



City of Greenfield Housing Assistance Programs

599 El Camino Real Greenfield CA 93937 831-674-5591
www.ci.greenfield.ca.us

Homebuyer Assistance Program Housing Rehabilitation Assistance Program

The City of Greenfield is pleased to offer two newly funded Homebuyer Assistance and Housing Rehabilitation Assistance Programs to qualified city residents. As explained in the attached program application, all interested homeowners must certify that they meet the household income eligibility requirements and have their household income documented. All applicants must have incomes at or below 80% of the County's area median income, adjusted for household size, as published by the California Housing and Community Development Department.

In order to obtain financing, applicants must meet all property and eligibility guidelines in effect at the time the application is considered. Applicants will be provided written notification of approval or denial. For the Housing Rehabilitation Assistance Program, all repair work must meet Local Building Code standards with priority towards the elimination of health and safety hazards.

Anyone interested in participating in these programs should review the application and program guidelines. The City will be assisted by Ms. Rosa Camacho-Chavez to explain the program requirements to interested applicants, assist you in determining your eligibility, and assist you in the overall program application process. Ms. Chavez can be contacted by phone or email at (831) 601-0870 or at HousingAssistance@ci.greenfield.ca.us.

On behalf of the City of Greenfield, thank you for your interest in these programs. We are pleased that you are interested in taking advantage of these programs to become a homeowner or to improve your existing home.

Sincerely,

City of Greenfield

A handwritten signature in black ink that reads "Mic Steinmann".

Mic Steinmann
Community Services Director



CITY OF GREENFIELD HOUSING REHABILITATION ASSISTANCE PROGRAM

APPLICATION PROCEDURE

The City of Greenfield is offering financial assistance, in the form of home loans, for the repair of housing owned and occupied by lower-income households. The funds can be used for improvements such as re-roofing and electrical, plumbing, and structural repairs. The funds can also be used to provide accessibility improvements such as ramps and grab bars for residents who are permanently disabled. Cosmetic and general property improvements are generally not eligible. In order to qualify for such assistance, a housing unit must be located in the City of Greenfield. In addition, the total annual income of the household that owns and occupies the dwelling cannot exceed the following limits:

Household Size (number of persons)	1	2	3	4	5	6	7	8
Maximum Allowable Annual Income*	\$40,600	\$46,400	\$52,200	\$58,000	\$62,650	\$67,300	\$71,950	\$76,600

*Effective June 1, 2015

If you meet these requirements and want to participate in the program, you must complete the attached application for assistance. Along with the application, the following supporting information must be submitted:

- 2014 and 2015 signed Federal Tax returns with all W-2(s)
- Current month of pay stubs, Social Security checks, retirement/pension/disability checks
- 2016 Social Security award letter
- Last 3 months of Savings and Retirement bank statements (all pages)
- Last 6 months of Checking bank statements (all pages)
- Any award letters or checks showing additional government assistance
- Deed of Trust to the property lien(s)
- Current mortgage statement showing loan balance (if applicable)
- Current annual property tax bill from the Monterey County Tax Collector
- Homeowner Insurance Policy Declarations
- Copy of recent utility bill

The completed application and all of the supporting information must be submitted to the City's Housing rehabilitation specialist at the following address:

Rosa Camacho-Chavez, Housing rehabilitation specialist
599 El Camino Real
Greenfield, CA 93927
(831) 383-7987 office
(831) 601-0870 cell
housingassistance@ci.greenfield.ca.us

If you have any questions regarding the City's Owner-Occupied Housing Rehabilitation Program or need help with completing your application, please contact the City's Housing rehabilitation specialist: Rosa Camacho-Chavez at (831) 601-0870.



