



City of Banning

Housing Rehabilitation Loan Programs

CHECKLIST

Dear Applicant(s):

Please complete the attached application and attach copies of the following items required for the evaluation of your application:

- Completed **Original** Application: Filled out and signed by all applicants and household members that are 18 years of age or older. For the application, anyone on title is considered a household member and must sign the application, whether living in the residence or not.
- Provide proof of income for all household members that are 18 years of age or older by providing all of the following:
 - Copy of the last three (3) most recent consecutive pay stubs, Social Security checks, pension and retirement checks, or other acceptable income.
 - Copies of the two (2) most recent years of Federal and State Tax Returns and W-2's for all household members.
 - Bank Statements for that last three (3) months.
- Copy of proof of ownership of the Property (Deed of Trust or Grant Deed and Tax Bill)
- Copy of Property homeowners current Fire & Casualty Insurance
- Copy of current mortgage statement
- Proof of Applicant's residency (Utility Bill other than water or trash)
- A prioritized and itemized list of the construction work requested to be performed
- A copy of one of the following state or federal-issued current identification for each applicant:
 - Driver's License
 - Passport
 - Resident Alien Card or California Identification Card.
- Other documents as may be requested or provided to the applicant by the City.

When submitting the requested supporting documentation – **DO NOT SEND YOUR ORIGINAL DOCUMENTS**– please provide photocopies and note that submitted documents **will not** be returned. **Please submit on 8 ½" x 11" letter sized paper.**

Please read the application carefully and enter a response for each indicated entry field.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!



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Please read the application carefully and enter a response for each individual entry field. Where items are non-applicable, enter none or "n/a." Where insufficient space is supplied, attach additional sheets as necessary. Applications must be complete to be considered for program participation.

Please check the program you are interested in applying for:

- Energy Efficiency Rehabilitation Program (EERP): \$2,000 Grant or \$5,000 Forgivable Loan
- Energy Efficiency and Minor Repair Program (EEMRP): Up to \$10,000 Forgivable Loan

Applicant Name(s)	
Current Address:	
Day Telephone No.	Evening Telephone No.
Email Address:	Alternate Email Address:

APPLICANT		CO-APPLICANT	
Name		Name	
SSN	Date of Birth	SSN	Date of Birth
Current Employer		Current Employer	
Employer Address		Employer Address	
Business Phone		Business Phone	
Position		Position	
Length of Time Currently Employed		Length of Time Currently Employed	
Current Annual Gross Income from Employment		Current Annual Gross Income from Employment	
Pay Periods: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Once Monthly _____ (<i>enter months paid</i>)		Pay Periods: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Once Monthly _____ (<i>enter months paid</i>)	



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Additional Income Information:

All additional sources of Income must be disclosed, whether taxable or not. List Recipient and all additional sources of Income of any person(s) 18 years of age or older residing within the Household.

Pension/Retirement/Social Security (Specify)	Recipient	Annual Income
Alimony/Child Support/Foster Care (Specify)	Recipient	Annual Income
Unemployment/Disability (Specify)	Recipient	Annual Income
Other (Specify)	Recipient	Annual Income
Other (Specify)	Recipient	Annual Income

Household Information:

Please enter the requested information for all persons living in the household. ***All persons on title are considered household members for the purpose of determining eligibility and must be included in the chart below. They must also sign the application and submit proof of income.** (If additional space is needed, please attach an additional sheet and clearly label with "Household Information continued").

List of household members	Age	Check all that Apply	Relationship to Head of Household (Spouse, Child, Other, etc.)	Annual Income Check all that Apply (from all sources)
Head of Household/Applicant Name		<input type="checkbox"/> Disabled <input type="checkbox"/> Senior <input type="checkbox"/> Female		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Co-Applicant Name		<input type="checkbox"/> Disabled <input type="checkbox"/> Senior		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name		<input type="checkbox"/> Disabled <input type="checkbox"/> Senior		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name		<input type="checkbox"/> Disabled <input type="checkbox"/> Senior		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name		<input type="checkbox"/> Disabled <input type="checkbox"/> Senior		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Persons in Household: _____	Enter Total Annual Household Income:			\$ _____



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Financial Information:

Please list All Applicable Savings and Checking Account Information for Each Account Held. **Must disclose all accounts for all adult household members 18 years and older.** (If additional space is needed, please attach an additional sheet and clearly label with "Financial Information continued").

