



GREAT NORTHERN  
- services -

## Siskiyou County Slater Fire Home Replacement Program Application Packet

### GREAT NORTHERN SERVICES

310 Boles Street, Weed, CA 96094 - 530-938-4115 Extension 122

#### Packet Contents:

- Cover Letter
- Pre-Qualification Form
- Application – Including Information Needed for Complete Application Submission Checklist (See pages 16-17)

#### Dates to Remember:

- November 7, 2022 - Advertisement for Program Opens (Client Application Packets Available)
- January 2, 2023 – Advertisement for Program Closes
- **January 3, 2023, 9:00 am** – Client Application Packet Acceptance **Opens**
- **January 19, 2023, 3:00 pm** – Client Application Packet Acceptance **Closes**
- TBD - First round of applications approved (dependent on # of applications received)
- TBD - Award Notification

#### Application Submittal:

- Submit Complete Application Packet to:  
Great Northern Services,  
Attn: Slater Fire Home Replacement Program Application,  
310 Boles St.,  
Weed, CA 96094
- Do not email your application.
- To submit your application electronically contact Jasmine Borgatti at [jborgatti@gnservices.org](mailto:jborgatti@gnservices.org) or at 530.938.4115 ext. 122
- Complete Application Packets will be reviewed on a first come first serve basis

#### Questions:

- Contact: Jasmine Borgatti at [jborgatti@gnservices.org](mailto:jborgatti@gnservices.org) or at 530.938.4115 ext. 122



**GREAT NORTHERN**  
- services -

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

Dear Slater Fire Survivor,

Siskiyou County and Great Northern Services are sorry for your loss. We understand that this is a very difficult time for you.

This Siskiyou County Slater Fire Home Replacement Program is funded by Siskiyou County through a grant from the Community Development Block Grant (CDBG) program funded by US Department of Housing and Urban Development (HUD) and administered by the CA Department of Housing and Community Development (HCD). The program must meet the National Objective set by HUD to assist households that meet the low to moderated Average Median Income threshold for Siskiyou County.

Siskiyou County is providing funds to assist qualified owner-occupied homeowners rebuild their homes that were lost in the 2020 Slater Fire. Great Northern Services is supporting Siskiyou County with all phases of the program from advertising the program, collecting and reviewing the applications, to assisting the families that are approved for assistance through the building process. Hope Crisis Response Network will be providing the home plans and contracting services for each home.

The application for Siskiyou County Slater Fire Home Replacement Program is to apply for a forgivable loan to replace your home. The forgivable loan converts to a grant if all conditions are met. We know you may be working closely with a case worker, and we will make every attempt to use relevant documents that you have provided them to ease the burden in completing this application. However, there are specific guidelines and requirements of this grant that may require different and/or updated documentation.

Open advertisement for the Siskiyou County Slater Fire Home Replacement program will run from November 7, 2022, through January 2, 2023. Applications will not be accepted during this advertisement period. **The first round of applications will be accepted from January 3, 2023, 9:00 am through January 19, 2023, 3:00 pm.** A second round of applications may be accepted if not all funding is expended. **Complete application packets are reviewed on a first come first serve basis and will be date-stamped upon receipt.** Any areas that do not pertain to you mark with N/A. Incomplete application packets will be returned to the applicant and date-stamped upon re-submittal when ALL required information is received.

Refer to the application **Page 16, Section 11 (Checklists) for a complete list of documents needed to submit with your application to be considered complete.**

*Please submit your Complete Application Packet to:  
Great Northern Services, Attn: Slater Fire Home Replacement Program Application,  
310 Boles St., Weed, CA 96094.*

*To submit your application electronically, have questions, or need assistance completing your application please contact:*

*Jasmine Borgatti at [jborgatti@gnservices.org](mailto:jborgatti@gnservices.org) or at 530.938.4115 ext. 122.*

*Do not email your application.*

**Weaving a stronger community, together....**

Access to Capital • Portfolio Management • Economic Development • Energy Assistance • Home Weatherization  
Community Food Projects • Community Services • HIV/AIDS Case Management • Community Development

## Siskiyou County Slater Fire Home Replacement Pre-Qualification Form

**GREAT NORTHERN SERVICES**  
310 Boles Street, Weed, CA 96094 - 530-938-4115 Extension 122

### STOP: Please Read

Before filling out the application and submitting your complete packet, please fill out this Pre-qualification form.