CITY OF GREENFIELD

HOUSING REHABILITATION ASSISTANCE PROGRAM

APPLICATION PROCESS

The steps that are involved in processing applications for the City's Housing Rehabilitation Assistance Program are as follows:

1. Interested household obtains application for assistance from City's housing rehabilitation specialist and submits completed application to housing rehabilitation specialist who will assist applicant in preparing the application to the extent necessary.
2. Housing rehabilitation specialist reviews application for completeness and, if necessary, requests additional information.
3. Housing rehabilitation specialist determines that application is complete and that applicant is eligible to participate based on household income and property location.
4. Housing rehabilitation specialist schedules meeting with applicant to discuss desired improvements and inspect property, title report, and property appraisal. A termite report is ordered.
5. Based on property inspection, housing rehabilitation specialist prepares preliminary work write-up outlining the necessary repairs and estimates the cost of the repairs. Work write-up and conceptual plans, if applicable, are submitted to City's building inspector for review.
6. Housing rehabilitation specialist determines ability of property to support additional indebtedness and makes recommendations regarding the type and amount of assistance to be provided.
7. Housing rehabilitation specialist reviews preliminary work write-up and financing recommendations with applicant. Scope of work to be performed is determined with applicant.
8. Work write-up is revised, as necessary, by housing rehabilitation specialist and final work write-up is submitted to applicant for approval and, if required, to the State Historic Preservation Office (SHPO) for review.
9. Housing rehabilitation specialist authorizes applicant to secure bids for rehabilitation work from contractors and assists applicant with bidding process as necessary.
10. Bids are submitted to applicant, and Housing rehabilitation specialist assists applicant in selecting a contractor.
11. Housing rehabilitation specialist prepares and presents report to Greenfield's Loan Committee regarding applicant's eligibility, financing recommendations, and contractor selection. Upon Loan Committee approval of the application and selected bid, loan documents are prepared for signature by applicant.
12. Applicant executes the loan documents, and housing rehabilitation specialist records documents to secure the loan.
13. Housing rehabilitation specialist assists applicant in executing construction contract, issues Notice to Proceed to selected contractor, and submits final construction plans, if applicable, for review and approval by City's building inspector.
14. Housing rehabilitation specialist conducts progress inspections and deals with any change orders or problems during the course of rehabilitation work.



CITY OF GREENFIELD HOUSING REHABILITATION ASSISTANCE PROGRAM

APPLICATION PROCESS

15. Upon receipt of contractor payment requests, Housing rehabilitation specialist submits authorizations to the City's Finance Department for disbursement of funds to pay contractor for work completed. Fund disbursement authorizations are also submitted to the City's Finance Department to pay soft rehabilitation costs (appraisal, termite report, etc.).
16. Housing rehabilitation specialist and City's building inspector conducts final inspection with applicant, upon completion of rehabilitation work, and issues Notice of Completion. Contractor records Notice of Completion.
17. Housing rehabilitation specialist authorizes the City of Greenfield to disburse final payment (i.e., 10% retainer), 35 days after recordation of Notice of Completion.

ADDITIONAL INFORMATION

1. "Applicant," "co-applicant," and "borrower(s)" are those individuals listed on the property grant deed who legally own the property and home.
2. Only those individuals listed on the property grant deed should be listed as and sign as "applicant," "co-applicant," or "borrower(s)."
3. In the Household Information section, list all individuals (and their incomes) who currently reside in the home whether or not they permanently reside there or are applicants.

This information must be supplied in order for the Housing rehabilitation specialist, during the application review process, to determine whether or not these individuals and their relative incomes should be included in the total household size and income calculations.

4. "Income" includes:
 - Wages received during employment
 - Social security benefits
 - Unemployment benefits
 - Disability benefits
 - Government assistance
 - Retirement/pension benefits
5. Please supply all requested information and documents. Any missing information and/or documents will delay the application review process.

