

FRESNO COUNTY
DEPARTMENT OF PUBLIC WORKS AND PLANNING
 Community Development Division
 Affordable Housing Programs

RENTAL REHABILITATION PROGRAM APPLICATION

For instructions on completing this form, please refer to the back of this application.

OWNER AND PROPERTY INFORMATION						
(1) Name of owner:	Social Security Number:					
(2) Name of Co-owner:	Social Security Number:					
(3) Owner's Birthdate:	Owner's CDL #:					
(4) Co-owner's Birthdate:	Co-owner's CDL #:					
(5) Address of Owner(s):						
(6) Address of rental(s):				Assessor's parcel number (APN):		
(7) Day phone:		(8) Are units available for occupancy all year?			(9) Number of rental units:	
(10) Number of units to be rehabilitated:		(11) Cost of tenant-paid utilities?			(12) Requested loan amount:	
(13) Describe proposed rehabilitation:						
(14) First lender's name and address:						
Loan Number:		Monthly payment:			Balance owing:	
Second lender's name and address:						
Loan Number:		Monthly payment:			Balance owing:	
(15) Number of bedrooms:	Efficiency	1	2	3	4	5
Current monthly rent:						
After-rehab rent:						
After-rehab cash flow excluding County loan:						
I/We submit herewith \$100 to defray the cost of processing this application. I/We understand this fee is refundable only if Community Development denies this application. I/We acknowledge that verification of any information contained in this application may be obtained at any time by the Lender, either directly or through a credit reporting agency, from any source named in this application. I/We certify that the information provided in the application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et.seq. and liability for monetary damage to the Lender and any other person who may suffer any loss due to reliance upon any misrepresentation which I/We have made on this application.						
Applicant's signature _____			Date _____		Co-Applicant's signature _____	
					Date _____	

AUTHORIZATION TO INSPECT PROPERTY

I/We hereby authorize the Community Development Division of Fresno County Department of Public Works and Planning to make one or more inspections of the project site to determine the extent of work required to bring the structure up to minimum housing standards. I/ We also understand that should I/we not obtain a loan from the County's Affordable Housing Programs that I/we will be responsible to correct any hazardous conditions that may be discovered.	Acceptance by Applicant (Initial) Acceptance by Co-Applicant (Initial)
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COMMUNITY DEVELOPMENT USE – DO NOT WRITE BELOW THIS LINE

PROJECT REPORTING DATA				PROJECT TYPE			
FHH []	Handicap []	Target Area: No.		HARP Moderate Rehab	HOME Major Rehab		
1 2 3 4 5		City []	Unincorporated Area []	Application taken by:			Date:

Community Development Project Number	
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INSTRUCTIONS FOR COMPLETING RENTAL REHABILITATION APPLICATION

A complete application package includes:

1. This form.
2. A Rental Rehabilitation Tenant Information form completed for each tenant household living in a unit to be rehabilitated.
3. A copy of the two most recent federal tax returns including information pertaining to the rental property for which a loan is requested.
4. A \$100 check for the processing fee made payable to: **FRESNO COUNTY AFFORDABLE HOUSING PROGRAMS**.
5. A bid from a licensed contractor. (This may be submitted separately.)

The following instructions pertain to the questions on the front of this form:

1. Type or print legibly the owner's name and social security number.
2. Type or print legibly the co-owner's name and social security number.
3. Type or print legibly the owner's birthdate and California Driver's License Number.
4. Type or print legibly the co-owner's birthdate and California Driver's License Number.
5. Enter the address of the owner(s).
6. Enter the address and Assessor's Parcel Number (APN) of the property for which a loan is requested. The APN is on the annual property tax statement from the Tax Collector's Office.
7. Enter the phone number of the applicant who can be contacted between 8 a.m. and 5 p.m. on weekdays regarding the application.
8. If the units to be rehabilitated are available for occupancy all year, enter "yes". If the units are available for laborers only seasonally, enter "no".
9. Enter the total number of residential units on the parcel.
10. Enter the number of residential units on the parcel that will be rehabilitated using Rental Rehabilitation Program funds.
11. Enter the number of an estimate of the average monthly amount a tenant pays for utilities.
12. Enter the loan amount being requested.
13. Briefly describe proposed rehabilitation for which the loan is requested. Explain the difference between the loan amount requested in box 12 and amount appearing on bids or proposal, if any.
14. Enter the name and mailing address of lenders using the rental property as security for loans. Also provide the loan number, monthly payment, and balance owing on the loan. If the rental property is security for more than two loans, please provide the same information for other loans.
15. Enter the monthly rents that tenants currently pay, the estimated after-rehabilitation rents, and estimated monthly, after-rehabilitation cash flow, excluding County loan payments. If a unit is vacant, enter "O" for the current rent.