COMMUNITY DEVELOPMENT DEPARTMENT
303 West Commonwealth Avenue, Fullerton, CA 92832-1775
Telephone · (714) 738-6874
Facsimile · (714) 738-3110
Website · www.cityoffullerton.com

Mobile Home Loan Program

Dear Mobile Home Owner:

Thank you for inquiring about the City's Mobile Home Loan Program. The following brief description is provided for your information and reference.

Deferred Loans are available to mobile home owners who meet the City's guidelines. These loans, which are interest free, are payable upon sale or transfer of ownership.

Loans of up to $15,000 are offered for a maximum term of 15 years and a Lien will be placed against the property to secure the loan.

INCOME GUIDELINES

Number of Persons in Household	80% of County Median Income
1	**$50,600**
2	**$57,800**
3	**$65,050**
4	**$72,250**
5	**$78,050**
6	**$83,850**
7	**$89,600**
8	**$95,400**

In order to qualify, the combined assets of a household cannot exceed $20,000. A senior household's assets cannot exceed $30,000. Under special circumstances the asset limitations may be amended on a case-by-case basis.

If you are interested in participating, please complete the attached application and credit authorization form and return them to our office, along with the applicable documents listed on the following page. The Housing Rehabilitation Staff will determine your eligibility and contact you to schedule an inspection of your mobile home.

Thank you again for your interest in the City's Mobile Home Program. If you have questions, please contact me at (714) 738-6874.

Sincerely,

Susana Flores

Susana Flores
Housing Programs Assistant

ELIGIBLE HOUSING REHABILITATION IMPROVEMENTS

BUILDING CODE & STRUCTURAL DEFICIENCIES
-Roofing
-Plumbing
-Electrical
-Foundation
-Interior Flooring
-Interior Walls
-Ceilings
-Heating
-Health and Sanitation
-Fumigation

HOUSEHOLD IMPROVEMENTS
(Bathroom) -Deteriorated Toilets
-Deteriorated Bathtubs
-Deteriorated Showers
-Deteriorated Lavatories
-Deteriorated Underlayment/Floor Coverings
-Deteriorated Heaters
-Deteriorated Bathroom Fans
(Kitchen) -Deteriorated Cabinets
-Deteriorated Sinks
-Deteriorated Faucets
-Deteriorated Formica Tops
-Deteriorated Underlayment/Floor Coverings
-Deteriorated Garbage Disposals
-Deteriorated Exhaust Fans

COSMETIC IMPROVEMENTS
(Exterior) -Painting
-Fences
(Interior) -Painting
-Doors/Deadbolt Locks
-Windows

HEALTH/SAFETY IMPROVEMENTS
-Smoke Detectors
-Carbon Monoxide Alarm

IMPROVEMENTS FOR THE ELDERLY/HANDICAPPED
-Ramps
-Handrails
-Modified Plumbing

CITY OF FULLERTON
HOUSING REHABILITATION PROGRAM
Eligibility Documentation

The following documents are required in order to determine your loan eligibility. Please attach copies of applicable documents to your pre-application.

PROOF OF OWNERSHIP	Copy of Current Registration and Certificate of Title
SOCIAL SECURITY	Copy of Social Security Card
INCOME VERIFICATION OF TITLE HOLDERS	Verification Required
Employment	Most recent W-2, and state and federal tax returns Four recent consecutive pay check stubs
Aid to Families with Dependent Children	Verification statement from Social Services Agency
Social Security Benefits SSA/SSI	Copy of check or verification statement from Social Security Administration and Bank Statement
Veteran Benefits	Copy of check or verification statement from Veterans Administration
Child Support/Alimony	Copy of final divorce papers
Retirement/Pension	Copy of check or verification statement from Pension Fund
Unemployment Benefits	Copy of check or verification statement from California State Department of Employment
Disability Benefits	Copy of check or statement of verification from payer
Self-employed	Copies of year-to-date profit/loss statement and previous two years state and federal tax returns. If incorporated, previous two years Corporation Tax Returns and current Financial Statement
Rental Income	Copy of operating statement showing rents received, expenditures and net income; and copy of previous two years', state and federal tax returns including "Schedule of Real Estate Owned"
School Scholarship/Grant	Statement of grant award, school related expenditure and net income