#### 1. Income Qualification

To determine eligibility based on annualized income:

- 1) Determine the number of person(s) in your household and circle that number in the appropriate box below.
- 2) Look at the amount of money listed in the block that is circled. Is the total household income above or below that amount of money?
- 3) Place a check after either "Above" or "Below" to match the appropriate answer in Question 2.

#### HOUSEHOLD INCOME GUIDELINES- Siskiyou County, effective June 15, 2022

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$43,650	\$49,850	\$56,100	\$62,300	\$67,300	\$72,300	\$77,300	\$82,250
Above <input type="checkbox"/>	Above <input type="checkbox"/>	Above <input type="checkbox"/>	Above <input type="checkbox"/>	Above <input type="checkbox"/>	Above <input type="checkbox"/>	Above <input type="checkbox"/>	Above <input type="checkbox"/>
Below <input type="checkbox"/>	Below <input type="checkbox"/>	Below <input type="checkbox"/>	Below <input type="checkbox"/>	Below <input type="checkbox"/>	Below <input type="checkbox"/>	Below <input type="checkbox"/>	Below <input type="checkbox"/>

**2. Owner Occupant:** There is a 5-year owner occupied requirement after the occupancy permit is issued.

Can you meet this requirement? Yes  No

**3. Property Insurance:** Fire and flood property insurance are required to be obtained and kept current for 5 years.

*\*Please note flood insurance is only required if your property is in a flood zone*

Can you meet this requirement? Yes  No

**4. Property Taxes:** County property taxes must be kept current for 5 years.

Can you meet this requirement? Yes  No

I hereby certify that the information provided by me to be true and correct and understand any falsification of any of the information could subject me to disqualification from participation and punishment under the law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address of Home Lost in the 2020 Slater Fire

If **you income qualify and answer yes to questions 2-4**, please proceed with completing the application and submitting your complete package between January 3, 2023, 9:00 am and January 19, 2023, 3:00 pm to be considered for the first round of funding. Funding is on a first come first serve basis.

If **you do not** income qualify and/or answer No to any questions, please contact Jasmine Borgatti.

If you have any questions, please contact:

Jasmine Borgatti at (530) 938-4115 extension 122 or [jborgatti@gnservices.org](mailto:jborgatti@gnservices.org)

Weaving a stronger community, together....



**Siskiyou County Slater Fire Home Replacement Program Application**

**Great Northern Services**

310 Boles Street, Weed, CA 96094 - 530-938-4115 Extension 122

APPLICATION FOR HOME REPLACEMENT GRANTS 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.

**Complete Application Packets are on a first come first serve basis and will be date-stamped upon receipt.**

**Section 1 – Applicant/Co-Applicant Information**

Applicant			
NAME (Include Jr. or Sr., as applicable):			
MARITAL STATUS: (CHECK ONE): <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED			
BIRTH DATE:		SOCIAL SECURITY NUMBER:	
ADDRESS OF HOME TO BE REBUILT:			
CURRENT MAILING ADDRESS:		CITY	STATE: ZIP:
PRESENT ADDRESS: (CITY/STATE/ZIP)		NO. OF YEARS:	
HOME PHONE:		EMAIL:	
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)			

Co-Applicant			
NAME (Include Jr. or Sr., as applicable):			
MARITAL STATUS: (CHECK ONE): <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED			
BIRTH DATE:		SOCIAL SECURITY NUMBER:	
CURRENT MAILING ADDRESS:		CITY	STATE: ZIP:
PRESENT ADDRESS: (CITY/STATE/ZIP)		NO. OF YEARS:	
HOME PHONE:		EMAIL:	
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 PARENTS
- OTHER: \_\_\_\_\_

