



**City of American Canyon  
Owner-Occupied Rehabilitation Program**

**c/o City of Napa Housing Authority  
1115 Seminary Street, Napa CA 94559**

Dear Property Owner,

Thank you for your interest in the City of American Canyon's **Owner-Occupied Rehabilitation Program**, which is funded by a grant from the State of California. This Program is administered on behalf of the City of American Canyon by the Housing Authority of the City of Napa. The program is part of the City of American Canyon's effort to preserve and improve the housing of low-income households. Qualified property owners may be eligible to receive a no-interest loan for home repairs and improvements, depending on the household's annual income and equity in owned property.

Examples of eligible work include foundation, structural, electrical, mechanical, plumbing, windows, flooring, painting, insulation, and termite repairs, as well as disabled-accessibility and energy efficiency improvements. Limitations do apply and the work that is eligible to be performed on your home will be determined during the application process.

In addition to providing no-interest loans to eligible households, the Program offers assistance throughout the application, loan, and construction processes, including contractor hiring and construction management. The Program's Housing Rehabilitation Specialist will perform an inspection of your home, prepare a scope of work to initiate the contractor bidding process, assist you in selecting a contractor, monitor the construction activities, and administer all payments, documents, and closing statements necessary to ensure satisfactory completion of the work.

If you have any questions about the Program, please call Marcus Helmer at the Napa Housing Authority at (707) 257-9430 or email [mhelmer@cityofnapa.org](mailto:mhelmer@cityofnapa.org).

Sincerely,

Hernando Guillem  
Housing Rehab Supervisor

# PROGRAM OVERVIEW

## Who Can Apply

Owners of single-family residences in the American Canyon city limits who meet the following maximum household income limits and other requirements may apply for the Rehabilitation Program.

### Program Household Income Limits

Household Size	Maximum Household Income
1	\$63,050
2	\$72,050
3	\$81,050
4	\$90,050
5	\$97,300
6	\$104,500
7	\$111,700
8	\$118,900

## How to Apply

1. Complete a Rehabilitation Program loan application.
2. Provide copies of all supporting documentation listed on the Loan Application Checklist Page.
3. Deliver the completed application materials to the Program Operator: The Housing Authority of the City of Napa at 1115 Seminary Street, Napa, CA 94559.

Your application will be reviewed and you will be contacted if any additional information is needed. You will receive written notification whether your application is approved or denied.

## The Scope of Work

1. Once you have qualified for the Rehabilitation Program, the Program's Housing Rehabilitation Specialist will schedule an inspection of your property.
2. Working with you, the Rehabilitation Specialist will develop a list of corrective actions for all health and safety deficiencies in your home, along with a limited amount of general property improvements, that will be used as the Scope of Work for your rehabilitation project.

## **The Bidding Process**

1. Once a Scope of Work is agreed upon, the Rehabilitation Specialist will prepare a work write-up, which is a list of bid specifications for the rehabilitation project (a description of each improvement to be made, along with materials, colors, construction specifications, etc.).
2. Your rehabilitation project will then be advertised on the Housing Authority's contractor bidline. The bidline information will not give out your name, phone number or address.
3. When three or more contractors have expressed interest in bidding on your rehabilitation project, a bid walk will be scheduled. The contractors and Specialist will come to your home on an agreed-upon date and time to evaluate the rehabilitation project, take measurements and photos, and prepare to bid on the work.
4. The results of any submitted responsible bids for the project will be sent to the applicant and each bidding contractor.
5. You are allowed to select any of the bids and are not required to choose the lowest bid.

