE:	WORK PHONE:
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU A PERMANENT RESIDENT ALIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO ID#:	
NAME AND ADDRESS OF EMPLOYER:	
BUSINESS PHONE NUMBER:	
NO. OF YEARS ON JOB:	POSITION/TITLE:
NAME AND ADDRESS OF PREVIOUS EMPLOYER (IF AT POSITION LESS THAN 2 YEARS)	

SECTION 2 - PROPERTY INFORMATION

PERSON/MORTGAGE/BANK/LENDING INSTITUTION NAME: _____

STREET AND MAILING ADDRESS OF PERSON/MORTGAGE/BANK/LENDING INSTITUTION:

MORTGAGE ACCOUNT LOAN #: _____ MONTHLY PAYMENT \$: _____

AMOUNT STILL OWED: _____ ARE THERE ANY OTHER LOANS/LIENS ON THIS PROPERTY?
 YES NO

TYPE OF HOUSEHOLD:
 SINGLE FAMILY DWELLING:
 DUPLEX:
 TRIPLEX:
 MULTIPLEX:
 MOBILE:

DATE UNIT/UNITS WERE PURCHASED: _____

PARCEL NUMBER (YOU CAN GET THIS NUMBER FROM YOUR TAX STATEMENT): _____

UNIT #1

CONDITION OF HOUSE:

(PLEASE STATE THE CONDITION NEXT TO THE ITEM)

GOOD (G)		FAIR (F)		POOR (P)		VERY POOR (VP)	
FOUNDATION:		ROOF:		ELECTRICAL SYSTEM:			
PLUMBING:		SIDING:		BATHROOM:			
KITCHEN:		FLOORING:		INSULATION:			
SEWER/SEPTIC:		BEDROOMS:		WINDOWS/SCREENS:			

YEAR UNIT #1 WAS BUILT: _____

OF BEDROOMS: _____ # OF BATHROOMS: _____ # OF STORIES: _____

AND TYPE OF WINDOWS: _____ TYPE OF HEATING SYSTEM: _____

APPROXIMATELY HOW OLD IS THE ROOF? _____

DOES THE UNIT HAVE DUAL PANE WINDOWS? _____

OTHER REPAIRS NEEDED THAT ARE NOT MENTIONED ABOVE:

UNIT #2

CONDITION OF HOUSE:

(PLEASE STATE THE CONDITION NEXT TO THE ITEM)

GOOD (G)	FAIR (F)	POOR (P)	VERY POOR (VP)
FOUNDATION:		ROOF:	ELECTRICAL SYSTEM:
PLUMBING:		SIDING:	BATHROOM:
KITCHEN:		FLOORING:	INSULATION:
SEWER/SEPTIC:		BEDROOMS:	WINDOWS/SCREENS:

YEAR UNIT #2 WAS BUILT: _____

OF BEDROOMS: _____ # OF BATHROOMS: _____ # OF STORIES: _____

AND TYPE OF WINDOWS: _____ TYPE OF HEATING SYSTEM: _____

APPROXIMATELY HOW OLD IS THE ROOF? _____

DOES THE UNIT HAVE DUAL PANE WINDOWS? _____

OTHER REPAIRS NEEDED THAT ARE NOT MENTIONED ABOVE:

UNIT #3

CONDITION OF HOUSE:

(PLEASE STATE THE CONDITION NEXT TO THE ITEM)

GOOD (G)	FAIR (F)	POOR (P)	VERY POOR (VP)
FOUNDATION:		ROOF:	ELECTRICAL SYSTEM:
PLUMBING:		SIDING:	BATHROOM:
KITCHEN:		FLOORING:	INSULATION:
SEWER/SEPTIC:		BEDROOMS:	WINDOWS/SCREENS:

YEAR UNIT #3 WAS BUILT: _____

OF BEDROOMS: _____ # OF BATHROOMS: _____ # OF STORIES: _____

AND TYPE OF WINDOWS: _____ TYPE OF HEATING SYSTEM: _____

APPROXIMATELY HOW OLD IS THE ROOF? _____

DOES THE UNIT HAVE DUAL PANE WINDOWS? _____

OTHER REPAIRS NEEDED THAT ARE NOT MENTIONED ABOVE:

UNIT #4

CONDITION OF HOUSE:

(PLEASE STATE THE CONDITION NEXT TO THE ITEM)

GOOD (G)	FAIR (F)	POOR (P)	VERY POOR (VP)
FOUNDATION:		ROOF:	ELECTRICAL SYSTEM:
PLUMBING:		SIDING:	BATHROOM:
KITCHEN:		FLOORING:	INSULATION:
SEWER/SEPTIC:		BEDROOMS:	WINDOWS/SCREENS:

YEAR UNIT #4 WAS BUILT: _____

OF BEDROOMS: _____ # OF BATHROOMS: _____ # OF STORIES: _____

AND TYPE OF WINDOWS: _____ TYPE OF HEATING SYSTEM: _____

APPROXIMATELY HOW OLD IS THE ROOF? _____

DOES THE UNIT HAVE DUAL PANE WINDOWS? _____

OTHER REPAIRS NEEDED THAT ARE NOT MENTIONED ABOVE:

SECTION 3 – CERTIFICATIONS

It is the City's policy to verify all information contained in this application. All information given on this application will be kept in confidence and used only for application for the City/County Housing Rehabilitation Program or Homebuyer Program.

