

**CITY OF DIXON  
HOUSING REHABILITATION LOAN PROGRAM  
APPLICATION**

The City of Dixon is offering financial assistance, in the form of home loans, for the repair of housing owned and occupied by lower-income households. The funds can be used for improvements such as re-roofing and electrical, plumbing, and structural repairs. The funds can also be used to provide accessibility improvements such as ramps and grab bars for residents who are permanently disabled. Cosmetic and general property improvements are generally not eligible. In order to qualify for such assistance, a housing unit must be located in the City of Dixon. In addition, the total annual income of the household that owns and occupies the dwelling cannot exceed the following limits:

Household Size (number of persons)	1	2	3	4	5	6	7	8
Maximum Allowable Annual Income (2016)	\$43,800	\$50,050	\$56,300	\$62,550	\$67,600	\$72,600	\$77,600	\$82,600

If you meet these requirements and want to participate in the program, you must complete the attached application for assistance. Along with the application, the following supporting information must be submitted:

- 2014 and 2015 signed Federal Tax returns with all W-2(s)
- Last 3 months of pay stubs, Social Security checks, retirement/pension/disability checks
- 2016 Social Security award letter
- Last 3 months of Savings bank statements (all pages)
- Last 3 months of Checking bank statements (all pages)
- Any award letters or checks showing additional government assistance
- Deed of Trust to the property liens
- Current mortgage statement showing loan balance (if applicable)
- Current annual property tax bill
- Homeowners insurance Declarations or written explanation of why property is not insured

The completed application and all of the supporting information must be submitted to the City's Economic Development/Grants Manager at the following address:

City of Dixon  
600 East A Street  
Dixon, CA 95620

If you have any questions regarding the City's Owner-Occupied Housing Rehabilitation Program or need help with completing your application, please contact the City's Economic Development/Grants Manager: D'Andre Wells at (707) 678-7000, ext. 1126.

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**INSTRUCTIONS**

1. “Applicant,” “co-applicant,” and “borrower(s)” are those individuals listed on the property grant deed who legally own the property and home.
2. Only those individuals listed on the property grant deed should be listed as and sign as “applicant,” “co-applicant,” or “borrower(s).”
3. In the Household Information section, list all individuals (and their incomes) who currently reside in the home whether or not they permanently reside there or are applicants.

This information must be supplied in order for the Economic Development/Grants Manager, during the application review process, to determine whether or not these individuals and their relative incomes should be included in the total household size and income calculations.

4. “Income” includes:
  - Wages received during employment
  - Social security benefits
  - Unemployment benefits
  - Disability benefits
  - Government assistance
  - Retirement/pension benefits
5. Please supply all requested information and documents. Any missing information and/or documents will delay the application review process.

If you have any questions regarding this application, please do not hesitate to contact:

D’Andre Wells: (707) 678-7000, ext 126.  
[dwells@ci.dixon.ca.us](mailto:dwells@ci.dixon.ca.us)

**CITY OF DIXON**  
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The steps that are involved in processing applications for the City's Housing Rehabilitation Loan Program are as follows:

1. Interested household obtains application for assistance from City's Economic Development/Grants Manager and submits completed application to the City of Dixon who will assist applicant in preparing the application to the extent necessary.
2. Economic Development/Grants Manager reviews application for completeness and, if necessary, requests additional information.
3. Economic Development/Grants Manager determines that application is complete and that applicant is eligible to participate based on household income and property location.
4. Economic Development/Grants Manager schedules meeting with applicant to discuss desired improvements and inspect property, title report, and property appraisal.
5. Economic Development/Grants Manager meets with applicant to discuss nature of desired improvements, inspect property, and explain availability of temporary relocation assistance. A termite report is ordered.
6. Based on property inspection, Economic Development/Grants Manager prepares preliminary work write-up outlining the necessary repairs and estimates the cost of the repairs. Work write-up and conceptual plans, if applicable, are submitted to City's building inspector for review.
7. Economic Development/Grants Manager determines ability of property to support additional indebtedness and ability of applicant to pay additional housing expenses, and makes recommendations regarding the type and amount of assistance to be provided.
8. Economic Development/Grants Manager reviews preliminary work write-up and financing recommendations with applicant. Scope of work to be performed is determined with applicant.
9. Work write-up is revised, as necessary, by Economic Development/Grants Manager and final revised work write-up is submitted to applicant for approval and joint sign-off by both parties.
10. Economic Development/Grants Manager authorizes applicant to secure bids for rehabilitation work from contractors and assists applicant with bidding process, along with Michael Baker International (MBI), as necessary.
11. Bids are submitted to applicant, and Economic Development/Grants Manager, along with MBI, assists applicant in selecting a contractor.