## **Contract Signing and Loan Closing**

1. The owner, selected contractor and Rehabilitation Specialist will meet to sign the Owner-Contractor contract on an agreed-upon date and time. The contract will specify the complete Scope of Work to be performed, the cost of the project, the length of time allowed to complete the work, the procedure for paying the contractor, qualifications and insurance requirements, the process for changing the terms of the contract, the warranty period, and other contract issues that protect the rights of the owner and contractor.
2. You will also be asked to sign loan documents including: a promissory note for the amount of the loan, a deed of trust or an H.C.D. lien to secure the promissory note and a loan disclosure statement describing the terms of the loan. In order to make the loans as affordable as possible, the City of American Canyon has decided not to charge interest on the loans and to make them payable upon sale of your residence (with certain exceptions, such as refinancing your mortgage.)
3. As with all legal contracts, you will have three business days (72 hours) after signing to exercise your "Right to Cancel" during which time you may change your mind and withdraw from the Program. "Business days" include Saturdays, but do not include Sundays or holidays. Should you opt to withdraw from the Program, you are not disqualified from applying again at a later date. However, the City of American Canyon does ask you to carefully consider your commitment to our Program, as many hours of administrative time go into processing each application.

## Construction and Project Completion

1. When the Right to Cancel period ends and on the agreed upon date, the Rehabilitation Specialist will issue a Notice to Proceed and the contractor will be allowed to begin work on your rehabilitation project.
2. The length of the contract may be extended if additions or changes to the contract are agreed upon, or if unavoidable delays such as inclement weather occur.
3. During the course of construction, the Rehabilitation Specialist will conduct inspections to ensure that work is being performed in accordance with the Scope of Work and in a satisfactory manner.
4. Upon completion of all work items, the Rehabilitation Specialist will perform a final inspection, verify that all building permits have been signed off, process a final payment to the contractor and issue a Notice of Completion.

*Our goal is to support you in the successful rehabilitation of your home!*

*Please contact the Housing Authority of the City of Napa, the Rehabilitation Program's operator, at (707) 257-9543 if you need assistance at any point in the application process.*

## LOAN APPLICATION CHECKLIST

Applicant's Name: \_\_\_\_\_  
(First) (Last) (Middle initial)

Applicant's Name: \_\_\_\_\_  
(First) (Last) (Middle initial)

Property Address: \_\_\_\_\_ American Canyon, CA 94503  
(Number and Street)

Thank you for your interest in the City of American Canyon's Owner-Occupied Rehabilitation Program. In order to process your request for assistance, please complete the forms included in this application package and attach all necessary documents. A checklist below is provided for your convenience.

If you have questions regarding the forms or need assistance in completing them, please call the program operator, the Housing Authority of the City of Napa at (707) 257-9430. We look forward to assisting you with your rehab needs.

### Have you read, completed, signed and dated the enclosed forms?

- LOAN APPLICATION
- FAIR LENDING NOTICE/RIGHT TO FINANCIAL PRIVACY
- LEAD-BASED PAINT DISCLOSURE
- HOMEOWNER'S INSURANCE
- CERTIFICATION & AUTHORIZATION OF RELEASE OF INFORMATION

### Have you provided copies of the following information?

- Pay stubs for the most recent two-month period or other current proof of income (including but not limited to Social Security, retirement, pension, TANF, etc.) for all household members, 18 years of age and older, receiving income at the time of application.
- Statements for the last six consecutive months for current checking and savings accounts (including, but not limited to stocks, IRAs, pension accounts, mutual funds, etc.) for all household members, 18 years of age and older, receiving income at the time of application.  
**\*\*\*Please Include ALL pages of each bank statement, even if the pages are blank.\*\*\***
- Federal income tax returns from the last two years for all household members, 18 years of age and older, receiving income at the time of the application.  
**\*\*\*All schedules, asset and income 1099's and W-2's.\*\*\***
- Mortgage statements for the last two months and the amount of the remaining mortgage.
- Utility bills for the two most-recent, consecutive months (PG&E, water, sewer and garbage)
- Current homeowner's insurance policy or declarations statement that specifies policy number, policy period and amount of coverage.
- Copy of property tax statements for most recent year. Mobile home owners and manufactured homeowners, supply copies of HCD Title and Registration.
- Copy of whole life insurance policy, If applicable.
- Copy of Trust, if applicable



