

City of Sonora
CDBG Reuse Program
Rehabilitation Loan Application

City Use Only
Date Received: _____
Loan Type: _____
Grant Fund #: _____
Loan #: _____

*PLEASE COMPLETE THE FOLLOWING APPLICATION AS THOROUGHLY AS POSSIBLE,
CITY STAFF WILL ASSIST YOU AS NEEDED*

Applicant's Name: _____ SS # _____
_____ SS # _____

Mailing Address: _____

Property Address: _____

Phone #: Home () Work ()

Property is to be used as: Applicant's Primary Residence
 Rental - # of units _____

If Primary Residence Property -

Number & Age(s) of persons residing in the residence: _____/_____

Is applicant permanently disabled and receiving SSI: Yes No

Current - Household Annual Income: \$_____ Household Monthly Income: \$_____

(See attached CDBG Income Definition in calculating your household annual income)

If Rental Property -

Is property currently occupied: Yes No

If occupied, Tenant's Household Annual Income:

Unit # _____ Income _____

Unit # _____ Income _____

Unit # _____ Income _____

Number of Individuals Within
Applicant's/Beneficiary's Household
With Disabilities _____

(See attached CDBG Income Definition in calculating your household annual income)

Estimated Loan Amount Requested: \$_____

Year structure was built: _____

Repairs needed to structure: _____ (use back side if needed)

Is there an existing mortgage on the property: Yes No

If yes, Lender's Name _____

Address _____

Monthly Loan Payments \$_____

Remaining Balance owed on loan \$_____ As of _____

Applicants Signature: _____

Date

Date

I/we hereby certify that I/we have not forced any tenant to move out of a unit without cause during the previous 6 months.

I/we also certify that I/we have received a copy of the Rehabilitation Loan Program Guidelines.

IF LOAN IS APPROVED ADDITIONAL INFORMATION MAY BE REQUESTED FOR STATE OF CALIFORNIA REPORTING PURPOSES

CDBG INCOME DEFINITION

For the purposes of determining eligibility in accordance with HCD income guidelines, **Annual Income will include:**

1. Gross Wages and Salary before deductions.
2. Net money income from self-employment.
3. Cash income received from such sources as rental units, Social Security benefits, pensions, and periodic income from insurance policy annuities.
4. Periodic cash benefits from public assistance and other compensation, including AFDC, SSI, Worker's Compensation, State Disability Insurance and Unemployment Benefits.
5. Interest earned on savings and investments.

Annual Income will not include:

1. Non-cash income such as food stamps or vouchers received for the purpose of food or housing.
2. Capital gains or losses.
3. One time unearned income such as scholarship and fellowship grants; accident, health or casualty insurance proceeds; prizes or gifts; inheritances.
4. Payments designated specifically for medical or other costs, foster children or their non-disposable income.
5. Income from employment of children under the age of 18.
6. Payment for the care of foster children.

This is not meant to be a complete list. Grantee will make the final decision in situations where the classification of income is not clear cut. Any exceptions or other deviations from this definition of Annual Income will be considered by Grantee.

INCOME LIMITS*

80% of Tuolumne County Median Income – 2007
(Area Median Income - \$55,000)

1 Person	\$30,800
2 Persons	\$35,200
3 Persons	\$39,600
4 Persons	\$44,000
5 Persons	\$47,500
6 Persons	\$51,050
7 Persons	\$54,550
8 Persons	\$58,100

(*These figures change annually)

Rev. 4/20/07