*The following information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. This information is for statistical purposes only and will not affect your eligibility for the grant program that you are applying to. Please note that self-identification of race/ethnicity is voluntary. **Please check all boxes that apply to you***

**HISPANIC/LATINO**

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

**RACE**

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

**ETHNICITY**

- 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 \_\_\_\_\_

**Section 2 – Household Composition Continued**

*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.*

**H = HEAD OF HOUSEHOLD K = CO-HEAD (NOT MARRIED) Y = YOUTH UNDER 18 L = LIVE-IN 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 – NVCSS Affiliation and Authorization**

**NORTH VALLEY CATHOLIC SOCIAL SERVICES (NVCSS) AFFILIATION & AUTHORIZATION**

Household is registered with NVCSS? Yes  No

If yes, I/we have a case worker: Yes  No  Case worker's name: \_\_\_\_\_

I/we hereby authorize NVCSS to release and share relevant information in association with the Siskiyou County Slater Fire Home Replacement Program and the NVCSS Hope City Volunteer Rebuilding Program to Great Northern Services (GNS).

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Co-Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*\*Please note, **Complete Application Packets** will be date-stamped upon receipt and processed **on a first come first** serve basis. *GNS will need current/up to date information to process your **Complete Application Packet**. If NVCSS is releasing information to GNS please ensure all information is current/up to date to prevent any delays in processing your **Complete Application Packet**.**

## Section 4 – Property Information

### General Property Information

Property Address:	
APN: (This can be found on your property tax statement)	
Did your pre-fire home have a finalized permit through the county?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date home was purchased:	
Year home was built:	
Type of dwelling: (Single family, Mobile, Manufactured, etc.)	
Approximate square footage:	
Number of bedrooms:	
Number of bathrooms:	
Do you need accessible features for your home? (ramps, grab bars, etc.) Please explain disability and need.	

### Property Insurance

Did you have pre-fire property insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
* If yes, Carrier and Address	
* If yes, have you received any funds from insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*If yes amount received. If no, reason for denial.	
Will you be able to obtain property insurance (fire/flood) on your replacement home?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*If yes, will you be able to maintain insurance for 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*If Yes, Name and Address of Property Insurance Carrier.	

### Mortgage Information

Do you have a mortgage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, are you able to make your payments?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Persons on Mortgage/Loan:	
Lender Name & Address:	
Mortgage Account #:	
Current Monthly Payments:	
Current Amount Owed:	

### Property Tax Information

Current Annual Property Tax:	
Are Property Tax's Current?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*If no, do you have the means to bring them current?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*If yes, will you be able to keep the property tax's current for 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any other liens against this property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*If yes, list liens.	



**Section 4 – Property Information Continued**

Additional Property Information	
Were you the Owner-Occupant of the property pre-fire?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently the Owner-Occupant of the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently living on the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*If yes, what type of housing are you living in?	
Has your homesite been approved to rebuild?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*If yes, date approved?	
Does your property have functioning electricity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*If No, list reason and do you have the means to make it functional?	
Does your property have functional water?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*If yes, list source. If no, list reason and do you have funds to make it functional?	
Does your property have functional septic/sewer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*If no list reason and do you have funds to make it functional?	

*\*Please note: this program will not fund the cost to fix, replace, or upgrade building site electricity, sewer/septic, or water systems. These systems must be functional before the build process starts.*

Availability of Rebuild Funds	
Have you received any post-fire funds?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*If yes, please list agency and amount received. (ex: FEMA, state, tribal, etc.)	
Agency:	Amount:
Agency:	Amount:
Agency:	Amount:
Agency:	Amount:
Agency:	Amount:
Do you currently have sufficient funds to rebuild?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*If no, do you have any funds to help rebuild?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*If yes, describe funds and amounts available	

**Section 5 – Income Determination Information**

**Household Personal Financial Statement and Household Income and Expenses**

Please complete one (1) form for each household. Include total information for applicant, co-applicant, and each household member 18 years and older.