City of American Canyon  
**Owner-Occupied Rehabilitation Program  
LOAN APPLICATION**



Applicant's Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Property Address: \_\_\_\_\_ American Canyon, CA 94503  
*(Number and Street)*

Mailing Address if different: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Work Phone (\_\_\_\_) \_\_\_\_\_ Applicant Cell Phone (\_\_\_\_) \_\_\_\_\_

Co-Applicant Work Phone (\_\_\_\_) \_\_\_\_\_ Co-Applicant Cell Phone (\_\_\_\_) \_\_\_\_\_

Language Preferred: English:\_\_\_ Spanish\_\_\_ Other\_\_\_\_\_

Please general describe the repairs needed to the property (attach additional sheet if needed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are any residents of the household employed by the City of American Canyon or City of Napa Housing Authority? \_\_\_\_ Yes \_\_\_\_ No

Are any residents of the household a member of the governing body of the City of American Canyon or the Housing Authority of the City of Napa? \_\_\_\_ Yes \_\_\_\_ No

**I. Family Information**

How many people live at the property's address? \_\_\_\_\_

Name	Relationship	Date of Birth	Sex	Gross Monthly Income
	Applicant			

Do you anticipate any changes in household size or income within the next 12 months?  
Yes\_\_\_ No\_\_\_

Please furnish the following information for the **head of the household**.

SEX:  Male  Female

AGE:  Under the age of 62  62 or older

Veteran:  Yes  No

Disabled:  Yes  No

Please indicate the appropriate Ethnic/Racial Categories for the **head of the household**:

Head of Household Ethnicity*	Select one
Hispanic or Latino	
Not-Hispanic or Latino	
Head of Household Racial Composition**	Select all that apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*You should check one** of the two ethnic categories as defined below.

1. Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”
2. Not Hispanic or Latino: A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The five racial categories to choose from are defined below. **You should check as many as apply to you.**

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

Black or African American: A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or “African American.”

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**II. Income Information**

Check applicable sources of income currently and during prior calendar year for any household resident 18 years or older:

Wages \_\_\_\_\_ TANF \_\_\_\_\_ Interest \_\_\_\_\_ Child Support \_\_\_\_\_  
 SSA \_\_\_\_\_ Disability \_\_\_\_\_ Rentals \_\_\_\_\_ Other \_\_\_\_\_  
 SSI \_\_\_\_\_ Unemployment \_\_\_\_\_ Pension \_\_\_\_\_ \_\_\_\_\_

Person Receiving Income	Source of Income	Gross Monthly Amount

Asset Information

Checking and Savings				
Account Holder(s)	Bank or Credit Union	Account No.	Type	Balance
			Checking ____ Savings ____	
			Checking ____ Savings ____	
			Checking ____ Savings ____	
List other assets (such as 401K, IRA, stocks/bonds, etc.)				
Family Member	Asset Description	Cash Value	Income from Assets	

Do you have a whole life insurance policy? Yes \_\_\_\_ No \_\_\_\_



**III. Property Information**

Please provide the following information about your home:

Date of Purchase: \_\_\_\_/\_\_\_\_/\_\_\_\_ Purchase Price: \$\_\_\_\_\_

1st Mortgage Holder: \_\_\_\_\_

Balance: \$\_\_\_\_\_ Monthly Payment: \$\_\_\_\_\_

2nd Mortgage Holder: \_\_\_\_\_

Balance: \$\_\_\_\_\_ Monthly Payment: \$\_\_\_\_\_

Is your home in a Trust? Yes \_\_\_ No \_\_\_

Are you a party to a Trust? Yes \_\_\_ No \_\_\_

**IV. Verification of Assets Disposed**

I/We certify that during the 2 -year (24-month) period preceding the effective date of my certification for program participation, I/we \_\_\_\_\_ have \_\_\_\_\_ have not disposed of more than \$1,000 in asset(s) for less than fair market value.

