



HOUSING REHABILITATION PROGRAM

GENERAL QUALIFICATIONS AND CONDITIONS FOR PROGRAM ELIGIBILITY

1. The intent of the Housing Rehabilitation Program (HRP) is to provide financial assistance low- and moderate-income owner-occupants of detached single-family homes for the preservation of decent, safe, and sanitary housing; to correct hazardous structural conditions; to make improvements considered necessary to eliminate blight; and, to correct building and health code violations by awarding grants or loans. All property to be repaired must be eligible housing property located within the city limits of the City of Fontana.
2. Housing Rehabilitation Program one-time grants are available to homeowners in the amount of \$5,000 provided that the homeowner has not previously received a program grant. **Homeowners who are Seniors 62+ or households whose income does not exceed 50% area median income as noted in “Table A” below are eligible for an additional grant in the amount of \$5,000.** For households requiring repairs in excess of the grant amount or for homeowners who have previously received program grants, deferred loans are available for an amount up to \$25,000. Loans become payable upon the sale, refinance or transfer of the property. Loans are deferred zero percent (0%) interest until repaid.
3. In order to participate, household income may not exceed those listed in the table below. Household income includes all income from all persons living in the property to be repaired.

TABLE A
2022 ELIGIBILITY INCOME LIMITS

Household Size	Income Limits	
	50% AMI	80% AMI
1	\$30,800	\$49,300
2	\$35,200	\$56,350
3	\$39,600	\$63,400
4	\$44,000	\$70,400
5	\$47,550	\$76,050
6	\$51,050	\$81,700
7	\$54,600	\$87,300
8	\$58,100	\$92,950

Effective June 15, 2022

4. The City, as part of its role as construction lender, will prepare the description of work to be completed and will provide all necessary documentation to the homeowner to assist the homeowner in the procurement and contracting process to retain a qualified construction contractor to complete the required repairs. Contracts shall be awarded to the lowest of the bids from qualified contractors that are obtained by the homeowner (minimum of three bids).

5. Subsequent to all required program approvals and the execution of a Grant Acceptance Agreement or an Improvement Agreement and other loan documents as applicable, the homeowner will be authorized to contract directly with appropriately licensed (usually a general contractor [also referred to herein as a “B-licensed” contractor]) contractors who maintain a current license in good standing with the Contractors State License Board, who have the required general liability and workmen’s compensation insurance coverage, and who will obtain or already have a City business license.
6. Rehabilitation work may not commence until all permits are issued and a Notice to Proceed is issued by the City of Fontana.
7. The City of Fontana will not be responsible for any personal funds advanced to the Contractor or any expenses incurred on your own. Side agreements entered into with the Contractor are prohibited.
8. All funds are disbursed through the City or its designated Escrow Company upon receipt of an invoice and proper documentation from the contractor, as well as written consent from the homeowner and the City. All funds disbursed are payable to the contractor/vendor for work performed.
9. Program loan or grant proceeds may only be used for the costs of services and materials necessary to carry out the repair work. No direct payments shall be made to the homeowner.
10. Previously contracted or commenced work or materials purchased are not eligible for reimbursement or for the continuation of work underway. Do not sign any contractor provided agreements or contracts to perform work.
11. Eligible repairs may include work to be performed on the main housing unit and attached accessory structures on the property. Although the owner has the opportunity to request specific repairs in the program application, the City will establish the priority of repairs included in the grant-funded work scope and improvements shall include all code deficiencies in order to bring the property to current building and health and safety standards. Eligible items include but are not limited to the following:
 - Correction of code violations;
 - Correction of incipient violations of the uniform building code;
 - Cost effective energy conservation measures, including solar heating, cooling and water systems;
 - Removal of lead-based paint/asbestos hazards;
 - Removal of barriers to the disabled;
 - Removal of rodents and roaches (pest control)
 - Removal of termites;
 - Repair/Replace roofing;
 - Repair/Replace heating;
 - Repair/Replace plumbing;
 - Repair/Replace screens;
 - Install new smoke alarms;
 - Repair/Replace water heaters;
 - Repair/Replace electrical work;
 - Repair/Replace windows;
 - Repair/replace stucco;
 - Install new dead bolt locks;
 - Repair kitchen or bath cabinets;
 - Installation of new insulation;
 - Any items determined eligible by the screening committee; and
 - The elimination of specific conditions detrimental to public health and safety, as identified by the City.
12. Applicants must provide proof of ownership of the property to be repaired.
13. Applicants shall be eligible for only one (1) grant under this program.