Section 11, Part B – Checklists – Information Needed for Complete Application Submission, provides a list of documents required to be submitted to support the Household Personal Financial Statement.

<b>Household Income &amp; Expenses</b>		
<b>Household Income</b>		
		<b>Monthly Income</b>
Salary		\$
Bonuses/Commissions		\$
Dividends/Interest/Rental Income/Other		\$
Rental Income		\$
Other Income		\$
<b>Total Income</b>		

<b>Household Expenses</b>		
	<b>Outstanding Balance</b>	<b>Monthly Expense</b>
House Mortgage Payment or Rent	\$	\$
Property Taxes	\$	\$
Vehicle Loan/Lease Payments	\$	\$
Homeowner/Renter Insurance		\$
Heating/Cooling/Electrical Utilities/Phone		\$
Water/Sewer/Garbage/Maintenance/Other		\$
Food		\$
Vehicle Insurance/Gasoline/Maintenance/Other		\$
Healthcare/Insurance/Hospital/Dentist/RX/ Other		\$
Other/Childcare/Education/ Entertainment/Other		\$
<b>Total Expenses</b>		\$

<b>Household Total = Total Income less Total Expenses</b>	\$
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**Section 5 – Income Determination Information Continued**

<b>Household Assets &amp; Liabilities</b>		
<b>Assets</b>		
Cash, Savings, IRA, etc.	Estimated Market Value	\$
Securities - stocks / bonds / mutual funds	Estimated Market Value	\$
Notes and Contracts held	Estimated Market Value	\$
Investment Real Estate Owned	Estimated Market Value	\$
<b>Total Assets:</b>		\$

<b>Liabilities - Excluding Monthly Bills</b>		
Current Debt/Credit Card/Store Cards	Outstanding Balance	\$
Notes Payable	Outstanding Balance	\$
Mortgage/Real Estate Loans	Outstanding Balance	\$
Other	Outstanding Balance	\$
<b>Total Liabilities</b>		\$

<b>Total Net Worth = Total Assets less Total Liabilities</b>	<b>\$</b>
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**I/We hereby certify and warrant, to the best of my knowledge, that the aforementioned information contained within this Personal Financial Statement is true, accurate and complete.**

Applicant Name: \_\_\_\_\_ Co-Applicant Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**FOIA NOTIFICATION  
WARNING**

ALL INFORMATION SUPPLIED TO GREAT NORTHERN SERVICES (GNS) BY YOU OR YOUR AGENTS IN CONNECTION WITH YOUR LOAN APPLICATION MAY BE RELEASED TO INTERESTED THIRD PARTIES, INCLUDING COMPETITORS, WITHOUT YOUR KNOWLEDGE OR CONSENT UNDER THE PROVISIONS OF THE FREEDOM OF INFORMATION ACT (5 U.S.C. 55).

SUCH INFORMATION NOT CLEARLY MARKED "**CONFIDENTIAL**" MAY ROUTINELY BE RELEASED IF A REQUEST IS RECEIVED FOR SAME. FURTHER, IF WE RECEIVE A REQUEST FOR INFORMATION WHICH YOU HAVE MARKED "**CONFIDENTIAL**" THE FEDERAL GOVERNMENT WILL HAVE TO RELEASE THE INFORMATION UNLESS YOU CAN DEMONSTRATE TO OUR SATISFACTION THAT RELEASE OF THE INFORMATION WOULD BE LIKELY TO PRODUCE SUBSTANTIAL COMPETITIVE HARM TO YOUR BUSINESS OR WOULD CONSTITUTE A CLEARLY UNWARRANTED INVASION OF PERSONAL PRIVACY. ALSO, FORMS, CONSULTANT REPORTS, ETC., CANNOT BE CONSIDERED CONFIDENTIAL IN THEIR ENTIRETY IF CONFIDENTIAL MATERIAL CONTAINED THEREIN CAN REASONABLY BE SEGREGATED FROM OTHER INFORMATION.