**IF YOU HAVE ANY QUESTIONS REGARDING THIS APPLICATION, PLEASE DO NOT HESITATE TO
CONTACT THE HOUSING REHABILITATION SPECIALIST.**



CITY OF GREENFIELD HOUSING REHABILITATION ASSISTANCE PROGRAM

APPLICATION FOR ASSISTANCE

PLEASE PRINT

Applicant Name: _____ SSN: _____

Co-Applicant: _____ SSN: _____

Property address: _____

Telephone: Home: () Business: () Cell: ()

Mailing Address (if different from above) _____

Household Information

Total number of persons in household: _____ (list members below)

Name of Household Member	Relationship to Applicant	Gender	Age	Disabled	Female Head of Household
1.	Head of Household				
2.					
3.					
4.					
5.					
6.					
7.					

Income, Asset, and Employment Disclosure

Household income – Check all income sources that apply

(include income from all sources for all adult household members)

- | | | |
|---|--|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Unemployment compensation | <input type="checkbox"/> Self-employment |
| <input type="checkbox"/> Social security | <input type="checkbox"/> Workers compensation | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Union benefits | <input type="checkbox"/> Income from assets | <input type="checkbox"/> Pensions |
| <input type="checkbox"/> Retirement funds | <input type="checkbox"/> Child support | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Family support | <input type="checkbox"/> AFDC | <input type="checkbox"/> SSI |
| <input type="checkbox"/> General relief | <input type="checkbox"/> Rental income | <input type="checkbox"/> Other: _____ |

Breakdown of household income

Household member	Source of household income*			
_____	_____	x	=	_____
_____	_____	x	=	_____
_____	_____	x	=	_____
_____	_____	x	=	_____
_____	_____	x	=	_____

Total annual household income: _____

*If income is based on commission or self-employment, show amount earned to date or list income from previous year.



CITY OF GREENFIELD HOUSING REHABILITATION ASSISTANCE PROGRAM

APPLICATION FOR ASSISTANCE

Breakdown of household assets

Description of asset	bank/institution and account number	Cash value
Checking account	_____	_____
Savings account	_____	_____
Stock & bonds	_____	_____
Other:	_____	_____
Other:	_____	_____

All real estate owned: _____

Have any assets been disposed of at less than fair market value during the last 2 years?

No Yes, please list: _____

Have you previously participated in any Housing Rehabilitation Programs with the City of Greenfield

No Yes, please list: _____

Applicant's employer: _____

Employer's address: _____

Co-applicant's employer: _____

Employer's address: _____

Property Description

Do you own and occupy the house in which improvements are desired? No Yes

List all mortgages and liens recorded against the property:

1st mortgage: _____ Amount: _____

2nd mortgage: _____ Amount: _____

Lien: _____ Amount: _____

Proposed repairs: _____



CITY OF GREENFIELD HOUSING REHABILITATION ASSISTANCE PROGRAM

APPLICATION FOR ASSISTANCE

PLEASE READ BEFORE SIGNING

By signing below, I/we certify that the information on this application is correct and complete to the best of my/our knowledge and that I/we have disclosed all income received from all sources and have disclosed all assets. I/We acknowledge that the City or its agents will use the information on this application for the purpose of determining program eligibility. Inquiries may be made to verify statements herein. I/We understand that false statements or omission are grounds for disqualification and/or penalties. I/We acknowledge the penalty for false or fraudulent statement; USC Title 18, Section 1001, provides: "Whoever, in any manner, within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statement or entry, shall be fined up to \$10,000 or imprisoned up to 5 years or both."

I/WE _____ DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT, AND CERTIFY THAT THE CITY OF GREENFIELD SHALL NOT BE LIABLE FOR DAMAGES THAT MAY ARISE OUT OR IN CONNECTION WITH THE HOME IMPROVEMENTS UNDERTAKEN UNDER THIS PROGRAM.

Applicant Signature

Date

Co-Applicant Signature

Date



INFORMATION FOR FEDERAL REPORTING ONLY-OPTIONAL

RACE

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaska Native AND White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian AND White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American AND White |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> American Indian or Alaska Native AND Black or African Am. |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other Multiracial |

HISPANIC/LATINO ETHNICITY Yes, please specify below No

- | | | |
|---|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Mexican or Mexican American | <input type="checkbox"/> Cuban | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Other Hispanic/Latino: _____ | | |



CITY OF GREENFIELD HOUSING REHABILITATION ASSISTANCE PROGRAM

NOTICE TO APPLICANTS FOR REHABILITATION LOANS AND GRANTS PLEASE READ CAREFULLY

Attached is an application for a below market rate interest loan under the City of Greenfield's Housing Rehabilitation Assistance Program. This loan is intended to provide the necessary financial assistance to enable you to rehabilitate your home and bring it into compliance with local code requirements.