14. Applicants shall permit City of Fontana staff or its agents to conduct necessary property and repair work inspections.
15. The City of Fontana reserves the right to deny requests in specific instances where the repairs to be completed do not conform to these or other program guidelines.
16. The City of Fontana determines the eligibility of the applicant to the program.
17. Lead-Based Paint. Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Prior to disturbance, remodeling or demolition activities, these materials should be properly sampled and/or abated by a certified, licensed Lead Professional.
18. Asbestos. Buildings constructed prior to 1980 are likely to contain Asbestos. Confirming that a material is an asbestos-containing requires sampling of the material by certified asbestos professionals, then analysis by a licensed asbestos analytical laboratory to determine if the samples are asbestos-containing. Any material that is "presumed" to contain asbestos must be treated as "asbestos-containing" and therefore must be properly abated by an asbestos abatement contractor prior to any building renovation or demolition activities.
19. The undersigned acknowledges that for those projects in which Federal funds are used to perform housing rehabilitation repairs, the City may be required to have the subject property inspected and tested for the presence of lead-based paint and/or asbestos hazards. The costs associated with the lead and/or asbestos testing typically range between \$300-\$600, depending on the severity (or lack thereof) of the presence of lead or asbestos. Should a lead or asbestos hazard be discovered, abatement or mitigation of the hazard will take priority over all other housing repairs. Please keep in mind that abatement or mitigation measures may be costly. Therefore, depending on the severity of the presence of lead and/or asbestos, if any, you may not be able to perform all the housing repairs indicated in your scope of work. Please note that all costs associated with the testing and/or abatement services will be included as part of the overall funding award for each project. **No out-of-pocket expenses will be incurred.**
20. After a property is inspected for the presence of lead-based paint, a report is prepared that describes any lead hazards in the home. Federal Law (24 CFR part 35 and 40 CFR part 745) mandates that any report related to the presence of lead-based paint in your home must be provided to new lessees (tenants) and purchasers of your property before they become obligated under a lease or sales contract. In other words, make sure that you keep a copy of any lead reports that you may obtain through this program and be sure to provide a copy to any potential renter or buyer in the future.

I/WE have read and understand the foregoing general qualifications and conditions for program eligibility. I/WE further understand that any misstatements, omissions, misrepresentations, deletions, falsifications, or other actions which result in MY/OUR not conforming to the requirements listed above in other contract documentation will subject MY/OUR application to immediate cancellation and cause any disbursed funds to become immediately due and payable and may cause further legal action if warranted.

Date

Owner's Signature

Owner's Signature



HOUSING REHABILITATION PROGRAM

PROGRAM APPLICATION - PART I
INSTRUCTIONS

All applicants must complete Part I of the application document (pages 4 -7). If you have not previously received a grant through the Housing Rehabilitation Program (HRP) and are applying for a program loan, you must also complete Part II of the application document (pages 8 - 10).

Please provide information for all owner(s) and occupant(s) of the property listed on title:

Form with fields: Address of Property, Phone Number (Day), Phone Number (Night), email address:

Table with columns: APPLICANT, SPOUSE/CO-APPLICANT. Rows include: Name, SSN, Date of Birth, Current Employer, Employer Address, Business Phone, Position, Length of Time Currently Employed.

Please complete the following demographic information, which will be strictly confidential and is requested for statistical reporting purposes only. Select the most appropriate category.

Ethnic Background:

- Hispanic, Non-Hispanic

Racial Background:

- White, Black/African American, Asian, American Indian/Alaskan Native, Native Hawaiian/Other Pacific Islander, American Indian/Alaskan Native & White, American Indian/Alaskan Native & African American, Black/African American & White, Asian & White, Other

Head of household: Male, Female

How did you hear about the program? Social Media, Website, Other

Please answer the following questions:

- Do you own the property? YES NO
- Are you a permanent full-time resident of this property? YES NO
- Are the property taxes current on the above-listed property? YES NO
- Are all financial obligations current for which the property is collateral? YES NO
- Are there any current or pending liens against the above-listed property? YES NO

HOUSEHOLD INCOME INFORMATION

Complete the following for all persons residing at the address of the property to be repaired (attach additional sheets if necessary).

