

**Housing/Affordable Housing  
& Rehabilitation Division**

435 South "D" Street  
Oxnard, California 93030  
(805) 385-7400  
Fax (805) 385-7416



**REPAIR LOAN PROGRAM APPLICATION**

**INSTRUCTIONS FOR APPLICANT**

1. **IN ORDER FOR THE CITY TO ACCEPT YOUR APPLICATION, YOU MUST BRING PROOF THAT YOU HAVE ATTEMPTED TO OBTAIN A REPAIR/PERSONAL LOAN FROM A PRIVATE LENDING INSTITUTION.**
1. Please print neatly in ink. Do not leave any sections blank. If the requested information does not apply, write "None" or "N/A".
2. The applicant and all other adult household members (18 years of age and over) must sign the final page of this application and the HOME Program Eligibility Release form attached.
3. Documents must be submitted in hard copy form, electronic format is not accepted.
4. All information on this application must be true, complete, and accurate. Incomplete applications will not be accepted. Applications deemed to contain incomplete, misleading or false information will be rejected.  
**(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.)**

**APPLICANT INFORMATION**

Applicant Name: _____		Co-Applicant Name: _____	
Address: _____			
Street	City	State	Zip
Applicant Phone No.: _____		Cell Phone No.: _____	
E-mail address: _____			

**HOUSEHOLD COMPOSITION**

Full Name	Relationship to Applicant	Date of Birth	F/T* Student (Yes/No)	Social Security No.
	Applicant			

**\*Full time college students must submit verification of enrollment.**

Race: \_\_\_\_\_ (e.g. White, Black, Asian, American Indian, other...) \*Hispanic/Latino Yes \_\_\_ No \_\_\_  
 Familial Status : \_\_\_\_\_ Married Yes \_\_\_ No \_\_\_ Elderly: Yes \_\_\_ No \_\_\_

**LIST OF REPAIRS**

Please list the repairs needed:

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### EMPLOYMENT INFORMATION

Complete this section with income information for each household member over 18 years of age and over. Monthly gross income includes wages, salaries, overtime pay, commissions, tips, bonuses, and other compensation.

**First and Last Name:** \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip

Occupation: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ yrs. \_\_\_\_\_ mos. Monthly Gross Income: \_\_\_\_\_

Employment Status: Full-time  Part-time  Seasonal/Temporary  Self-employed  Retired

**First and Last Name:** \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip

Occupation: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ yrs. \_\_\_\_\_ mos. Monthly Gross Income: \_\_\_\_\_

Employment Status: Full-time  Part-time  Seasonal/Temporary  Self-employed  Retired

**First and Last Name:** \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip

Occupation: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ yrs. \_\_\_\_\_ mos. Monthly Gross Income: \_\_\_\_\_

Employment Status: Full-time  Part-time  Seasonal/Temporary  Self-employed  Retired

**First and Last Name:** \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip

Occupation: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ yrs. \_\_\_\_\_ mos. Monthly Gross Income: \_\_\_\_\_

Employment Status: Full-time  Part-time  Seasonal/Temporary  Self-employed  Retired

### OTHER INCOME

Complete this section with income information for all household members. Please list any cash contributions on an ongoing basis, unemployment benefits, Social Security, Supplemental Security, alimony/spousal support and child support payments, periodic payments from trusts, annuities, inheritance retirement funds or pensions, insurance policies, or lottery winnings, income from real, personal property or any other asset.



Family Member	Source of Income	Amount	How Often Received

**ASSET INFORMATION HELD BY ALL HOUSEHOLD MEMBERS 18 OF AGE AND OVER**

Do you or any member of the household have here in the U.S. or in any other foreign country any checking or saving account(s), revocable trust(s), stocks, bonds, Treasury bills, Certificates of Deposit (CD), Money Market Account(s), Retirement Accounts, whole life insurance policy, own real estate, safe deposit boxes, or personal property such as gems, jewelry, coin collections, antique cars, etc.?

