



Great Northern Services

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

TENANT

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*

TENANT	
LANDLORD'S NAME (Include Jr. or Sr. as applicable):	
TENANT'S 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)	
STREET ADDRESS OF PROPERTY: (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 - HOUSEHOLD COMPOSITION

THE FOLLOWING INFORMATION IS REQUESTED FOR STATISTICAL PURPOSES. THIS INFORMATION IS CONFIDENTIAL AND IS ONLY USED FOR GOVERNMENT REPORTING PURPOSES TO MONITOR COMPLIANCE WITH EQUAL OPPORTUNITY LAWS.

PLEASE NOTE THAT SELF-IDENTIFICATION OF RACE/ETHNICITY IS VOLUNTARY (SORTED BY CODE #)

HOUSEHOLD TYPE (CHECK ONE OF THE FOLLOWING BASED ON THE HEAD OF HOUSEHOLD)

- SINGLE, NON-ELDERLY
- SINGLE PARENT
- ELDERLY
- TWO PARENT
- OTHER: _____

RACE

- 11-WHITE
- 12-BLACK/AFRICAN AMERICAN
- 13-ASIAN
- 14-AMRCN INDN/ALSKN NTVE
- 15-NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER

- 16-AMRCN INDN/ALSKN NTVE
- 17-ASIAN & WHITE
- 18-BLCK/AFRCN AMRCN & WHITE
- 19-AMRCN IND/ALSKN NTVE & BLCK/AFRCN AMRCN
- 20-OTHER MULTI-RACIAL: _____

ETHNICITY

- HISPANIC/LATINO
- 8a-MEXICAN/CHICANO
- 8b-CUBAN
- 8c-PUERTO RICAN
- 8d-OTHER HISPANIC/LATINO

STARTING ON THE FIRST LINE FOR THE HEAD OF HOUSEHOLD, PLEASE SUPPLY THE FOLLOWING INFORMATION FOR ALL INDIVIDUALS WHO ARE/WILL OCCUPY THE HOUSING UNIT TO BE ASSISTED.

LIST ADULTS FIRST, THEN CHILDREN. ENTER ONE OR MORE OF THE FOLLOWING CODES UNDER THE BOX TITLED RELATIONSHIP OF EACH ADULT AND CHILD LISTED.

AID S = SPOUSE (MARRIED) F = FOSTER CHILD/ADULT E = FULL TIME STUDENT OVER 18 A = OTHER ADULT

FAMILY MEMBER	FULL NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	GENDER	DISABLED (Y OR N)	VETERAN (Y OR N)	ENTER RACE CODE FROM ABOVE	ENTER ETHNIC CODE FROM ABOVE	TOTAL MONTHLY INCOME
1 HEAD OF HOUSEHOLD										
2										
3										
4										
5										
6										
7										
8										

SECTION 3 - TENANT INFORMATION ONLY

PROOF OF INCOME MUST BE SUBMITTED WITH THE APPLICATION.
INCOME SOURCES INCLUDE: FULL, PART-TIME, AND SEASONAL EMPLOYMENT, BONUS/TIPS/
COMMISSION, SOCIAL SECURITY RETIREMENT OR DISABILITY, SUPPLEMENTAL
SOCIAL SECURITY INCOME, UNEMPLOYMENT, EDUCATIONAL BENEFITS,
PUBLIC ASSISTANCE, PENSION, CHILD SUPPORT, ALIMONY, RENTAL PROPERTY INCOME,
DIVIDEND/INVESTMENT INCOME, PENSIONS, AND OTHER (SEE ATTACHED INCLUSIONS AND EXCLUSIONS LIST)

	SOURCE OF INCOME	NAME OF RECIPIENT	FREQUENCY OF PAYMENT	TOTAL
INCOME:				
SALARY/WAGES:				
SALARY/WAGES:				
SALARY/WAGES:				
OVERTIME:				
BONUSES:				
COMMISSIONS:				
DIVIDENDS/INTEREST:				
SOCIAL SECURITY, PENSIONS, RETIREMENT FUNDS, ETC.				
UNEMPLOYMENT BENEFITS:				
WORKERS COMPENSATION:				
ALIMONY, CHILD SUPPORT:				
PUBLIC ASSISTANCE PAYMENTS:				
BUSINESS INCOME:				
OTHER:				
			TOTAL	

SECTION 4 - ASSETS

CHECKING/SAVINGS BANK ACCOUNTS (STATEMENTS MUST BE SUBMITTED WITH APPLICATION)