Applicant Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		Annual Income
Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant	Annual Income
Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant	Annual Income
Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant	Annual Income
Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant	Annual Income
Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant	Annual Income
Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant	Annual Income
List and Explain any Additional Sources of Income within the Household				
Enter Household Size: _____ persons			Enter Total Annual Household Income: \$ _____	

Please list All Other Asset Accounts and their respective values

Account Category	Current Cash Value
Stocks/Bond/Other Investment Accounts	\$ _____
Life Insurance Net Cash Value	\$ _____
Net Worth of Business	\$ _____
Other Assets (list) _____	\$ _____
Other Assets (list) _____	\$ _____

Please list All Applicable Savings and Checking Account Information for Each Account Held

Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:
Address:	Savings or Checking:
Current Account Balance:	

Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:
Address:	Savings or Checking:
Current Account Balance:	

Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:
Address:	Savings or Checking:
Current Account Balance:	

Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:
Address:	Savings or Checking:
Current Account Balance:	

Please supply a detailed list of all repairs you are seeking to have completed under this program.

REPAIRS REQUESTED (add additional pages if necessary)

Acknowledgement of Receipt of Lead-Based Paint Pamphlet:

- I have received a copy of the pamphlet, "*Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools*" informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

- I did not receive the Lead-Based Paint Pamphlet.

I hereby certify that the aforementioned statements are true and correct. If at any time this information is found to be false or incorrect and it is then determined that I do not qualify for the Housing Rehabilitation Program, I understand that I am liable for all costs incurred through the program.

Applicant's Signature

Date

Co-Applicant's Signature

Date





The following pages need only be completed if a loan is being requested

Yes, I would like to apply for the loan

No, I'm not interested in the loan.

Funds will only be reserved for the activity for which you are applying: Grant and Loan or Grant only



HOUSING REHABILITATION PROGRAM

**PROGRAM APPLICATION PART II (Loan Program)
INSTRUCTIONS**

If you are applying for a program loan through the Housing Rehabilitation Program (HRP), you must also complete Part II of the application document (pages 8 - 10).

Please answer the following questions with respect to the persons holding title to the dwelling:

	Applicant	Co-Applicant
Do you have any judgments currently outstanding against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you declared bankruptcy within the last seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a property foreclosed upon, or given a deed-in-lieu in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
During the preceding 5 years, have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure or judgment, or which resulted in default (e.g.: mortgages, SBA loans, any financial obligation, bond or loan guaranty, etc.) ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently delinquent or in default on any debt to the Federal Government (e.g.: Federal Guaranteed Student Loan, Public Health Service, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you currently own, or have an interest in any real estate, <u>other than the property</u> which you are seeking to have rehabilitated under this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, you must complete the Schedule of Real Estate Owned (below)
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Schedule of Real Estate Owned – Complete for 2nd homes, rentals or other real-estate to which you hold title besides your primary dwelling.

	Property 1	Property 2
Property Address:		
Type of Property:		
Market Value:		
Outstanding Mortgage / Loan Amounts		
Monthly Gross Rents		
Monthly Loan Payments		
Taxes and Insurance		
Other Monthly Operating Expenses		
Monthly Income		
Totals:		

Please list all information regarding your loan obligations, inclusive of all outstanding loans (Attach additional sheets as necessary)

Home Mortgage Lender:	Account Number:
Address:	Monthly Payment Amount:
Current Outstanding Loan Balance:	

Creditor:	Account Number:
Address:	Monthly Payment Amount:
Current Outstanding Loan Balance:	

Creditor:	Account Number:
Address:	Monthly Payment Amount:
Current Outstanding Loan Balance:	

Creditor:	Account Number:
Address:	Monthly Payment Amount:
Current Outstanding Loan Balance:	

I hereby certify that the aforementioned statements are true and correct. If at any time this information is found to be false or incorrect and it is then determined that I do not qualify for the Housing Rehabilitation Program, I understand that I am liable for all costs incurred through the program.

