

SONOMA COUNTY COMMUNITY DEVELOPMENT COMMISSION

1440 Guerneville Road, Santa Rosa, CA 95403

Housing Assistance Rehabilitation Loan Program

Date: _____

Name: _____

If another person is on title for the subject property, please include:

Name: _____ Relationship: _____

Address: _____

City: _____ Zip: _____

Assessor's Parcel Number (APN) _____

(APN is found on your property tax bill. It is a 12-digit number)

Home Phone: _____

Work Phone: _____

Preferred Email: _____

Employee ID #: _____

Personal Email: _____

Social Security # _____

Driver's License #: _____

Department: _____

Do you own and currently occupy the above address? Yes _____ No _____

Is this property located in the County of Sonoma? Yes _____ No _____

Do you have homeowners' insurance? Yes _____ No _____

Have you ever received a loan before through the SEIU Local 1021 RMAP or FTHB Programs? Yes _____ No _____ If Yes, which program(s)? _____

Purpose of Loan

Please indicate the type of work for which you are applying for by checking the appropriate box below:

- Install dual-paned windows and remove existing windows
- Install new furnace and/or checking ductwork for leaking
- New roof replacement
- Installation of a new water heater
- Termite/pest damage repair and replace (explain) _____

Exterior repairs for purposes of weatherization (explain) _____

- Replace Exterior home or garage doors for purposes of weatherization
- Repair or replace flooring due to water or other damages (explain) _____

- Install insulation to home for weatherization
- Install weather-stripping around doors/windows in home for weatherization
- Replace/repair exterior siding/stucco with weatherization material
- Remove trees/landscaping that are causing damage to the integrity of the home
- Repair drive or walkways to eliminate trip hazards
- Install ADA approved ramps and/or removal of barriers for the purpose of assisting a member of the employee's household
- Replace faulty/damaged or old wiring in the house
- Replace toilets or sinks that are damaged or in need of repair.
- Removal of mold and re-painting of home interior.
- Other (explain) _____

Explanation of Need

Amount Requested \$ _____

Please describe the work that needs to be done to your home that would necessitate this loan:

Loan Requirements

I am a Sonoma County employee, in a SEIU 1021 represented job classification with 2,088 hours or more of contribution to the Housing Assistance Program Fund.

Loan repayment will be through mandatory semi-monthly payroll deductions. Payroll deductions will begin on the third paycheck after the disbursement of loan funds. The payback period will be up to five years for a loan of \$10,000, or seven years for loans between 10,001 and \$15,000.

All fund contributors are eligible for assistance under this program subject to service eligibility. An employee may be a permanent full-time, permanent part-time or extra help employee.

All fund contributors are eligible without income requirement, income limitations or income qualifications.

Upon termination of County employment, by either the County or the Employee, the maximum amount permitted by law will be deducted from the final paycheck. The remaining amount of the loan, if any, must be paid in full by the borrower through monthly installments equal to twice the amount of the previous semi-monthly payroll deduction. If the borrower defaults in these monthly payments, the total outstanding balance will be due and payable in full.

The following documentation is required:

If title to your home or mobile home is held in a trust, a copy of the trust agreement.

A copy of the declarations page of your homeowner's insurance policy showing amount of insurance and expiration date.

A copy of the most recent mortgage statement on your home.

A copy of the property tax bill for your residence.

For mobile-home owners, a copy of your current HCD Registration Card.

A table of estimated payments for HAC Rehabilitation loan with a minimum loan amount of \$1,000 and a maximum loan amount of \$15,000 is shown below. Loans will be fully amortized at 3% interest. Maximum loan term will be five years for loans of \$10,000 or less. Maximum loan term for loans between \$10,001 and \$15,000 will be seven years. Payments will be automatically deducted from employee's payroll check on the first and second pay period of each month until loan has been paid in full.

Loan amount	Payment amount per check	Payment amount per month
\$1,000-1,999	\$8.98-17.95	\$17.96-35.90
\$2,000-2,999	\$17.96-26.93	\$35.92-53.86
\$3,000-3,999	\$26.94-35.91	\$53.88-71.82
\$4,000-4,999	\$35.92-44.89	\$71.84-89.78
\$5,000-5,999	\$44.90-53.87	\$89.80-107.74
\$6,000-6,999	\$53.87-62.85	\$107.74-125.70
\$7,000-7,999	\$62.85-71.82	\$125.70-143.64
\$8,000-8,999	\$71.83-80.80	\$143.66-161.60
\$9,000-9,999	\$80.81-89.78	\$161.62-179.56
\$10,000	\$89.79	\$179.58

Loan amount	Payment amount per check	Payment amount per month
\$10,001-11,000	\$66.04-72.63	\$132.08-145.26
\$11,001-12,000	\$72.64-79.24	\$145.28-158.48
\$12,001-13,000	\$79.24-85.84	\$158.48-171.68
\$13,001-14,000	\$85.84-92.44	\$171.68-184.88
\$14,001-15,000	\$92.44-99.04	\$184.88-198.08

CERTIFICATION:

- I hereby acknowledge that I have read and understand the general loan information set forth in this application.
- I hereby authorize the Sonoma County Community Development Commission to make whatever inquiries they consider necessary to verify the information that I have provided.
- I certify that I am not aware of any circumstances that would prevent my repayment of this loan.
- I further certify the information provided by me in this application to be true and correct.
- I understand that the said property must be located within the County of Sonoma to qualify for the Housing Assistance Rehabilitation Loan Program.

Applicant

Date

Co-Applicant

Date