INFORMATION SUBMITTED MAY BE MADE AVAILABLE TO THE PUBLIC DURING THE TIME IT IS HELD IN GOVERNMENT FILES REGARDLESS OF THE ACTION TAKEN BY GNS ON YOUR APPLICATION.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Co-Applciant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applciant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**STATEMENT REQUIRED BY THE PRIVACY ACT**

GREAT NORTHERN SERVICES (GNS) IS AUTHORIZED BY TITLE V OF THE HOUSING ACT OF 1949, AS AMENDED (42 U.S.C. 1471) ET.SEQ.), TO SOLICIT THE INFORMATION REQUESTED ON GNS FORMS.

DISCLOSURE OF INFORMATION REQUESTED IS VOLUNTARY. HOWEVER, FAILURE TO DISCLOSE CERTAIN ITEMS OF INFORMATION MAY RESULT IN A DELAY IN THE PROCESSING OF AN APPLICATION OR ITS REJECTION, EXCEPT THAT IT IS UNLAWFUL FOR GNS TO DENY ANY INDIVIDUAL ANY RIGHT, BENEFIT, OR PRIVILEGE PROVIDED BY LAW BECAUSE OF SUCH INDIVIDUAL'S REFUSAL TO DISCLOSE HIS SOCIAL SECURITY ACCOUNT NUMBER.

THE PRINCIPAL PURPOSES FOR COLLECTING THE REQUESTED INFORMATION ARE TO DETERMINE ELIGIBILITY FOR GNS CREDIT OR OTHER FINANCIAL ASSISTANCE AND FOR STATISTICAL ANALYSES. INFORMATION PROVIDED MAY BE USED OUTSIDE OF GNS FOR THE FOLLOWING PURPOSES:

1. RELEASE TO INTERESTED PARTIES WHO SUBMIT REQUESTS UNDER THE FREEDOM OF INFORMATION ACT.
2. TO PROVIDE THE BASIS FOR BORROWER SUCCESS STORIES IN GREAT NORTHERN SERVICES NEWS RELEASES.
3. REFERRAL TO THE APPROPRIATE LAW ENFORCEMENT AGENCY AS SET FORTH IN 40 FR 38924 (1975).
4. REFERRAL TO EMPLOYERS, BUSINESSES, LANDLORDS, CREDITORS OR OTHERS TO DETERMINE REPAYMENT ABILITY AND ELIGIBILITY FOR GNS PROGRAMS.
5. REFERRAL TO A FEDERAL RECORDS CENTER FOR STORAGE.

***FEDERAL EQUAL CREDIT OPPORTUNITY ACT STATEMENT***

THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THAT THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY WHICH ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THE GREAT NORTHER CORPORATION IS THE FEDERAL TRADE COMMISSION, PENNSYLVANIA AVENUE AT SIXTH STREET N.W., WASHINGTON, D.C. 20580.

THIS IS TO ACKNOWLEDGE MY RECEIPT OF THE ABOVE AND ALSO, IN THE CASE OF APPLICANTS FOR BUSINESS AND INDUSTRY, LIMITED PROFIT RURAL RENTAL HOUSING AND EMERGENCY LOANS TO OTHER THAN INDIVIDUALS, THAT I HAVE READ THE REVERSE OF THIS FORM, AND ACCEPT THE CONDITIONS STATED.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Co-Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
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.

### ACKNOWLEDGMENT OF RECEIPT

**I (WE) RECEIVED A COPY OF THIS NOTICE.**



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

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Co-Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Section 9 – Certifications

It is the County's policy to verify all information contained in this application. All information given on this application will be kept in confidence and used only to apply for the Siskiyou County Slater Fire Home Replacement Program.