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:	

Assets:

Please list All Other Asset Accounts and their respective values: *(Cars, trailers, jewelry, etc.) Attach statements*

Account Category	Recipient	Current Cash Value
Stocks/Bond/Other Investment Accounts/Retirement Accounts		\$
Life Insurance Net Cash Value		\$
Net Worth of Business		\$
Other Assets (list) <i>i.e. vehicles</i>		\$
Other Assets (list)		\$
Other Assets (list)		\$

Do you currently own, or have an interest in any real estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, you must complete and submit the attached Schedule of Real Estate Owned
Have you owned, or had an ownership interest in residential real estate within the last three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Financial History:

Please answer all of the following:

	Applicant	Co-Applicant
Do you have any outstanding 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 has a property foreclosed on, 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 a loan 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

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

Applicant Signature: X	Date:
Co-Applicant Signature: X	Date:
Household Member Signature (18 years of age or older): X	Date:
Household Member Signature (18 years of age or older): X	Date:

***** PLEASE REMEMBER TO ATTACH ALL REQUESTED INFORMATION REQUESTED IN THE APPLICATION CHECKLIST. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. DO NOT SEND ORIGINALS.*****



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CONSENT AND DECLARATION

I / We, as undersigned, hereby consent to allow authorized representatives of the City of Banning (the “City”), or its designee, to enter my/our single family residence for the purpose of evaluating the housing structure. This evaluation will be performed jointly by the undersigned and the representatives of the City during which photos of the existing conditions will be taken. In addition, by signing below, I/We declare that the information provided herein is true and accurate to the best of my/our belief and knowledge that I/We made no misrepresentations in the application or other documents, nor did I/We omit pertinent information and that I/We under penalty of perjury have received and read the attached Banning Housing Authority funded Energy Efficiency Rehabilitation Program (EERP) and Energy Efficiency and Minor Repair Program (EEMRP) guidelines.

The undersigned certify the following: I/We have applied for the EERP/EEMRP, funded by the Banning Housing Authority. In applying for assistance, I/We completed an application containing information for the purpose of obtaining a grant or forgivable loan. I/We understand and agree that the City cannot ensure that information provided by me/us or on my/our application will be kept confidential notwithstanding that the City intends to maintain my/our application package in a confidential file.

I/We understand and agree that the City reserves the right to change the review process to a full documentation program on a case by case basis. This may include independent verification of the information provided on the application. I/We expressly consent to and authorize City to verify the information on the application and hereby instruct all persons so requested to fully cooperate with City including, but not limited to providing further confirmation or documentation as City may request from time to time.

This application package is an important legal document, and in all respects has been voluntarily and knowingly executed by the Applicant(s). The Applicant(s) hereby acknowledge that he/she/they: (i) have read, in its entirety this application package, including any and all attachments hereto; (ii) understand the respective contents and requirements of each document, (iii) sought legal advice, if desired, concerning the legal effect of this application package and the program; (iv) shall indemnify and hold harmless the City of Banning/Banning Housing Authority, from any claims, actions, suits, or litigation, whether monetary or otherwise, that may be asserted by the Applicant(s) or any third party person, firm, or entity arising from the performance of the City, in considering/approving the application; and (v) without reservation agree to be bound by all the terms, requirements and obligations of this application package and the program.

I/We understand and agree that the City reserves the right to change the requirements of this application and program at any time.

Applicant Signature: X	Date:
Co-Applicant Signature: X	Date:
Household Member Signature (18 years of age or older): X	Date:
Household Member Signature (18 years of age or older): X	Date:



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RELEASE OF INFORMATION

I/we, the undersigned hereby authorize the City of Banning or any of its designees, to release without liability to the City or its agents and all information, as further described below, they may request.

INFORMATION COVERED

I/we 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 City/BHA 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
- Court and Post Offices
- School and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Veterans Administration
- Utility Companies
- 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 with the City 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 and information that I/we can PROVE to be incorrect.

X

Signature (Head of Household/Applicant)

Print Name

Date

X

Signature (Spouse/Co-Applicant)

Print Name

Date

X

Signature (Household Member, 18+ years)

Print Name

Date

X

Signature (Household Member, 18+ years)

Print Name

Date



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STATISTICAL INFORMATION

The following information will be kept confidential and used only to provide aggregated data for program analysis. The information provided will be separated from your application and maintained separately. Completion of this form will not be used to evaluate your application for participation in this program.

