



**City of Pittsburg**  
Housing Rehabilitation Program  
65 Civic Avenue, Pittsburg, CA 94565  
Phone: (925) 252-4155

**HOUSING REHABILITATION  
LOAN APPLICATION**  
To be completed by homeowner

Applicant Name(s): \_\_\_\_\_

Applicant Address: \_\_\_\_\_

**Read Carefully:**

Please read and complete this application carefully and accurately before signing. Provide information for all household members. There may be legal consequences if the applicant purposefully provides false information.

**Return Application to**  
CITY OF PITTSBURG  
HOUSING REHABILITATION PROGRAM  
65 CIVIC AVENUE  
PITTSBURG, CA 94565

# HOUSING REHABILITATION LOAN APPLICATION

Home to be Rehabilitated

Property Address: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Year Built: \_\_\_\_\_  
(MM/DD/YYYY)

Telephone \_\_\_\_\_ Work Number: \_\_\_\_\_

Owner Occupied?  Yes  No

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

## HOUSEHOLD COMPOSITION

HH Mbr #	Owner Last Name	First Name & Middle Initial	Relationship to Property Owner	Age	DL# (Owner/Co-Owner Only)
1			OWNER		
2					
3					
4					
5					

## INCOME (USE ALL INCOME SOURCES FOR ALL HOUSEHOLD MEMBERS OVER 18)

HH Mbr#	(A) Employment or Wages		(B) Soc. Security/Pensions		(C) Public Assistance		(D) Other Income	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
Totals	\$	\$	\$	\$	\$	\$	\$	\$

Add totals from (A) through (D) above

(E) TOTAL INCOME:

\$
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Describe the repairs needed to your property:

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Name of Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Agent's Phone Number: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

# HOUSING REHABILITATION LOAN PARTICIPATION DATA – FY 2020-21

*The rehabilitation funds are being provided to you by the U. S. Department of Housing and Urban Development (HUD). HUD monitors the County as to the income and ethnicity of program participants. The information being requested is only for monitoring and auditing purposes, as required by HUD, and is not intended for public dissemination. Please provide the information requested below. Thank you for your cooperation.*

Male     Female

\_\_\_\_\_  
Name

1. **Status** (Check all that apply):     62 years or older     Disabled
2. **Head of Household:** Are you the head of the household?     Yes     No
3. **If you are not the head of the household, is the head of the household female?**     Yes     No
4. **Household Size and Total Annual Household Income:**  
 A. Check the box for the total number of people in your household in the first column.  
 B. On the line corresponding to your household size, check the income range that includes your household’s annual income.  
 (Income Limits as of 05/2020)

A. Household Size	B. Total Household Income		
1	<input type="checkbox"/> \$0 - \$27,450	<input type="checkbox"/> \$27,451-\$45,700	<input type="checkbox"/> \$45,701-\$73,100
2	<input type="checkbox"/> \$0 - \$31,350	<input type="checkbox"/> \$31,351-\$52,200	<input type="checkbox"/> \$52,201-\$83,550
3	<input type="checkbox"/> \$0 - \$35,250	<input type="checkbox"/> \$35,251-\$58,750	<input type="checkbox"/> \$58,751-\$94,000
4	<input type="checkbox"/> \$0 - \$39,150	<input type="checkbox"/> \$39,151-\$65,250	<input type="checkbox"/> \$65,251-\$104,400
5	<input type="checkbox"/> \$0 - \$42,300	<input type="checkbox"/> \$42,301-\$70,500	<input type="checkbox"/> \$70,501-\$112,800
6	<input type="checkbox"/> \$0 - \$45,450	<input type="checkbox"/> \$45,451-\$75,700	<input type="checkbox"/> \$75,701-\$121,150
7	<input type="checkbox"/> \$0 - \$48,550	<input type="checkbox"/> \$48,551-\$80,950	<input type="checkbox"/> \$80,951-\$129,500
8 or more	<input type="checkbox"/> \$0 - \$51,700	<input type="checkbox"/> \$51,701-\$86,150	<input type="checkbox"/> \$86,151-\$137,850

5. **Do you receive assistance from any of the following sources?**  
 CalWORKs     General Assistance     Social Security     Food Stamps  
 Medi-Cal     Section 8     WIC
6. **Race/Ethnicity** (Check only one, unless noted):  
 American Indian/Alaskan Native     Asian     White  
 Native Hawaiian/Pacific Islander     Asian & White     Black/African American  
 American Indian/Alaskan Native & White     Black/African American & White  
 American Indian/Alaskan Native & Black/African American  
 Other Multi-Racial: \_\_\_\_\_  
  
 **Hispanic Ethnicity** (you must also check one of the racial categories if you select this category)

**I hereby certify that the above information is true and correct to the best of my knowledge.** I acknowledge and understand that the information provided herein will be relied upon for purposes of determining eligibility for the Housing Rehabilitation Loan Program. I acknowledge that a material misstatement fraudulently or negligently made in this, or in any other statement made by me, may constitute a federal violation and may result in the denial of my participation in this program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **List of Supporting Documents**

The following is a list of items that we may require for final approval; this list is not comprehensive. You may be requested for additional documents if more information is needed to complete the review of your application.

- Current monthly mortgage statement of all owned properties.
- Current homeowner's insurance declaration certificate on home to be rehabilitated.
- Complete copy of most recently filed federal tax return, including all schedules and W-2 forms (state tax returns NOT required).
  - If self-employed, additionally submit federal tax returns from two prior years.
- Pay stubs from all income sources for the last three (3) months.
- All other proof of income (including award letters for Social Security, SDI, General Assistance, etc.).
- All investment account statements (e.g. checking & savings account, stock, and IRA statements) for the last three (3) months. Assets cannot exceed \$50,000 (\$100,000 if owner is over the age of 62 and/or disabled), excluding the home to be rehabilitated and up to two vehicles.
  - Attach a signed statement certifying no investment accounts (if applicable).
- To verify home ownership, submit a copy of your latest Property Tax Bill;
- Attach a detailed explanation of missing checklist items (if applicable).