NOTICE
FEDERAL LEAD-BASED PAINT REQUIREMENTS

Both the State of California and the federal government have adopted regulations designed to reduce or eliminate the risk of lead-based paint hazards in homes. Some homes built before 1978 may contain lead-based paint that may be harmful to anyone living or working within the home, especially pregnant women and children. Such hazards may occur as a result of exposure to contaminated lead paint dust and paint chips. It is important that you understand these requirements when applying for a home improvement loan or grant from the City of Fullerton.

Federal regulations (24 CFR Part 35) require any home built prior to 1978 that receives federal assistance for rehabilitation is assessed for the presence of lead-based paint hazards. To comply with this requirement, the City will fund the cost of the assessment by a licensed and certified contractor, after a completed application for the Housing Rehabilitation Program has been filed but before the loan and/or grant is approved. The results of the assessment will become public record and be filed with the State Department of Health Services. You will be personally obligated to disclose the results of the testing to any potential buyers and/or the subsequent occupants of the property.

As a participant in the City of Fullerton's Housing Rehabilitation Program, I understand that I will be required to allow any lead hazards found on the property to be stabilized using a portion of the proceeds from the loan and/or grant that the City is extending to me. I also understand that some methods used to control the hazards may not be permanent in nature and may need to be readdressed in future years.

By signing this Notice, I hereby certify that:

1. I have received a copy of this Notice.
2. I have read and understand the lead hazard requirements contained in this Notice.
3. I accept these requirements and the related personal disclosure obligations as a condition of my application for the City of Fullerton's Housing Rehabilitation Program.

If you would like to discuss the hazards of lead-based paint and the potential impact of the state and federal requirements on your property *before* you submit your application for the Housing Rehabilitation Program, please call the City's Housing Office at (714) 738-6874.

Property Address: _____

_____

Applicant: _____
Signature of Applicant

Date: _____

Applicant: _____
Signature of Applicant

Date: _____

CITY OF FULLERTON HOUSING REHABILITATION PROGRAM
MOBILE HOME LOAN PRE-APPLICATION

The following information is needed to determine your eligibility for the City of Fullerton's Mobile Home Loan Program. All information in this form is confidential. Applications will be processed on a first-come, first-served basis. Please supply all information requested in order to ensure prompt processing. If you need assistance in completing the form, contact the City of Fullerton, Housing Rehabilitation Division at (714) 738-6874.

(Please type or print in ink).

APPLICANT'S NAME: _____ SOCIAL SECURITY #: _____

RESIDENCE ADDRESS: _____

NAME(S) OF TITLE HOLDER(S): _____

TELEPHONE NUMBER: HOME (____) _____ BUSINESS (___) _____

FAMILY COMPOSITION: (List each person residing in your home. Use additional pages if necessary.)

Family Member Number	NAME (Last, First)	Relationship to Head of Household	Age
1.	Head of Household	SELF	
2.			
3.			
4.			
5.			

INCOME: (List the income of each person residing in your home.)

Family Member Number	Employer or Income Source	Address	Telephone Number	Annual Income Last Year	Current Gross Income Per Mo./Per Wk.

ASSETS: (Describe real and personal property excluding residence, furnishings, and one car.)

Family Member Number	Description	Amount or Value

Please provide a brief explanation of the home improvement work desired:

_____

I hereby declare that the foregoing information is true and correct to the best of my knowledge. I authorize the City of Fullerton to verify the information to determine my eligibility and to conduct an inspection of my property. I understand that the City is authorized to require correction of fire, life, and safety hazards.