This notice is intended to provide basic information about the housing rehabilitation loan. It is not a commitment for a loan.

- A. General Information: In applying for a housing rehabilitation loan, as with any loan, you will be asked to sign loan documents. When you have signed those documents, and the loan is made, you will be bound by the terms of those loan documents, particularly the Promissory Note, Deed of Trust, and Loan Agreement. You should become familiar with, and understand, the provisions of the loan highlighted in this notice.
- B. Interest Rate: This loan, offered by the City of Greenfield, is a 30-year, deferred payment loan with a 0% annual interest rate.
- C. Loan Term: The term for loans made by the City of Greenfield under this program is 30 years. These deferred payment loans are due and payable to the City: (1) upon sale or transfer of title; (2) if the owner-occupant no longer occupies the home as his/her principal residence; (3) if the property is converted to nonresidential use; or (4) upon reaching the end of the term, whichever occurs first.
- D. No Prepayment Penalty: You may prepay this loan without penalty at any time during the term of the loan.
- E. Repayment at End of Term: For those lower-income owner-occupants who cannot refinance to pay off their loan at the end of the 30-year term, the City may establish a repayment schedule at affordable rates and terms or extend the term of the loan.
- F. Collateral for Loan: The loan advanced to you will be secured by a lien recorded against your home. The lien against your home will be in the form of a Deed of Trust and Loan Agreement and will remain until such time as all sums due are paid in full.
- G. Loan Amount: Maximum assistance is \$50,000 per unit.
- H. Eligibility Criteria: You are eligible for a residential rehabilitation loan from the City of Greenfield if you own a housing unit located in the city and you are lower-income and occupy this housing unit as your primary residence.
- I. Available Grants: The City of Greenfield also offers the following grants. This assistance is in the form of a grant and is not due back to the City:
 - 1. A grant is available for any one of the following qualifying factors: Senior Citizen - at least 62 years old; or Handicapped – for only handicap modifications to a house with one or more physically handicapped occupants who would function more independently if such modifications were installed; or Lowest Targeted Income Group – with gross annual income less than 50 percent of County median income; or Equity maintenance – if financing rehabilitation entirely with a loan would cause indebtedness to exceed 100% of after-rehabilitation value. Maximum assistance for these grants is \$7,500 per unit.



**CITY OF GREENFIELD
HOUSING REHABILITATION ASSISTANCE PROGRAM**

**NOTICE TO APPLICANTS FOR REHABILITATION LOANS AND GRANTS
PLEASE READ CAREFULLY**

2. Relocation Grants: These grants are made available for those homeowners to temporarily relocate while work is being performed in their home. These grants are awarded if the nature of the repairs is such that it is not possible for the homeowners to stay in their house while the work is being performed. Maximum assistance for these grants is \$3,000 per unit.
3. Lead Hazard Assessment and Abatement Grants: These grants are made available for homeowners whose homes were constructed prior to 1978 and therefore may contain lead-based paint. Grants are provided to assess the presence of lead in the home and abate if necessary.

You may contact the City's housing rehabilitation specialist to arrange an appointment to originate your loan. The Housing rehabilitation specialist should be able to answer your questions regarding the loan. If a problem arises, you may contact the Housing rehabilitation specialist at the following address, and/or telephone number:

Rosa Camacho-Chavez
Housing rehabilitation specialist
City of Greenfield
599 El Camino Real
Greenfield, CA 93926
(831) 383-7987 office
(831) 601-0870 cell

housingassistance@ci.greenfield.ca.us

This notice is intended for informational purposes only. It is not a commitment or loan approval. Important information relating specifically to your loan will be contained in the loan documents.