12. Economic Development/Grants Manager prepares and presents report to Dixon's Loan Committee regarding applicant's eligibility, financing recommendations, and contractor selection. Upon Loan Committee approval of the application and selected bid, loan documents are prepared for signature by applicant. Applicant executes the loan documents, and title company records a lien to secure the loan.
13. Applicant executes the loan documents, and title company records a lien to secure the loan.
14. Economic Development/Grants Manager, along with MBI, assists applicant in executing construction contract, issues Notice to Proceed in order to select a contractor, and submits final construction plans, if applicable, for review and approval by City's building inspector.
15. Economic Development/Grants Manager, and MBI, conducts progress inspections and deals with any change orders or problems during the course of rehabilitation work.
16. Upon receipt of contractor payment requests, Economic Development/Grants Manager submits authorizations to the City's Finance Department for disbursement of funds to pay contractor for work completed. Fund disbursement authorizations are also submitted to the City's Finance Department to pay soft rehabilitation costs (appraisal, termite report, etc.).
17. Economic Development/Grants Manager, MBI, and City's building inspector conducts final inspection with applicant, upon completion of rehabilitation work, and issues Notice of Completion. Title company records Notice of Completion.
18. Economic Development/Grants Manager authorizes the City of Dixon to disburse final payment (i.e., 10% retainer), 30 days after recordation of Notice of Completion.

**CITY OF DIXON  
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APPLICATION**

**PLEASE PRINT**

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_

Property address: \_\_\_\_\_

Telephone: Home: ( ) Business: ( ) Cell: ( )

Mailing Address  
(if different from above) \_\_\_\_\_

**Household Information**

Total number of persons in household: \_\_\_\_\_ (list members below)

Name of Household Member	Relationship to Applicant	Gender	Age	Disabled	Female Head of Household
1.	Head of Household				
2.					
3.					
4.					
5.					
6.					
7.					

**Income, Asset, and Employment Disclosure**

Household income – Check all income sources that apply

(include income from all sources for all adult household members)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Employment       | <input type="checkbox"/> Unemployment compensation | <input type="checkbox"/> Self-employment |
| <input type="checkbox"/> Social security  | <input type="checkbox"/> Workers compensation      | <input type="checkbox"/> Disability      |
| <input type="checkbox"/> Union benefits   | <input type="checkbox"/> Income from assets        | <input type="checkbox"/> Pensions        |
| <input type="checkbox"/> Retirement funds | <input type="checkbox"/> Child support             | <input type="checkbox"/> Alimony         |
| <input type="checkbox"/> Family support   | <input type="checkbox"/> AFDC                      | <input type="checkbox"/> SSI             |
| <input type="checkbox"/> General relief   | <input type="checkbox"/> Rental income             | <input type="checkbox"/> Other: _____    |

**Breakdown of household income**

Household member	Source of household income*	X	=	=
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Total annual household income:** \_\_\_\_\_

\*If income is based on commission or self-employment, show amount earned to date or list income from previous year.

**Breakdown of household assets**

Description of assets	bank/institution and account number	Cash value
Checking account		
Savings account		
Stocks & Bonds		
Other:		
Other:		

All real estate owned: \_\_\_\_\_

Have any assets been disposed of at less than fair market value during the last 2 years?

No  Yes, please list: \_\_\_\_\_

Have you previously participated in any Housing Rehabilitation Programs with the City of Dixon

No  Yes, please list: \_\_\_\_\_

Applicant's employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Co-applicant's employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

**Property Description**

Do you own and occupy the house in which improvements are desired?  No  Yes \_\_\_\_\_

List all mortgages and liens recorded against the property:

1<sup>st</sup> mortgage: \_\_\_\_\_ Amount: \_\_\_\_\_

2<sup>nd</sup> mortgage: \_\_\_\_\_ Amount: \_\_\_\_\_

Lien: \_\_\_\_\_ Amount: \_\_\_\_\_

Proposed repairs: \_\_\_\_\_

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

**PLEASE READ BEFORE SIGNING**

By signing below, I/We certify that the information on this application is correct and complete to the best of my/our knowledge and that I/we have disclosed all income received from all sources and have disclosed all assets. I/We acknowledge that the City or its agents will use the information on this application for the purpose of determining program eligibility. Inquiries may be made to verify statements herein. I/We understand that false statements or omission are grounds for disqualification and/or penalties. I/We acknowledge the penalty for false or fraudulent statement; USC Title 18, Section 1001, provides: "Whoever, in any manner, within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statement or entry, shall be fined up to \$10,000 or imprisoned up to 5 years or both."