Head of Household Racial Background:

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Native Alaskan and White |
| <input type="checkbox"/> Black/African America | <input type="checkbox"/> American Indian/Alaskan Native and Black |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Asian and White |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Black and White |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Other Multi-Racial |

Hispanic/Latino Ethnicity? Yes No

- | | |
|---|---|
| <input type="checkbox"/> Yes, Mexican/Chicano | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Other Hispanic/Latino |

Age of Head of Household:

- | | |
|--------------------------------|-------------------------------------|
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 45-54 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 55-64 |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> 65 & older |

Check All that Apply:

- | | |
|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Senior |
|-----------------------------------|---------------------------------|

Head of Household:

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|



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REHABILITATION REPAIRS

Briefly describe your rehabilitation needs for the housing rehabilitation programs subject to evaluation by representatives of the City of Banning (the "City") or its designee.

*Any non-conforming structures will need to be addressed by the owner as part of the rehabilitation project or on their own, prior to any City rehabilitation being completed.

EXTERIOR ITEMS:

INTERIOR ITEMS:



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ENERGY EFFICIENT ELIGIBLE REHABILITATION REPAIRS

Repairs that may be eligible through the Energy Efficiency Rehabilitation or Energy Efficiency Minor Repair Programs are below. Please check all items you would like to be considered for.

- Cost effective energy conservation measures, including refrigerator coil brush, energy monitor, water pipe insulation sizing samples, compact fluorescent bulb and low-flow faucet aerators;
- Cost effective water conservation measures, including kitchen and bathroom aerators, low-flow shower head and a leak detector for the toilet;
- Residential energy audit to help assess how much energy your home uses and to evaluate what measures are needed to help improve energy efficiency;
- Residential water conservation audit includes indoor and outdoor leak detection and repair or replacement recommendations and water conservation information;
- Energy Star qualified programmable thermostats, where a non-rated thermostat exists;
- Energy efficiency LED or fluorescent lights (only in locations where already existing - eg.: recessed ceiling mount can lighting fixtures);
- FAU and HVAC duct repair and sealing;
- Lead-based paint testing, project based remediation, and clearance, when required based on the proposed scope of work;
- High efficiency toilets;
- Caulking around plumbing penetrations, windows and exterior and interior door frames (openings);
- Weather stripping around doors and windows;
- Dual-Flush toilet converters that turns standard toilets into dual flush fixtures with a split handle actuator designed to help reduce water usage;
- Energy Star rated gas (tank or tank-less) water heaters or furnaces;
- Any items determined eligible by the City in conformance with funding requirements.



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SCHEDULE OF REAL ESTATE OWNED Including Primary Residence								
Property Address	Type of Property (Residential/ Commercial/ Vacant)	Market Value	Outstanding Mortgage/ Loan Amounts	Monthly Gross Rents	Monthly Loan Payments	Taxes & Insurance	Other Monthly Operating Expenses	Monthly Income
TOTALS								



City of Banning

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RIGHT OF ENTRY AGREEMENT

Assessment for Participants in City of Banning Housing Rehabilitation Programs

This **RIGHT OF ENTRY AGREEMENT** ("Right of Entry Agreement") is made and entered into as of _____ (Enter Date) by and between the **CITY OF BANNING**, a public body, corporate and politic ("City"), and _____ ("Owner/s Name/s") with respect to the following:

RECITALS

- A. The City has established the Housing Rehabilitation Loan Programs ("Housing Program") for the purpose of providing loans to lower-income Banning homeowners and owner of rental property where low-income families live. The Housing Program objective is to provide low-cost financing to households for necessary health and safety-related housing repairs.
- B. Housing Program funds will include Banning Housing Authority (HHA) monies. The Policies and Procedures for the Housing Program establish the criteria and requirements for application, eligibility and selection for a loan, including the discretion of City to deny participation for a loan under the Housing Program.
- C. The Owner has applied to participate in the Housing Program seeking a grant or forgivable loan to rehabilitate their home located at _____ (Street Address), Banning, California ("Property"). As a part of the evaluation of the Owner's application, evaluation of the financial feasibility of Owner's eligibility to receive a loan of Housing Program funds and to participate in the Housing Program, it is necessary for City and their designated agents/contractors to obtain the Owner's consent to enter upon the Property to inspect the Property.
- D. The purpose of this Right of Entry Agreement is for the Owner to permit the City and their authorized representatives to enter the Property and conduct any inspection or construction work in connection with the rehabilitation of the Property.