### **Fair Housing**

In accordance with the provisions of the Equal Opportunity Act of the County's Housing Programs' Policies, there will be no discrimination against and 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 *\*please initial each section***

In order to process an application, the 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 Siskiyou County Slater Fire Home Replacement 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 grant is approved by the County, I/We will work with the staff to comply with all policies and procedures as outlined by the County's Housing Program Guidelines, and that I/We will willingly secure the grant in the amount necessary with a duly executed Deed of Trust and Deed Note.

### **Consent to Release Information *\*please initial each section***

\_\_\_\_/\_\_\_\_ I/We authorize representatives from the Siskiyou County Slater Fire Home Replacement Program to supply and receive information to/from all other County Housing Rehabilitation Programs or Homeownership Programs that I/we have applied to, my/our employer(s), my/our financial institution(s), other Housing Rehabilitation Programs or 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 County's Housing Rehabilitation Programs or 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.

**Section 9 – Certifications Continued**

\_\_\_/\_\_\_ I/We understand that the income I/we use to qualify for a mortgage loan/grant must be the same as the income I/we claim in this application.

\_\_\_/\_\_\_ I/We release all representatives from any of the County’s Housing Rehabilitation Programs or 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 for the County Housing Programs.

\_\_\_/\_\_\_ I/We understand that completion of this application does not guarantee my/our eligibility for the programs and/or that I/we will successfully receive a grant to build a home through the Siskiyou County Slater Fire Home Replacement Program.

\_\_\_/\_\_\_ I/We understand that participating as an owner-occupant in the Siskiyou County Slater Fire Home Replacement Program is considered a voluntary action.

**Residency Requirements *\*please initial each section***

\_\_\_/\_\_\_ I/We understand that there is a for 5-year owner occupied requirement after the occupancy permit is issued. When all of the terms of the contract have been met after the five years, the Deed of Trust and Note will be satisfied. The Owner-Occupant will supply documents.

\_\_\_/\_\_\_ I/We understand that If the Owner-Occupant status changes, only an heir apparent of the Owner-Occupant can assume the home and the grant within the 5-year time frame for the remainder of the 5-year term. All other transfers of title, ownership or occupancy will necessitate the grant will be reimbursed based on the following and is due and payable to the County:

<u>Percent of Original Principal Balance</u>	<u>End of Year</u>	<u>Percent Still Owed</u>
20.0%	1	80.0%
40.0%	2	60.0%
60.0%	3	40.0%
80.0%	4	20.0%
100.0%	5	0.0%

\_\_\_/\_\_\_ I/We understand that this program will provide grant amounts that will be used for title report, escrow and document recording fees, subcontractor and material costs, change orders and other costs, etc. related to building the home. Each grant will be awarded on the amount that is necessary for the home to be built without a duplication of benefits from funds from the owner savings, owner’s home insurance, other grant funding, other disaster assistance funding and/or any other funding available to the owner to replace the home that was lost.

\_\_\_/\_\_\_ I/We understand that no repayment of the grant funds will be made by the homeowner unless the owner’s occupancy changes as described in Residency Requirements.

\_\_\_/\_\_\_ I/We understand that the owner will need to provide proof of stable income to pay taxes and insurance and upkeep of home for the term of the grant.



**Section 9 – Certifications Continued**

**Residency Requirements Continued** *\*please initial each section*

\_\_\_/\_\_\_ I/We understand that the County will require that the Owner Occupant execute the following and all other documents as describe the Loan Settlement:

1. Grant Agreement
2. Promissory Note
3. Deed of Trust with a Reconveyance at the beginning of the 6<sup>th</sup> year.

\_\_\_/\_\_\_ I/We understand that All property insurance will be kept current and up to date.

\_\_\_/\_\_\_ I/We understand that homes will be replaced like for like per the number of bedrooms of the previous home as described in **Property Information**.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Co-Applciant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applciant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



GREAT NORTHERN  
- services -

## Income/Asset/Tax Verification Authorization

Date: \_\_\_\_\_

For: \_\_\_\_\_

To: Whom It May Concern

Re: Income/Asset/Tax Verification for Community Development Block Grant Business Grants and Loans

I/we hereby authorize you to release to the 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 grant/rent rating (opening date, high credit, payment amount, grant balance, and payment record)
- Any information deemed necessary in connection with a consumer credit report for a grant transaction.