I/WE \_\_\_\_\_ DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT, AND CERTIFY THAT THE CITY OF DIXON SHALL NOT BE LIABLE FOR DAMAGES THAT MAY ARISE OUT OR IN CONNECTION WITH THE HOME IMPROVEMENTS UNDERTAKEN UNDER THIS PROGRAM.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date



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**INFORMATION FOR FEDERAL REPORTING ONLY**

**RACE**

- |  |  |
|--|--|
| <input type="checkbox"/> White                                     | <input type="checkbox"/> American Indian or Alaska Native AND White                |
| <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> Asian AND White   |
| <input type="checkbox"/> Asian                                     | <input type="checkbox"/> Black or African American AND White                       |
| <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> American Indian or Alaska Native AND Black or African Am. |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other Multiracial   |

**HISPANIC/LATINO ETHNICITY**  Yes, please specify below  No

- |   |                                |                                       |
|---|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Mexican or Mexican American  | <input type="checkbox"/> Cuban | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Other Hispanic/Latino: _____ |                                |                                       |

**CITY OF DIXON**  
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**APPLICATION**

**PLEASE READ CAREFULLY**

Attached is an application for a below market rate interest loan under the City of Dixon's Housing Rehabilitation Loan Program. This loan is intended to provide the necessary financial assistance to enable you to rehabilitate your home and bring it into compliance with local code requirements.

This notice is intended to provide basic information about the housing rehabilitation loan. It is not a commitment for a loan.

- A. General Information: In applying for a housing rehabilitation loan, as with any loan, you will be asked to sign loan documents. When you have signed those documents, and the loan is made, you will be bound by the terms of those loan documents, particularly the Promissory Note and the Deed of Trust. You should become familiar with, and understand, the provisions of the loan highlighted in this notice.
- B. Interest Rate: This loan, offered by the City of Dixon, is a 15-year, deferred payment loan with a 3% annual interest rate.
- C. Loan Term: The term for loans made by the City of Dixon under this program is 15 years. These deferred payment loans are due and payable to the City: (1) upon sale or transfer of title; (2) if the owner-occupant no longer occupies the home as his/her principal residence; (3) if the property is converted to nonresidential use; or (4) upon reaching the end of the term, whichever occurs first.
- D. No Prepayment Penalty: You may prepay this loan without penalty at any time during the term of the loan.
- E. Repayment at End of Term: For those lower-income owner-occupants who cannot refinance to pay off their loan at the end of the 15-year term, the City may establish a repayment schedule at affordable rates and terms or extend the term of the loan.
- F. Collateral for Loan: The loan advanced to you will be secured by a lien recorded against your home. The lien against your home will be in the form of a Deed of Trust and will remain until such time as all sums due are paid in full.
- G. Loan Amount: Maximum assistance is \$50,000 per unit.
- H. Eligibility Criteria: You are eligible for a residential rehabilitation loan from the City of Dixon if you own a housing unit located in the city and you are lower-income and occupy this housing unit as your primary residence.

The City's Economic Development/Grants Manager will be contacting you to arrange an appointment to originate your loan. The Economic Development/Grants Manager should be able to answer your questions regarding the loan. If a problem arises, you may contact the Economic Development/Grants Manager at the following address, and/or telephone number:

D'Andre Wells  
Economic Development/Grants Manager  
City of Dixon  
600 East A Street  
Dixon, CA 95620  
(707) 678-7000, ext. 126  
[dwells@ci.dixon.ca.us](mailto:dwells@ci.dixon.ca.us)

This notice is intended for informational purposes only. It is not a commitment or loan approval. Important information relating specifically to your loan will be contained in the loan documents.

I/We acknowledge that I/We have read the above information concerning the housing rehabilitation loan program offered by the City of Dixon.

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Applicant

Date

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Co-Applicant

Date

**>CITY OF DIXON  
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**FAIR LENDING NOTICE**

To: All applicants under the City of Dixon’s Housing Rehabilitation Loan Program

Under the Housing Financial Discrimination Act of 1977, it is unlawful for a financial institution to refuse to make a loan or to offer less favorable terms than normal (such as a higher interest rate, larger down payment, or shorter maturity) based on any of the following:

1. Neighborhood characteristics (such as the average age of the homes or the income level in the neighborhood) except to the limited extent necessary to avoid unsafe and unsound business practices.
2. Race, sex, color, religion, marital status, national origin, sexual orientation, or ancestry.

It is also unlawful to consider, in appraising a residence, the racial, ethnic, or religious composition of a particular neighborhood, or whether or not such composition is undergoing change or is expected to undergo change.

If you wish to file a complaint or if you have any questions about your rights, contact:

Office of Fair Lending  
600 South Commonwealth, 15<sup>th</sup> Floor  
Los Angeles, CA 90005

U.S. Office of Comptroller of the Currency  
Consumer Complaint Department  
50 Fremont Street, Suite 3900  
San Francisco, CA 94105

When you file a complaint, the law requires that you receive a decision within 30 days.

.....

I/We have received a copy of this notice.

