

Thank you for your inquiry for Habitat for Humanity Greater Fresno Area (HFHGFA) home repair assistance program. We do support various programs, with a varied set of requirements. However, we do have a basic set of eligibility requirements that remain the same across all services. Please fill out this application in its entirety, so that we may better serve you.

Eligibility

| DOCUMENTATION NEEDED |
|--|
| <input type="checkbox"/> Copy of California driver's license, or California identification card or another form of acceptable identification - for all adult household members |
| <input type="checkbox"/> Property tax statement (<i>may not be in default</i>) <i>Mortgage Statement is not acceptable</i> |
| <input type="checkbox"/> Proof of Income, including: |
| <input type="checkbox"/> Four (4) current consecutive paycheck stubs |
| <input type="checkbox"/> Current Award letter for social security and/or supplemental security income |
| <input type="checkbox"/> Document stating current pension or retirement amounts |
| <input type="checkbox"/> Current Unemployment and/or disability information |
| <input type="checkbox"/> Most recent tax return (<i>include ALL pages</i>) with W2's or signed tax affidavit |
| <input type="checkbox"/> Other income documentation (Child Support, CashAid) |
| <input type="checkbox"/> Last two full months most recent bank statements (<i>checking and savings with ALL pages</i>) |
| <input type="checkbox"/> Retirement Accounts (401K) |
| <input type="checkbox"/> Whole Life Insurance (<i>cash value available</i>)/Term Life Insurance (<i>first page to verify</i>) |

| Household income is required to NOT EXCEED 80% of Area Median Income (AMI). See below: | | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons |
| \$39,050 | \$44, 600 | \$50,200 | \$55,750 | \$60,250 | \$64,700 | \$69,150 |

Submit **COMPLETED** application by mail, email or in person at the following:

Habitat for Humanity Greater Fresno Area
C/O Neighborhood Revitalization
4991 E. McKinley, Suite 123
Fresno, CA 93727

Email: NR@habitatfresno.org
Phone: 559-237-4102 ext. 107

~PLEASE KEEP THIS PAGE FOR YOUR RECORDS~

[illegible]

Are you currently working with another Organization to assist with home repairs/modification/etc.? If so, indicate the name of the Organization _____ *(This does not prevent approval of services, however, failure to disclose may result in disqualification.)*

Do ALL owners of this property live in this home? ☐yes ☐no

What is your monthly mortgage payment? _____

What is the balanced owed on the house? (including all seconds, liens, and equity liens?) _____

Check box of the description of your home:

☐ Single Family Residence ☐ Condo/Townhouse ☐ Mobile Home

What year did you purchase this home? _____ Year Home Built? _____

ASSETS

Name of Bank:

☐Checking ☐Savings ☐IRA ☐Stocks ☐Money Market Acct \$ _____

Name of Bank:

☐Checking ☐Savings ☐IRA ☐Stocks ☐Money Market Acct \$ _____

Requested Repair(s) Please list your top (3 maximum) home repair/modification needs

1.

2.

3.

Secondary Contact information (in the event homeowner is unreachable)

Name _____ Relationship _____

Address _____ Phone Number _____

Homeowner Statement

I _____, (name of applicant) certify that all information submitted on my application is complete and correct, and knowingly submitting false information may disqualify me for receiving assistance through HFHF.

Signature of Homeowner

Date

Signature of 2nd Homeowner

Date

APPLICANT'S CERTIFICATION AND AUTHORIZATION

I/We applied for the CDBG Homeowner Repair Grant Program from Habitat. In applying for the grant, I/we completed an application containing information regarding income.

I/We made no misrepresentations in the application or other documents nor did I/we omit any pertinent information.

I/We authorize Habitat staff to verify information contained in our application and other documents, either before the project is closed or after, as part of its audit program, including obtaining a credit report from a credit reporting agency.

I/We authorize you to provide Habitat any and all information staff requests. Such information includes, but is not limited to, employment history, bank accounts, credit reports, title reports and income tax returns.

A copy of this authorization may be accepted as an original.

I/We understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make false statements when applying for this grant, as applicable under the provisions of Section 1014 of Title 18, United States Code.

Signature

Print Name

Date

Signature

Print Name

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 because of the consideration of:

1. Trends, characteristics or condition in the neighborhood or geographic area surrounding a housing accommodation, unless the financial institution can demonstrate in the particular case that such consideration 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 any person, bank, mortgage company, or other financial institution that provides financial assistance for the purchase, organization, or construction of any housing accommodation to discriminate against any person or group of persons because of race, color, religion, sex, sexual orientation, marital status, national origin, ancestry, familial status, source of income, or disability in the terms, conditions, or privileges relating to the obtaining or use of that financial assistance.

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 the management of this financial institution, or:

Department of Fair Employment Fair Housing and Equal Opportunity (FHEO)
and Housing U.S. Dept. of Housing & Urban Development
611 West Sixth St., Suite 1500600 Harrison Street, 3rd Floor
Los Angeles, CA 90017 San Francisco, CA 94107-1387
(800) 233-3212 (800) 347-3739; TTY (415) 436-6594

If the grant applied for is for the purchase, construction, rehabilitation, or refinancing of a housing accommodation, information regarding your race/national origin, sex of applicant and co-applicant and marital status is requested by the State of California and the Federal government to monitor this financial institution's compliance with the Housing Financial Discrimination Act, Equal Credit Opportunity Law, and Fair Housing Law. The law provides that a financial institution may neither discriminate on the basis of this information nor on whether or not it is furnished. **Furnishing this information is optional.**

You have a right to file a written grant application and to receive a copy of this institution's underwriting standards.

I (we) hereby acknowledge receipt of a copy of this Notice.

Signature

Date

Signature

Date

TAX RETURN AFFIDAVIT

I, _____, and I _____,

as applicant(s) for the CDBG Repair Program originated by the City of Fresno/
Madera, do hereby represent and warrant that (I/we) were not required to file a
federal income tax return for the calendar year(s) _____, in accordance with
Section 6012 of the Internal Revenue Code.

(I/We) declare under penalty of perjury that the foregoing is true and
correct. Executed on the date or dates shown below.

Anyone that is 18 years old and up must fill out this form, if you do not file Tax Returns

Signature

Date

Signature

Date

CERTIFICATION OF ZERO INCOME

Household

Member Name: _____ Relationship: _____

1. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f. Unemployment or disability payments;
- g. Public assistance payments;
- h. Periodic allowances such as alimony, child support or gifts received from persons not living in my household;
- i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
- j. Any other sources not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may lead to the revocation of the loan and other penalties to the applicant.

Signature of Household Member

Date

Printed Name of Household Member

Date

Everyone in the household 18 years of age that doesn't have any income must sign this form.