Fair Housing

In accordance with the provisions of the Equal Opportunity Act of the City/County Housing Programs' Policies, there will be no discrimination against an application for these programs on the basis of age, source of income, sex, race, marital status, sexual orientation, national orientation, national origin, religion or handicap. If you or a member of your household is an individual with a disability, you have the right to request reasonable accommodation for that disability.

Confidentiality

In order to process an application. The City/County may supply and receive information as detailed in the "Consent to Release" clause below. Information may also need to be released to comply with auditing requirements of program funders. With these two exceptions, all personal and identifying information on an application remains fully confidential.

- I/We certify that the information given on this form is accurate and complete to the best of our knowledge, and I/we authorize you to obtain such information as you may require verifying the information contained herein. I/We also understand that information contained in this application is subject to review by the State of California, Department of Housing and Community Development, and the U.S. Department of Housing and Urban Development.
- I/We affirm that each answer is true and correct and is made for the purpose of obtaining assistance under the City/County Housing Rehabilitation Program or Homebuyer Program and you are entitled to rely thereon, whether or not you obtain further and/additional information.
- I/We further affirm that I/We are aware that, if such a loan is approved by the City/County, I/We will work with the staff to comply with all policies and procedures as outlined by the City/County Housing Program Guidelines, and that I/We will willingly secure the loan in the amount necessary with a duly executed Deed of Trust Deed Note.
- Consent to Release Information:
I/We authorize representatives from the City/County Homeownership Programs to supply and receive information to/from all other City/County Homeownership programs that I/we have applied to, my/our employer(s), my/our financial institution(s), other housing/Homebuyer Programs, my/our real estate agent, and/or mortgage lender to verify the information contained in this application. This information includes, but is not limited to bank statements, employment status, income, outstanding debts, verification of mortgage, verification of benefits, and other financial information. I also authorize representatives from any of the City/County Homeownership Programs to allow inspection and reproduction of any financial records or information in their possession. I/We understand that information in this application may be shared with funders for the purpose of funding compliance.
- I/We understand that the income I/we use to qualify for a mortgage loan must be the same as the income I/we claim in this application.

- I release all representatives from any of the City/County Homeownership Programs from any and all liability arising from release of such information. This authorization is limited solely to information requested for processing of my application form the City/County Housing Programs.
- If I/we purchase a home under any of the homeownership programs listed on this application I/we agree to and use the home as our principle residence.
- I understand that completion of this application does not guarantee my/our eligibility for the programs and/or that I/we will successfully purchase a home through the City/County Housing Programs.

Signature

Date

Signature

Date



The Housing Financial Discrimination Act of 1977

FAIR LENDING NOTICE

It is illegal to discriminate in the provision of or in the availability 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:

1. Conditions, characteristics or trends in the neighborhood or geographic area surrounding a housing accommodation, unless the financial institution can demonstrate that consideration of these conditions in the particular case is required to avoid an unsafe and unsound business practice; or
2. Race, color, religion, sex, marital status, national origin or ancestry.

It is illegal to consider the racial, ethnic, religious or national origin composition of a neighborhood or geographic area surrounding a 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, or under what terms and conditions, to provide financial assistance for the purpose of purchasing, constructing, rehabilitating, improving, or refinancing a housing accommodation.

These provisions govern financial assistance for the purpose of the purchase, construction, rehabilitation or refinancing of one-to four-unit family residences occupied by the owner and for the purpose of the home improvement of any one-to four-unit family residence.

If you have any questions about your rights, or if you wish to file a complaint, contact:

**U.S. Office of Controller of the Currency
Consumer Complaint Department
50 Fremont Street, Suite 3900
San Francisco, CA 94105**

If you file a complaint with the U.S. Office of Controller, California State law requires that you receive a decision within 30 days of receipt of the complaint.



We do Business in accordance with
the federal Fair Housing Law and the
Equal Credit Opportunity Act

ACKNOWLEDGMENT OF RECEIPT

I (WE) RECEIVED A COPY OF THIS NOTICE.

Applicant's Signature

Date

Applicant's Signature

Date



Great Northern Services
310 Boles Street
Weed, CA 96094
(530) 938-4115
Fax (530) 938-1040
www.gnservices.org

To Whom It May Concern:

I/we hereby authorize you to release to the City/County/Great Northern Services for verification purposes information concerning:

- Employment history, dates, income, hours, etc.
- Checking and Savings account records
- Social Security pension benefits and continuation thereof
- Mortgage loan/rent rating (opening date, high credit, payment amount, loan balance, and payment record)
- Any information deemed necessary in connection with a consumer credit report for a loan transaction.

The information is for the confidential use of this lender in compiling a mortgage loan credit report. This authorization is to remain in effect for 120 days from the signature date.

A photographic or carbon copy of this authorization, being a photographic or carbon copy of the signature(s) of the undersigned, may be deemed to be equivalent of the original and may be used as duplicate original.

Your prompt reply will help my loan transaction.

Thank You,

Signature

Signature

Social Security #

Social Security #

Date

Date