The information is for the confidential use of this lender in compiling a mortgage grant 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 grant transaction.

Thank You,

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Co-Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Section 11 – Checklists – Information Needed for Complete Application Submission

A complete application package is required to qualify for review. Below is the list of items that are required to determine a complete application packet. Applications will be accepted from January 3, 2023, 9:00 am through January 17, 2023 3:00 pm. Complete application packets will be date-stamped upon receipt and processed on a first come first serve basis.

**Only complete application packets will be reviewed.**

### **Part A: INFORMATION REQUIRED BY GRANT REVIEW COMMITTEE**

**Provide the following:**

- \_\_\_\_\_ GNS Home Replacement Grant Program Application (Required)
- \_\_\_\_\_ Most current Federal Income Tax return. If self-employed, provide 3 years of Federal Tax returns as well as profit & loss statements. (Required or proof that the household does not have to file)
- \_\_\_\_\_ Recent credit report. Free credit report can be obtained at <https://www.creditsesame.com/> (Required)
- \_\_\_\_\_ Copy of Property Deed (Required)
- \_\_\_\_\_ Copy of Current Property Tax Statement (Required)
- \_\_\_\_\_ Copy of Pre-Fire Proof of Residence (Example: power bill, phone bill, water bill) (Required)
- \_\_\_\_\_ Copy of Pre-Fire Homeowners Insurance (Required or a statement that there was no insurance)
- \_\_\_\_\_ Insurance Payout Documents (Required or a statement that there was no insurance)
- \_\_\_\_\_ Current Mortgage Statement (Required or a statement that there is no amount owed on home)
- \_\_\_\_\_ Letter of SBA approval or denial (Required or statement that SBA funding was not applied for)
- \_\_\_\_\_ All FEMA communications with supporting payments or denial (Required or statement that FEMA funding was not applied for)

### **Part B: INCOME AND ASSET INFORMATION REQUIRED**

**All household members eighteen (18) years and older must submit the following to support the Household Personal Financial Statement included in the application.**

*\*Income qualification criteria, as shown in the most recent HCD program-specific guidance, will be followed to independently determine and certify the household's annual gross income.*

#### **Part B.1: INCOME:**

**Please initial if you have provided the information and N/A if not applicable.**

- \_\_\_\_\_ Three (3) months of current pay stubs for wages
- \_\_\_\_\_ SSA, SSI or other annual award letter
- \_\_\_\_\_ Interest and dividend income
- \_\_\_\_\_ Retirement and insurance income
- \_\_\_\_\_ Unemployment & disability income
- \_\_\_\_\_ Welfare assistance; Benefit Letter
- \_\_\_\_\_ Alimony, child support & gift income
- \_\_\_\_\_ Armed services income
- \_\_\_\_\_ Any Federal or State assistance programs you are currently receiving
- \_\_\_\_\_ Self-employed, type of proof provided \_\_\_\_\_
- \_\_\_\_\_ If no proof of income, reason: \_\_\_\_\_

**Part B.2: ASSETS:**

**Please initial if you have provided the information and N/A if not applicable.**

- Six (6) months of the most current, consecutive checking account statements. All pages of these statements must be included. If no bank statements provided, reason \_\_\_\_\_
- One (1) month of the most current savings account statement. All pages of these statements must be included
- Value of revocable trusts available to the applicant
- Equity in rental property or other capital investments
- Cash value of stock, bonds, Treasury Bills, CD accounts, mutual funds and money market accounts
- Retirement & pension funds
- Individual retirement, (401K and Keogh accounts (even if penalty for early withdrawal)
- Lump sum, such as inheritance, capital gains, settlements
- Additional Mortgages or deeds of trust held by an applicant
- Personal property held as an investment, such as, gems, jewelry, coin collections, antiques, etc.