Borrower: \_\_\_\_\_

Date: \_\_\_\_\_

Borrower: \_\_\_\_\_

Date: \_\_\_\_\_

**LEAD-BASED PAINT NOTIFICATION**

I UNDERSTAND THAT I MAY HAVE LEAD-BASED PAINT IN MY HOME AND THE BROCHURE “PROTECT YOUR FAMILY FROM LEAD IN YOU HOME” IS AVAILABLE TO ME. I ALSO UNDERSTAND THAT IF I HAVE CHILDREN UNDER THE AGE OF 7 YEARS OLD, I MAY NEED TO HAVE THEM TESTED FOR LEAD POISONING.

\_\_\_\_\_  
HOMEOWNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HOMEOWNER

\_\_\_\_\_  
DATE

**CITY OF DIXON  
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**INFORMATION AUTHORIZATION**

To Whom It May Concern:

I/We the undersigned authorize the **City of Dixon**, its employees and authorized agents to verify any information (including information of a privileged or confidential nature) necessary in connection with my/our home rehabilitation assistance loan application, including, but not limited to, the following:

1. Credit History
2. Assets/Bank Accounts
3. Employment and Income
4. Benefits
5. Bankruptcy

**BY ATTACHING this RELEASE FORM, OR A COPY OF SAME, to any verification form requiring the undersigned's signature, you are authorized by the undersigned to release the information requested by the City of Dixon.**

I hereby release you, your Agency, or others from liability or damage which may result from furnishing the information requested.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_



**VERIFICATION OF EMPLOYMENT**

**Employee:** Please complete Items A through D, and sign in the Authorization box at the bottom of the form.

<b>A. Name &amp; Address of Employer</b>	<b>B. Name &amp; Address of Applicant</b>
<b>C. Date of Request</b>	<b>D. Social Security Number</b>

**NOTE TO EMPLOYER:** The Dixon applicant above has applied to participate in the City of Dixon’s Housing Rehabilitation Loan Program. Before we can process the application, it is necessary that we verify the applicant’s employment. The applicant has authorized the City’s Economic Development/Grants Manager to obtain verification from any source named in the application. Your verification of employment is for the confidential use of this program. Please furnish the information requested below and return this form to the following address: D’Andre Wells, Economic Development/Grants Manager, 600 East A Street, Dixon, CA 95620.

<b>E. Position Held</b>	<b>F. Date of Employment</b>
<b>G. Probability of Continuing Employment</b>	<b>H. Other Remarks</b>

**I. Rate of Pay**

Hourly: \$ \_\_\_\_\_ Annual: \$ \_\_\_\_\_

**Additional Compensation – Actual Amounts Received Past 12 Months:**

Overtime: \$ \_\_\_\_\_  
 Commissions: \$ \_\_\_\_\_  
 Bonus: \$ \_\_\_\_\_

**If applicant is in military service, give income on monthly basis as follows:**

Base Pay: \$ \_\_\_\_\_  
 Quarters & Subsistence: \$ \_\_\_\_\_  
 Flight or Hazard Duty Ins.: \$ \_\_\_\_\_

<p><b>SIGNATURE OF EMPLOYER</b></p> <p>The above information is furnished in strict confidence in response to your request.</p> <p>_____</p> <p>Signature <span style="float:right">Date</span></p> <p>_____</p> <p>Title</p>	<p><b>EMPLOYEE AUTHORIZATION</b></p> <p>I hereby authorize release of the above requested information.</p> <p>_____</p> <p>Signature <span style="float:right">Date</span></p> <p>_____</p> <p>Title</p>
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**REQUEST FOR VERIFICATION OF BENEFITS**

**Applicant:** Please complete items number 3 through 5 **only**.

**Part I – Request**

<b>1. TO: (Name and Address of Assisting Agency)</b>  Social Security Administration 8351 Folsom Boulevard Sacramento, CA 95826	<b>2. RETURN TO:</b>  City of Dixon D’Andre Wells, Economic Development/Grants Manager 600 East A Street Dixon, CA 95620
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I have applied for a loan/grant and stated that I am assisted by your agency. My signature below authorizes verification of this information. The firm named in Item 6 below is assisting me in completing my loan/grant application.

<b>3. Name and Address of Applicant</b>	<b>4. Social Security Number</b>	<b>5. Signature of Applicant</b>
<b>6. Name and Address of Agency Making Request</b>  D’Andre Wells Economic Development/Grants Mngr City of Dixon 600 East A Street Dixon, CA 95620	<b>7. Signature and Title of Official Making Request</b>  <hr/> Economic Development/Grants Manager	<b>8. Date of Request</b>

**Part II – Verification**

9. Type of Assistance	Monthly Benefits
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total monthly assistance:	\$ _____

Please list any other members of my immediate family receiving assistance from your agency, and whether you need a signed release from them:

**10. Remarks**

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

<b>11. Signature</b>	<b>12. Title</b>	<b>13. Phone No.</b>	<b>14. Date</b>