I/We acknowledge that I/we have read the above information concerning the housing rehabilitation assistance program offered by the City of Greenfield.

Applicant	Date	Co-Applicant	Date
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**CITY OF GREENFIELD
HOUSING REHABILITATION ASSISTANCE PROGRAM**

FAIR LENDING NOTICE

To: All applicants under the City of Greenfield’s Housing Rehabilitation Assistance Program

Under the Housing Financial Discrimination Act of 1977, it is unlawful for a financial institution to refuse to make a loan or to offer less favorable terms than normal (such as a higher interest rate, larger down payment, or shorter maturity) based on any of the following:

1. Neighborhood characteristics (such as the average age of the homes or the income level in the neighborhood) except to the limited extent necessary to avoid unsafe and unsound business practice.
2. Race, sex, color, religion, marital status, national origin, or ancestry.

It is also unlawful to consider, in appraising a residence, the racial, ethnic, or religious composition of a particular neighborhood, or whether or not such composition is undergoing change or is expected to undergo change.

If you wish to file a complaint or if you have any questions about your rights, contact:

Office of Fair Lending
600 South Commonwealth, 15th Floor
Los Angeles, CA 90005

U.S. Office of Comptroller of the Currency
Consumer Complaint Department
50 Fremont Street, Suite 3900
San Francisco, CA 94105

When you file a complaint, the law requires that you receive a decision within 30 days.

.....

I/We have received a copy of this notice.

Borrower: _____

Date: _____

Borrower: _____

Date: _____



**CITY OF GREENFIELD
HOUSING REHABILITATION ASSISTANCE PROGRAM**

LEAD-BASED PAINT NOTIFICATION

I UNDERSTAND THAT I MAY HAVE LEAD-BASED PAINT IN MY HOME AND THE BROCHURE
“PROTECT YOUR FAMILY FROM LEAD IN YOU HOME” IS AVAILABLE TO ME. I ALSO
UNDERSTAND THAT IF I HAVE CHILDREN UNDER THE AGE OF 7 YEARS OLD, I MAY NEED TO
HAVE THEM TESTED FOR LEAD POISONING.

HOMEOWNER

DATE

HOMEOWNER

DATE



CITY OF GREENFIELD
HOUSING REHABILITATION ASSISTANCE PROGRAM

RELEASE OF INFORMATION AUTHORIZATION

To Whom It May Concern:

I/We the undersigned authorize the **City of Greenfield**, its employees and authorized agents to verify any information (including information of a privileged or confidential nature) necessary in connection with my/our home rehabilitation assistance loan application, including, but not limited to, the following:

1. Credit History
2. Assets/Bank Accounts
3. Employment and Income
4. Benefits
5. Mortgage
6. Bankruptcy

BY ATTACHING this RELEASE FORM, OR A COPY OF SAME, to any verification form requiring the undersigned's signature, you are authorized by the undersigned to release the information requested by the City of Greenfield.

I hereby release you, your Agency, or others from liability or damage which may result from furnishing the information requested.

Applicant: _____ Date: _____

Social Security Number: _____

Co-Applicant: _____ Date: _____

Social Security Number: _____



CITY OF GREENFIELD
HOUSING REHABILITATION ASSISTANCE PROGRAM

CERTIFICATION OF OCCUPANCY

I/we _____ declare as follows:
(Please Print Occupant's Name(s))

That I/we am/are currently occupying as my/our principal place of residence the real property commonly known as:

(Address)

(City, State, Zip code)

Daytime Phone Number: _____

Executed on _____, 20____, at _____, CA
(Date) (City)

I/we declare under penalty of perjury that the foregoing is true and correct.

Signature(s) of all occupants:

Occupant: _____

Occupant: _____

Occupant: _____

Occupant: _____

Occupant: _____

Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

/	/	/	/
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Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

Phone number of taxpayer on line 1a or 2a