If yes, please indicate:

**BANK ACCOUNTS**

Family Member	Type of Account	Financial Institution	Account No.	Interest Rate	Current Balance

**OTHER ASSETS**

Family Member	Type of Asset	Interest Rate	Current Balance

**\*\*\*IMPORTANT\*\*\***

**DOCUMENTS REQUESTED BELOW ARE FOR ALL HOUSEHOLD MEMBERS AND REQUIRED FOR SUBMISSION OF THIS APPLICATION. INCOMPLETE OR FALSE INFORMATION WILL CAUSE YOUR APPLICATION TO BE DENIED.**

Identification Documents:

- Copy of Government Photo I.D. for all adults (persons 18 year of age and over)
- Copy Birth Certificate, Passport or Alien Registration Card for all persons in the household

Employment:

- Copy of MOST RECENT paycheck stubs – three (3) full months for all adult (persons 18 years of age and over)
- Copy of Federal Income Tax Return – most current year; with all attachments (persons 18 years of age and over)

Asset Income Information:

- Copy of Bank Statements – six (6) most current & consecutive months (persons 18 years of age and over)
- Copy of MOST RECENT documentation on asset income information

Ownership Documents:

- Copy of Deed of Trust (Single Family Residence)
- Copy of Current Registration Card (Mobilehome)
- Copy of Certificate of Title (Mobilehome)

Ownership-Occupancy Documents:

- Copy of any 2 MOST RECENT utility bills

Mortgage Documents:

- Copy of current mortgage balance statement

Property Insurance Documents:

- Copy of current property insurance (Declarations Page)



Other Financing Documents:

Copy of documentation verifying having tried to obtain other Financing

**Acknowledgements**

The undersigned specifically acknowledges(s) and agrees that:

1. The property will not be used for any illegal or prohibited use; \_\_\_\_\_ (initials)
2. The property will be occupied by applicant(s) solely as a private residence; \_\_\_\_\_ (initials)
3. Verification of any information contained in the application may be made at any time by the City of Oxnard; \_\_\_\_\_ (initials)
4. I/We have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I/We have represented herein should change prior to closing; \_\_\_\_\_ (initials)
5. I/We acknowledge all items and documents contained in the City submission package are documents of public record. \_\_\_\_\_ (initials)
6. I/We understand the City reserves the right to obtain additional, and any information, pertinent to all loan decisions (i.e. property inspections, credit, report information, household information, etc.) \_\_\_\_\_ (initials)
7. I/We understand that if approved, I/We will need to bring in a check at time of the loan document signing appointment, for 50% or more of total repairs cost plus fees if applying for the matching loan/grant program. \_\_\_\_\_ (initials or N/A if applying for the mobilehome grant)
8. I/We understand all work needs to be done by a state and city business licensed contractor. \_\_\_\_\_ (initials)
9. I/We understand all work must not start until indicated with a Notice to Proceed, executed by City, Contractor, and Owner. \_\_\_\_\_ (initials)

**Fair Housing Act**

Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents or legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability).

If you believe you have been discriminated against, submit a complaint to:

U.S. Department of Housing and Urban Development (HUD)  
600 Harrison Street, 3<sup>rd</sup> Floor  
San Francisco, CA 94107-1300  
Telephone: 1.800.347.3739

**I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s).**

**I/We am/are aware that willfully and knowingly falsifying information may lead to criminal prosecution.**

**I/We am/are aware that I/we have a continuing obligation to amend and / or supplement the information provided in the application if any of the material facts which I/we have presented should change prior to approval.**

\_\_\_\_\_  
Applicant (sign) (print) Date

\_\_\_\_\_  
Co-Applicant (sign) (print) Date

\_\_\_\_\_  
Member of Household (sign) (print) Date

\_\_\_\_\_  
Member of Household (sign) (print) Date



HOME Program  
Eligibility Release Form

Participant Jurisdiction:

City of Oxnard  
Affordable Housing & Rehabilitation Division  
435 South D Street, Oxnard, CA 93030  
(805) 385-7400

**Purpose:** Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

HOME Homebuyer Program  
or  
HOME Rehabilitation Program

**Privacy Act Notice Statement:** The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a HOME Program Eligibility Release for prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

*(All adults 18 years and older to sign where indicated with an X)*

x

Head of Household – Signature, Printed Name, and Date:  
Family Member Head

x

Other Adult Member of the Household – Signature, Printed Name, and Date:  
Family Member #3

**Information Covered:** Inquiries may be made about items initialed by applicant/tenant. *(All adults 18 years and older to initial where indicated with an X)*

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Other (list)		
Dependent Deduction		
_____ Full-Time Student		
_____ Handicap/Disabled		
_____ Family Member		
_____ Minor Children		

**Authorization:** I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

x

Other Adult Member of the Household – Signature, Printed Name, and Date:  
Family Member #2

x

Other Adult Member of the Household – Signature, Printed Name, and Date:  
Family Member #4