Applicant's Signature

Date

Co-Applicant's Signature

Date

PLEASE REMEMBER TO ATTACH ALL INFORMATION REQUESTED ON THE APPLICATION SUBMITTAL CHECKLIST. PLEASE DO NOT SEND ORIGINALS.





Model/Property Photo Release Form

I hereby grant permission to the City of Fontana, its employees and agents, to photograph me and/or my property, and to edit, copy, publish and use the photograph(s) in any manner the City deems proper, including in City publications and/or online advertising materials on the City's website. I further consent that my name, property and identity may be revealed. I relinquish any and all rights, title and interest I may have in the finished pictures, negatives and copies, and I hereby waive and release any and all claims against the City for utilizing such photograph(s).

By signing below, I acknowledge that I am of legal age and freely sign this release, which I have read and understand.

Signature:

Date:

Print Name:

Address:

City, State, Zip:



Release of Information

I/we, _____, the undersigned hereby authorize _____, to release without liability to the City of Fontana or its agents, any and all information they may request.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verification and inquiries that may be requested include, but are not limited to:

- Identity and Marital Status
Medical or Child Care Allowance
Residences and Rental Activity
Employment, Income, and Assets
Credit and Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for, and continued participation in the Housing Rehabilitation Program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release information (depending on program requirements) include, but are not limited to:

- Previous Landlords
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Support and Alimony Providers
Veterans Administration
Utility Companies
Credit Rating Agencies
Home Inspection Report
Welfare Agencies
State Unemployment Agencies
Social Security Administration
Medical and Child Care Providers
Banks and other Financial Institutions
Retirement Systems
Credit Providers and Credit Bureaus
Real Estate Appraisers

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization will be retained by the Agency and remain in effect for one year from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

Signature (Applicant) (Print Name) Date
Signature (Co-Applicant) (Print Name) Date

APPLICATION SUBMITTAL CHECKLIST

In order to evaluate your application for eligibility in our program, our office requires the submission of the following documents:

- PROGRAM APPLICATION (All 13 pages of application must be returned)**
Please fill out all information requested. Pages 9-10 can be left blank if you do not wish to apply for the loan.
- COPY OF GRANT DEED- Must be the Recorded Copy**
This document will verify that you are the owner of the property and confirm how title is held.
- COPY OF A RECENT UTILITY BILL**
Submit a copy of an electrical, gas, and/or cable television utility bill for the prior month. Note that water or trash utility bills are not acceptable. This document is needed to verify residency. Submission must reflect owner name and address.
- COPY OF INSURANCE DOCUMENTATION**
Please provide photocopies of your current property insurance documentation.
- COPY OF INCOME TAX FORMS FOR PRIOR YEAR**
Submit a complete copy, inclusive of all attachments, forms and schedules of the most recent federal income tax return for all income producing household members. Please ensure that the submission is signed by all taxpayers. If self-employed, please provide the last two years of your complete federal tax returns.
- COPY OF RECENT PROPERTY TAX BILL**
- COPY OF INCOME VERIFICATION DOCUMENTATION FOR ALL ADULTS LIVING IN THE HOME AND ON TITLE (EVEN IF NOT LIVING IN THE HOME)**
 - This includes the last three (3) months of the most recent consecutive payroll stubs, unemployment, social security checks, SSI checks, AFDC checks, pension and retirement checks, alimony and child support payments*
 - Last three months Bank Statements*
 - Other income documentation from all other income sources, including cash and Zelle deposits*
- COPY OF ASSET VERIFICATION DOCUMENTATION**
This includes the most recent three months of statements for all bank accounts, investment accounts, or other asset holdings for all members of the household.
- COPY OF PHOTO IDENTIFICATION**
Provide photo identification (i.e., driver's license or CA I.D.) for every person who lives in the home or who is on title. School Id's for those under 18.

When submitting documentation - DO NOT SEND ORIGINALS - please provide photocopies.

Any questions please contact:

Email: housing@fontana.org

Phone: (909) 350-6606

Return Complete Application and Documentation by mail or in person to:

City of Fontana
8353 Sierra Ave
Fontana CA 92335
Attn: Housing Department/HRP