If asset(s) were disposed of for less than fair market value, describe:

Asset	Date of Disposition
1.	
2.	
3.	

Amount received for asset(s) disposed of:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**V. Program Information**

How did you hear about the Rehabilitation Program?

\_\_\_\_\_  
\_\_\_\_\_

### Acknowledgment Section

I certify that the property for which I am applying for rehabilitation assistance is my primary residence. I certify that the information given on this form is true and accurate to the best of my knowledge. I certify that I have no additional income or assets and that there are no persons living in or contributing to my household other than those described here. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds. I understand that the information on this form is subject to verification. Penalties for falsifying information may include immediate repayment of all Federal or State funds received and/or prosecution under law.

Applicant's Signature(s):

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Owner

Date

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Co-Owner

Date



City of American Canyon  
**Owner-Occupied Rehabilitation Program**  
**FAIR LENDING NOTICE AND**  
**NOTICE OF RIGHT TO FINANCIAL PRIVACY**

FAIR LENDING NOTICE

To all borrowers for a real property secured to purchase, construct, rehabilitate, improve, or refinance an owner-occupied one to four family residence; and all owner-applicants for a real property secured home improvement loan to improve a one to four family residence (whether or not owner-occupied):

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, or age (provided that the applicant has the capacity to enter into a binding contract); because all or part of an applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the consumer Credit Protection Act. The Federal Agency that administers compliance with this law concerning this credit is the U.S. Comptroller of the Currency, Consumer Affairs division, Washington, D.C. 20219.

In Addition to your rights under Federal law, you may also have rights afforded under state law.

**FOR CALIFORNIA RESIDENTS ONLY:** In accordance with California law, the following notice is given to applicants who are residents of California.

The California Housing Financial Discrimination Act of 1977 provides in part as follows: 35810. No financial institution shall discriminate in the availability of, or in the provision of, financial assistance for the purpose of purchasing, constructing, rehabilitating, improving, or refinancing housing accommodations due, in whole or part, to the consideration of conditions, characteristics, or trends in the neighborhood or geographic area surrounding the housing accommodation, unless the financial institution can demonstrate that such consideration in the particular case is required to avoid an unsafe and unsound business practice.

35811. No financial institution shall discriminate in the availability of, or in the provision of, financial assistance for the purpose of purchasing, constructing, rehabilitation, improving refinancing housing accommodations due, in whole or in part, to the consideration of race, color, religion, sex, marital status, national origin, or ancestry.

35812. No financial institution shall 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, and under what terms and conditions, to provide financial assistance for the purpose of purchasing, constructing, rehabilitating, improving, or refinancing a housing accommodation. No financial institution shall utilize appraisal practices that are inconsistent with the provisions of this part.

If you wish to file a complaint, or if you have questions about your rights, contact: Comptroller of the Currency, Administrator of National Banks, Western District, Consumer Complaint Department, 50 Fremont Street, Suite 3900, San Francisco, California 94105.

NOTICE OF RIGHT TO FINANCIAL PRIVACY

This is notice to you as required by the Right of Financial Privacy Act of 1978 that the Department of Housing and Urban Development has a right of access to financial records held by any financial institution in connection with the consideration or administration of the housing rehabilitation loan for which you have applied. Financial records involving your transaction will be available to the Department of Housing and Urban Development without further notice or authorization but will not be disclosed or released to other except as required or permitted by law.

\_\_\_\_\_  
 Owner

\_\_\_\_\_  
 Date

\_\_\_\_\_

Co-Owner

Date

**LEAD-BASED PAINT DISCLOSURE  
FOR OWNER-OCCUPIED RESIDENCE**

The City of American Canyon or its program operator, Housing Authority of the City of Napa, has provided me with a copy of the EPA brochure *PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME*.

