



City of San Clemente Housing Rehabilitation Program Application

Housing Rehabilitation Program Process

The property owner completes the Application and submits it to CivicStone, Inc. (address on the last page) along with all requested backup documentation.

City staff reviews the Application, and if it is preliminarily approved, they schedule a site inspection with the property owner. The inspection covers both the interior and exterior of the property, after which a work write-up and bid sheet are prepared. The property owner is then provided with the bid sheet and must obtain three bids from licensed contractors. Contractors are required to submit a Contractor Application to verify their standing with the Contractors State License Board (CSLB) and the System for Award Management (SAM), ensuring all necessary insurance, licenses, and documentation are in place. Contractors are eligible to bid as long as they meet all legal requirements.

Once the bids are received and reviewed, a contractor is selected. City Housing Staff then orders a title report, credit report, and appraisal, submitting all information to the Loan Committee for final approval of both the Application and loan.

After loan approval, the necessary documents are prepared and signed, typically within two weeks. A pre-construction meeting is then scheduled with the homeowner and contractor to review the project's scope, timeline, and expectations. Once this meeting is complete, the construction contract is finalized and signed by both the property owner(s) and the contractor. Work cannot begin until the loan documents and construction contract are signed, the check is received by the escrow company, and the loan documents are recorded (approximately two weeks). **Construction cannot commence prior to City approval and the issuance of a formal Notice to Proceed.**

At the start of the project, the contractor applies for the necessary building permits. As work progresses, the contractor schedules inspections with the building department as required. After each inspection is approved, the contractor provides the homeowner with invoices and labor release forms. The homeowner must notify City staff to request an inspection before funds are released. Both the homeowner and City staff must sign all payment requests before the contractor is paid. Payments are only made for work completed to satisfaction and are sent directly to the contractor.

The loan is due to be repaid upon the sale, refinance, transfer of title, or if the owner no longer resides in the home. A prepayment penalty will apply if the loan is repaid within the first two years, unless waived by the Community Development Director.

Demographics

Household is: White Black/African American Native Hawaiian or other Pacific Islander American Indian/Alaskan Native Black/African American AND White Asian and White American Indian/Alaskan Native AND White American Indian/Alaskan Native AND Black/African American

Do you consider your household Hispanic? Yes No

Head of Household is: Male Female The house is Owner Occupied: Yes No

Household

Applicant's Name: _____

Co-Applicant's Name: _____

Address: _____

Email Address: _____

Phone (home): _____ (cell) _____

The information provided by you in this application will be used to determine whether you qualify to participate in the City of San Clemente's Housing Rehabilitation Program. The information will not be disclosed without your consent, except to your employer and financial institutions for verification of information as required and permitted by law. By submitting this information, it becomes the property of the City of San Clemente and cannot be returned to you.

I/WE hereby acknowledge that the information is needed and as provided is correct to the best of our knowledge. I/WE also understand that the above information falls under the laws and guidelines of the RIGHT TO PRIVACY ACT and as such will not be disclosed to anyone other than to those necessary for the approval of our application or, when necessary, as prescribed by law. My/Our signature(s) below acknowledge that we are the owner occupants of this home and deliberately false answers or omissions to any and all questions in this application shall be cause for denial of participation in this Program.

Signature of Applicant

Signature of Co-Applicant

Date

Date

You Must Enclose The Following (For Each Member Of The Household)

- Copy of your two most recent Federal Tax Returns, signed, including all schedules but not worksheets (or 3 years if self-employed). (2022-2024)
- Copy of your last 2 paycheck stubs showing year-to-date income totals or current Profit and Loss Statement if self employed. If you are not working, provide a statement indicating the nature and anticipated duration
- Copy of your Annual Social Security Award Letter or other benefit statements.
- Copy of your most recent mortgage statement or other property loan statement if Mobile Home
- Copy of Promissory Note or any other debt on the property (as applicable)
- Copy of your home fire insurance cover page showing your agent's name, address, phone number, and the amount of your coverage.
- Complete copy of the last 2 months statements from each of your bank/investment accounts.
- Copy of most recent property tax bill or Mobile Home Registration Card (as applicable).
- Current copy of Grant Deed or Mobile Home Owners Certificate of Title (as applicable).
- Copy of Driver's License, birth certificate or other government issued ID for all household members.