NOW, THEREFORE, based on the foregoing Recitals, which are a substantive part of this Right of Entry Agreement and for good and valuable consideration, City and Owner hereby agree as follows:

1. **Right of Entry.** Provided that all of the terms and conditions of this Right of Entry Agreement are fully satisfied, Owner hereby grants to City and their authorized representatives the non-exclusive right to enter upon the Property to perform the inspect work on the property in consideration of eligibility for approval of a loan under the Housing Program. If Owner is selected to receive a loan under the Housing Program (as determined in the sole discretion of City,) then Owner also grants to City the non-exclusive right to enter upon the Property to complete the Reduction Work, if any. All use of and entry upon the Property shall be at the sole expense of the City.



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- a. **Term of Right of Entry.** This Right of Entry Agreement shall commence on the date this Right of Entry Agreement is executed by the parties and shall automatically terminate and expire upon the completion of the inspection and construction work.
 - b. **No Property Rights Granted.** It is expressly understood this Right of Entry Agreement does not in any way whatsoever grant or convey any rights of possession, easement or other interest in the Property to the City.
2. **Additional Conditions and Representations.** By execution of this Right of Entry Agreement City agree as follows:
 - a. **Compliance with Lead Based Paint Regulations (“LBP Regs”) and All Applicable Governmental Requirements.** All acts and work done by City at the Property will be done in a careful and reasonable manner, in accordance with the LBP Regs and all applicable federal, state and local laws.
 - b. **No Mechanics Liens.** City shall not permit or suffer any mechanics’, materialmen’s or other liens of any kind or nature to be filed or enforced against the Property.
3. **Indemnity.** Except as to the negligence and/or intentional acts of the Owner and City hereby agree to indemnify and hold harmless Owner from and against any and all damage to property or persons (but not consequential damages) arising from or attributable to conducting the inspection and construction work at the Property pursuant to this Right of Entry Agreement and to pay for or repair such damage.
4. **Miscellaneous.**
 - a. **Attorneys’ Fees.** In the event either party hereto brings an action or proceeding under this Right of Entry Agreement for an alleged breach or default hereof or the work contemplated hereby (“action”), the prevailing party in any such action shall be entitled to an award of reasonable attorneys’ fees and costs and expert witness fees, if any, incurred in such action or proceeding, in addition to any other damages or relief awarded.
 - b. **Choice of Law Forum.** This Right of Entry Agreement is to be governed by, and construed in accordance with, the laws of the State of California. The Municipal and Superior Courts of the State of California in the County of Riverside shall have jurisdiction of any litigation between the parties arising out of or related to this Right of Entry Agreement.
 - c. **Non-Liability of Public Officials.** No officer, employee, member, agent or representative of the City shall be personally liable to Owner or any successor in interest, in the event of any default or breach by the City, or for any amount which may become due to Owner or its successor, or for any breach of any obligation of the terms of this Right of Entry Agreement.

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IN WITNESS WHEREOF, the parties hereto have entered into this Right of Entry Agreement as of the date and year first set forth above.

OWNER(S)

By: _____



By: _____



CITY OF BANNING,
a public body, corporate and politic

By: _____

Its: _____

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Confirmation of Receipt of Lead Pamphlet

This pamphlet was given as part of your application packet with your guidelines.

Certification:

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.

Printed name of Owner

Date

Signature of Owner

Printed name of Co-owner

Date

Signature of Co-owner

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Contractor List Request Form

The Contractor List includes contractors who have expressed interest in performing residential rehabilitation work through the Housing Rehabilitation Loan Program. The City does not endorse, nor does it recommend these or any other contractors. The Contractor List is offered solely for the purpose of identifying contractors who are interested in performing home improvement projects. When provided, please use this list as you would use the yellow pages, newspaper, or any other advertisement.

*I have read and understand the City's disclaimer regarding the Contractor List and agree to indemnify and hold harmless the City and any and all of its agents from any and all damages resulting from my participation in the **City's Housing Rehabilitation Loan Programs**. As such, I hereby request a copy of the Contractors List.*

Applicant's Signature

Date

Co-Applicant's Signature

Date

*The Contractor List will be provided at the same time the Bid Packets are received from the Construction Manager.