I have read and understand the contents of this brochure in its entirety.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Property Address

American Canyon, CA 94503



City of American Canyon  
Owner-Occupied Rehabilitation Program  
**HOMEOWNER'S INSURANCE**



**IN ADDITION TO PROVIDING THE FOLLOWING INFORMATION, PLEASE PROVIDE A COPY OF YOUR HOMEOWNER'S INSURANCE POLICY OR A COPY OF THE DECLARATION STATEMENT.**

The undersigned do(es) hereby declare, under penalty, that the following "homeowner insurance policy" is in effect (or will be in effect by the date the loan is funded) upon the subject property:

Property Address: \_\_\_\_\_ American Canyon, CA  
94503 (Number and Street)

Insurance Company: \_\_\_\_\_

Name of Insurance Agent: \_\_\_\_\_

Address of Agent: \_\_\_\_\_  
(Number and Street) (City) (Zip Code)

Phone Number of Agent: ( ) \_\_\_\_\_

Policy No.: \_\_\_\_\_ Policy Period from: \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

Amount of Coverage: \$ \_\_\_\_\_ Annual Premium: \$ \_\_\_\_\_

As the holder(s) of the Deed of Trust on our property, we acknowledge that the City of American Canyon's insurance requirements are as follows:

- 1) A valid and collectable policy of insurance including the perils of fire and hazards covered by special form must be maintained at all times.
- 2) The amount of insurance is to be not less than the outstanding loan balances, or improvement costs.
- 3) The Borrower's insurance company will be notified of the City of American Canyon's loan and the amount of required coverage. The City of American Canyon will be added to the policy as "Additional Loss Payee." Proof of these changes will be provided to the City of American Canyon (c/o Housing Authority of the City of Napa, PO Box 660, Napa, CA 94559) in writing.

\_\_\_\_\_  
Owner's Signature Date

\_\_\_\_\_  
Co-Owner's Signature Date

## BORROWER'S CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION

**The undersigned certify the following:**

1. I/We have applied for a mortgage loan from the City of American Canyon (the Lender). In applying for the loan, I/We completed a loan application containing information pertaining to qualifications for the loan, including but not limited to current residence address, the amount and source of the down payment, employment and income information, and the assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application or other documents, nor did I/We omit any pertinent information.
2. I/We understand agree that the City of American Canyon and its program operator, the Housing Authority of the City of Napa, reserve the right to verify the information provided on the application with the employer and/or the financial information.
3. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statement when applying for this mortgage, as applicable under the provisions of the Title 18, United States Code, Section 1014.

**Authorization to Release Information**

To Whom It May Concern:

1. I/We have applied for a mortgage loan from the City of American Canyon. As part of the application process, the City of American Canyon and its program operator, the Housing Authority of the City of Napa, may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
2. In addition, I/We understand and authorize that my application and/or closed loan file may be selected by the City of American Canyon, the Housing Authority of the City of Napa, their agents, successors or assigns for a quality control review. Should such a review be conducted, it may involve the re-verification of employment, income, credit, debt, or other information obtained during the processing of my loan application and the re-evaluation of the property, the appraisal, or value of the property.
3. I/We authorize you to provide to the City of American Canyon, the Housing Authority of the City of Napa, or a third party authorized by the Lender, any and all information and documentation that they request. Such information includes, but is not limited to: employment history and income; bank, money and similar account balances; credit history; and copies of income tax returns.
4. The City of American Canyon and/or the Housing Authority of the City of Napa may address this authorization to any party named in the loan application.
5. A copy of this authorization may be accepted as an original.

Borrower/Applicant Signature	Print Name	SSN	Date
Co-Borrower/Co-Applicant Signature	Print Name	SSN	Date

**RIGHT TO FINANCIAL PRIVACY ACT NOTICE**

The City of American Canyon certifies that in connection with this request for access to financial records, it is in compliance with applicable provisions of the Right to Financial Privacy Act of 1978. Prior to the time your financial records are disclosed, you have the right to revoke this authorization; however, refusal to provide the information may cause your application to be delayed or refused.