NAME & ADDRESS OF INSTITUTION	TYPE OF ACCOUNT & ACCOUNT NUMBER	CURRENT BALANCE
		\$
		\$
		\$
		\$
TOTAL		\$

OTHER ASSETS (SUPPORTING DOCUMENTS MUST BE SUBMITTED WITH APPLICATION)

NAME & ADDRESS OF INSTITUTION	TYPE OF INVESTMENT & ACCOUNT NUMBER	CURRENT VALUE OF ASSETS
		\$
		\$
		\$
		\$
TOTAL		\$

SECTION 5 - LIABILITIES

TYPE OF EXPENSE	COMPANY NAME AND ADDRESS	ACCOUNT #	BALANCE	MONTHLY PAYMENT
RENT				
MORTGAGE (P&I)				
AUTO 1 MAKE/YEAR:				
AUTO 2 MAKE/YEAR:				
CREDIT CARD				
CREDIT CARD				
CREDIT CARD				
CREDIT CARD				
PERSONAL LOAN				
CHILD SUPPORT PAYMENTS				

DID YOU FILE A FEDERAL INCOME TAX RETURN LAST YEAR (CIRCLE ONE)? YES NO

DOES ANYONE LIVING OUTSIDE OF YOUR HOUSEHOLD PAY ANY OF YOUR BILLS (CIRCLE ONE)? YES NO

SECTION 6 - OTHER INFORMATION

FOR HOUSING REHAB. APPLICANTS ONLY:

		YES	NO	EXPLANATION
1	HAVE YOU OR ANY HOUSEHOLD MEMBER OWNED AN INTEREST IN ANY RESIDENTIAL PROPERTY/REAL ESTATE WITHIN THE LAST 3 YEARS, INCLUDING REAL ESTATE IN FOREIGN COUNTRIES?			
2	DOES ANYONE LIVE WITH YOU NOW WHO IS NOT LISTED ON THIS APPLICATION?			
3	DOES ANYONE PLAN TO LIVE WITH YOU IN THE FUTURE WHO IS NOT LISTED ON THIS APPLICATION?			
4	HAVE ANY OF YOUR CHILDREN BEEN TESTED FOR LEAD PAINT POISONING?			
5	ARE YOU OR ANYONE IN YOUR HOUSEHOLD CURRENTLY LIVING IN SUBSIDIZED HOUSING?			
6	ARE YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVING RENTAL ASSISTANCE (SECTION 8, TBRA, MILITARY, ETC.?)			
7	HAVE YOU BEEN SEPARATED OR DIVORCED WITHIN THE LAST 3 YEARS?			
8	HAVE YOU DECLARED BANKRUPTCY WITHIN THE PAST 7 YEARS? IF YES, PLEASE ENCLOSE ALL DOCUMENTATION AND EXPLAIN BELOW.			

COMMENTS:

LENDER: _____ PHONE: _____ FAX: _____

LOAN OFFICER'S NAME: _____ EMAIL: _____

REAL ESTATE AGENCY: _____ PHONE: _____ FAX: _____

AGENT NAME: _____ EMAIL: _____

FOR HOUSING REHAB APPLICANTS ONLY:

PLEASE GIVE AN ITEMIZED DESCRIPTION OF THE PROPOSED REHABILITATION WORK TO BE COMPLETED THROUGH THE HOUSING REHABILITATION PROGRAM:

DATE HOME WAS PURCHASED: _____ YEAR HOME WAS BUILT: _____

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

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

DOES YOUR HOME HAVE DUAL PANE WINDOWS? (CIRCLE ONE): YES NO

IS THE EXISTING DRIVEWAY PAVED (CIRCLE ONE)? YES NO

APPROXIMATELY HOW OLD IS THE ROOF? _____

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

DO YOU HAVE DIFFICULTY LIVING IN YOUR HOME BECAUSE OF A DISABILITY? YES NO

IF YES, PLEASE EXPLAIN:

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:

OTHER REPAIRS NEEDED THAT ARE NOT MENTIONED ABOVE:

STAFF USE ONLY

INCOME VERIFICATION		SIGNED COPY OF CURRENT 1040 IRS FORM OR OTHER VERIFICATION:	
ANNUAL INCOME OF FAMILY: \$	HOMEOWNER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IN TARGET AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TEMPORARY RELOCATION NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ELIGIBLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		MEDIAN INCOME: <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 7 – 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.

Tenant's Signature

Date

Tenant's 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.

Tenant's Signature

Date

Tenant'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,

Tenant's Signature

Tenant's Signature

Social Security #

Social Security #

Date

Date