



Application for the Homeacres Neighborhood Owner-Occupied Housing Rehabilitation Program

This application consists of five sections. Please complete each section to the best of your ability, leaving blank or marking "N/A" any questions that do not apply to your situation.

Section 1: Borrower Information Provide details about the borrower and co-borrower, including address, social security number, date of birth, and employment information.

Section 2: Financial Information List all checking, savings, and asset accounts in the borrower(s) name. You will need to provide bank statements for these accounts as part of the application to demonstrate no undeclared sources of income.

Section 3: Subject Property Information Provide details about the subject property (the property for which funding is requested), including mortgage lenders, taxes, insurance, utilities, and any other real property owned by the borrower(s).

Section 4: Rehabilitation Request Outline the requested scope of work for the rehabilitation and provide scheduling information for an inspection.

Section 5: Certifications Sign to certify the accuracy of the provided information and authorize third-party verification.

Please complete all sections and submit the application with the required supporting documentation (outlined in the document checklist on the last page). For assistance, contact OOR@Thurmondconsultingllc.com or call Roxann Kuhnert at 916-200-7552.

Type of funding being requested:

- Rehabilitation Loan (Maximum \$80,000)
- Emergency Repair Grant (Maximum \$15,000)

Section 1: Borrower Information.			
1a. Personal Information			
Borrower Name (First, Middle, Last, Suffix)		Borrower Social Security Number	
Alternate Names: List any other names under which credit has been received.		Borrower Date of Birth	
Current Address		Contact Information	
Street Address:		Phone:	
City, State, Zip		Email:	
How long at current address?			
Mailing Address (if different from above)			

1b. Employment Information	
Employer Name:	
Employer Address:	
Borrower's Position Title:	
Start Date:	
Supervisor's Name:	
Supervisors Phone Number:	
Supervisor's Email:	
1c. Co-Borrower's Personal Information	
Co-Borrower Borrower Name (First, Middle, Last, Suffix)	Co- Borrower Social Security Number
Alternate Names: List any other names under which credit has been received.	Co- Borrower Date of Birth

1d. Co-Borrower Employment Information		
Employer Name:		
Employer Address:		
Co- Borrower's Position Title:		
Start Date:		
Supervisor's Name:		
Supervisors Phone Number:		
Supervisor's Email:		
1e. Household Information (Provide the following information for all individuals residing in the home and any of the borrower/co0borrower's dependents)		
Name of Individual	Age of Individual	Relationship to Borrower
		Borrower
		Co-Borrower
If there are more than 8 in household, please provide additional household members on a separate sheet of paper.		

1f. Household Income Information (Provide the **monthly amount** of income for each member of the Household over the age of 18)

Income Type	Borrower	Co-Borrower	Other Member
W2 (Hourly/Salary)	\$	\$	\$
Self-Employment	\$	\$	\$
Rental Income	\$	\$	\$
SSI	\$	\$	\$
Disability	\$	\$	\$
Pension/Retirement	\$	\$	\$
Unemployment	\$	\$	\$
Worker's Comp.	\$	\$	\$
Unemployment	\$	\$	\$
Alimony/Child Support	\$	\$	\$
TANF (Welfare Benefits)	\$	\$	\$
SNAP/CalFresh	\$	\$	\$

Interest/Dividend Income	\$	\$	\$
Total Monthly Income	\$	\$	\$

Section 2. Financial Information

Account Type	Financial Institution	Account Number	Cash or Market Value
Checking			
Savings			
IRA/Pension			
Brokerage Account			
Other (Specify)			
Other (Specify)			
Other (Specify)			

Use an additional sheet of paper if needed.

Section 3. Subject Property Information.

Subject Property Address:	
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3.1 Current Mortgages (s)

Name of First Mortgage Lender		Account Number	
Original Mortgage Amount:	\$	Approximate Current Balance:	\$
Are taxes & insurance escrowed? (Y/N)		<i>If not, proof of current homeowner's insurance policy will be required.</i>	

Name of Homeowner's Insurance Carrier			
Policy Number			
Name of Second/HELCO Mortgage Lender		Account Number	
Original Mortgage Amount:	\$	Approximate Current Balance:	\$
3.2 Monthly Utilities (If a utility is not applicable, leave the space blank)			
Electric	\$	Water	\$
Sewer	\$	Garbage	\$
Gas	\$	HOA	\$
Annual Property Tax	\$	Annual Insurance Premium	\$
Is there flood insurance? (Y/N)		Flood Insurance Carrier & Policy #	
Does the Borrower(s) own any other properties? (Y/N) <i>If yes, complete section 3.3 Real Estate Schedule.</i>			

3.3 Real Estate Schedule (Complete for each additional property owned. Use a separate sheet of paper if more space is needed)

Property 1 (If applicable)

Full Address			
Property Value	Mortgage Lender	Mortgage Balance	Monthly Mortgage Payment

Property 2 (If applicable)

Full Address			
Property Value	Mortgage Lender	Mortgage Balance	Monthly Mortgage Payment

Section 4. Rehabilitation Work Requested

Days available for inspection (M-F)		Best time of day for inspections (Morning or Afternoon)	
Name of person to contact to schedule inspection:			
Contact Phone Number:			

Any pets onsite?		Type of pet(s)	
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Provide a description of the requested rehabilitation work to be done. (Use a separate sheet of paper if more space is needed)

If requesting an emergency repair grant, please explain how the needed repair(s) poses an eminent health risk to the household.

Section 5. Certifications

1. The information provided in this application is true and complete to the best of my/our knowledge and belief.
2. I/We declare that the Borrower and any Co-Borrower currently are on title as owner(s) and that I/We reside in the home and use it for our primary residence.
3. I/We declare that the Borrower and any Co-Borrower currently are on title as owner(s) and that I/We reside in the home and use it for our primary residence.
4. I/We understand that any willful misstatement of material fact will be grounds for disqualification from the Program.

Borrower Signature

Date

Co- Borrower Signature

Date

Income Limits

2024 State Income Limits

Solano County Area Median Income: \$113,200	Acutely Low	11900	13600	15300	17000	18350	19700	21100	22450
	Extremely Low	26450	30200	34000	37750	40800	43800	47340	52720
	Very Low Income	44050	50350	56650	62900	67950	73000	78000	83050
	Low Income	70450	80500	90550	100650	108700	116750	124850	132850
	Median Income	79250	90550	101900	113200	122250	131300	140350	149400
	Moderate Income	95100	108700	122250	135850	146700	157600	168450	179300

Loan Document Checklist

To ensure prompt processing of your application please submit all of the following documents to OOR@Thurmondconsultingllc.com. Be sure to include the following documentation for ALL applicants on the application.

Fully completed application, signed	
Copy of State issued id, such as a driver's license or identification card	
Most recent tax return (all schedules) <i>If not required to file a tax return please provide a letter of explanation as to why Applicant is exempt from filing.</i>	
Most recent month's mortgage statement. <i>Include statements for all mortgages on the property including second mortgages and HELOCS.</i>	
Most recent THREE (3) months banks statements for ALL bank accounts that the Applicant holds interest in.	
Paystubs covering the most recent six (6) week period, as applicable.	
2024 Benefit Letter for Social Security, TANF, disability, retirement, unemployment, or worker's compensation. <i>If you do not have access to your benefit letter, please email OOR@Thurmondconsultingllc.com for alternative documentation that can be accepted.</i>	
If applicant receives child support and/or alimony, provide a copy of the court order showing the amount.	

Additional documentation may be requested by Program Staff during the approval process.