_____ _____
Applicant Date

_____ _____
Applicant Date

Mail completed pre-application with copies of required documents to:
City of Fullerton, Housing Rehabilitation Division, 303 West Commonwealth Avenue, Fullerton, CA 92832.

*__Note__: Application cannot be processed without the submittal of applicable documents listed on page 2.

Applicant(S) Must Complete Information Below:

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Race

- ☐ White
- ☐ Black/African American
- ☐ Asian
- ☐ American Indian/Alaskan Native
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ American Indian/Alaskan Native & White
- ☐ Asian & White
- ☐ Black/African American & White
- ☐ American Indian/Alaskan Native & Black/African American
- ☐ Multi-Racial

Ethnicity

Hispanic/Latino:

- ☐ Mexican/Chicano
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Other Hispanic/Latino

Head of Household

- ☐ Female
- ☐ Male
- ☐ Disabled
- ☐ Elderly (62 or older)

For Office Use Only:

ELIGIBILITY DETERMINATION

Income:

Source	Amount		Mo./Wk.		Yearly Income
_____	$ _____	x	_____	=	$ _____
_____	$ _____	x	_____	=	$ _____
_____	$ _____	x	_____	=	$ _____
_____	$ _____	x	_____	=	$ _____

Number in household: _____ Total Income: $ _____

Grant type: _____ Maximum allowable income: $ _____

☐ Very Low-income ☐ Low Income ☐ Moderate Income

STATISTICAL INFORMATION

Flood Zone _____ Census Tract _____ Age of Property _____

Number of Units _____ Emergency Repair Amount $ _____ Temporary Relocation Amount $ _____

This certifies that the applicant is eligible under the City of Fullerton Housing Rehabilitation Program guidelines.

_____ _____

Housing Programs Assistant Date

ZERO INCOME VERIFICATION

APPLICANT NAME: _____ SOCIAL SECURITY # _____

ADDRESS: _____

I HEREBY CERTIFY THAT I DO NOT RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES:

1. Wages from any type of employment (including commission and fees).
2. Income from the operation of a business (self-employment – Avon, Mary Kay, etc.).
3. Rental Income from real or personal property.
4. Interest or dividends from assets.
5. Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits.
6. Unemployment
7. Public Assistance [MN Family Investment Program (MFIP), General Assistance (GA), MN Supplemental Assistance (MSA), etc.]
8. Alimony or Child Support
9. Educational grants and/or scholarships or Veteran Benefits available for subsistence after deducting expenses for tuition, fees, and books.
10. Regular monthly cash contributions from an outside source.

And, that I have no income of any kind whatsoever at this point in time and do not anticipate income from any source within the next twelve months.

_____
PRINT NAME

_____ _____
SIGNATURE DATE

_____
PHONE NUMBER

WARNING:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Comprehensive Housing Services, Inc.
8840 Warner Avenue, Suite 203
Fountain Valley, CA 92708
Ph: (714) 841-6610 ■ Fax: (714) 841-4341

CREDIT REPORT AUTHORIZATION FORM

Agency Name: **CITY OF FULLERTON, Housing and Community Development**

_____	_____
Applicant/Borrower Name	Co-Applicant/Co-Borrower Name
_____	_____
Social Security Number	Social Security No.
Date of Birth: _____	Date of Birth: _____

Current Property Address:

_____

_____

Previous Property Address:

_____

_____

Comprehensive Housing Services, Inc. has permission from Applicant(s) to make credit inquiries as deemed necessary by the City of Fullerton.

I agree that a photocopy of this authorization may be used for credit inquiries only. The original signed form of this authorization is on file and will stay in effect for **a year and one month** from the date signed. I understand I have a right to review any credit inquiries and correct any information that I can prove is incorrect.

_____	_____
Applicant/Borrower Signature	Date
_____	_____
Co-Applicant/Co-Borrower Signature	Date