Income Affidavit Form

Applicant

Co-Applicant

Address

Phone Number

Please list all sources of income and their amounts in the chart below:

	Sources of Income	Gross Monthly Amount
1		
2		
3		
4		
5		

Monthly Total

Verification of all sources of income is necessary for anyone residing in the household. Review the list below and attach copies of all applicable documents.

1. Two most recent paycheck stubs showing year-to date totals for all household members.
2. Social Security, retirement and/or pension, disability or other Award letters, or copies of checks to substantiate the awards.
3. Last two years W-2, and State and Federal Tax Returns.
4. Alimony/Child Support requires Divorce Decree or tax return evidence that payments are received regularly.
5. AFDC, Unemployment, Disability documentation (i.e. one month's payments of other verification).
6. If self-employed, you must submit a current profit/loss statement and 3 years tax returns.
7. If you have rental income, you must submit current operating statement showing net income.
8. Sale of any assets or withdrawals of retirement funds since January 1, 2023.

The information provided above is true and complete to the best of my/our knowledge and belief.

Signature of Applicant

Signature of Co-Applicant

Date

Date

Assets Declaration Form

Applicant _____

Address _____

Assets	Cash Value	Bank Name	Account # (Last 4 Digits)
Checking Account	\$ _____		
	\$ _____		
Savings	\$ _____		
	\$ _____		
Credit Union	\$ _____		
Stocks/Bonds	\$ _____		
401K/Retirement	\$ _____		
	\$ _____		
Automobiles	\$ _____		
	\$ _____		
Estimated Value of Furnishings and ALL Other Assets	\$ _____		

Life Insurance Net Cash Value: \$ _____ Face Amount: \$ _____

Subject Property Value: \$ _____

Vested interest in retirement fund: \$ _____

Net worth of business owned (attach Financial Statement: \$ _____

Sale of any real estate, stocks, bonds, business, etc. since 01/01/2023 \$ _____

Declaration Of Other Real Property (Including Time Shares)

Address of Property	Type of Property	Present Market Value	Amount Owed On Mortgage	Mortgage Payment	Gross Rental Income	Lien Holder

I/We certify that the above information represents our present asset and real property position. If there is a change in the above information prior to the funding of this loan, I/we agree to notify the City immediately.

Signature of Applicant

Signature of Co-Applicant

City of San Clemente Release of Verification

I/We, _____, the undersigned, hereby authorize any and all of the groups or individuals that may be listed below, to release without liability to the City of San Clemente 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 me or my household 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/We 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 CONTACTED:

The groups or individuals that may be asked to release information include, but a.i.e not limited to:

Previous Landlords
Public Housing Agencies
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Support and Alimony Providers
Veterans Administration Utility Companies

Past and Present Employers 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

CONDITIONS:

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review my/our file and correct any information that I/we can prove is incorrect.

Signature of Applicant

Signature of Co-Applicant

Date

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 conditions 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, domestic partnership, 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.

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 the Department of Real Estate at one of the following locations:

2550 Mariposa Mall, Suite 3070
Fresno, CA 93721-2273

651 Bannon Street, STE 505
Sacramento, CA 95811

320 W. 4th Street, Suite 350
Los Angeles, CA 90013-1105

8620 Spectrum Center Blvd., Suite 301
San Diego, CA 92123

1515 Clay Street, Suite 702
Oakland, CA 94612-1462

ACKNOWLEDGEMENT OF RECEIPT

I (we) received a copy of this notice.

Signature of Applicant

Date

Signature of Co-Applicant

Date