

**CITY OF POMONA HOUSING DIVISION
 MULTI-UNIT RENTAL REHABILITATION DEFERRED LOAN PROGRAM
 APPLICATION CHECKLIST**

The following information is required to review and process this application.

- 1. **SIGNED** Application and the following attachments (**All** Persons on Title **Must** Sign Application and Applicable Attachments.)
 - Exhibit A (Authorization to Obtain Credit Report and Title Report)
 - Exhibit B (Fair Lending Notice)
 - Exhibit C (HOME Rental Project Compliance Report)
 - Exhibit D (Tenant Survey AND Supporting Income Documentation)
 - Exhibit E (Rental Property Financial Statement)
 - Exhibit F (Current Tenant Household Income Limit and Maximum Rent Limit)
 - Exhibit G (Lead Based Paint Warning Statement – Tenant)
- 2. Copy of Recorded Grant Deed/Deed of Trust
- 3. Copy of Current Hazard/Fire Insurance Policy (And Flood Insurance Policy If Required)
- 4. Proof of Paid Property Taxes (Copy of Cancelled Check/Proof of Impounds)
- 5. Copies of Last Year's Federal Income Tax Return, WITH W-2 and All Schedules (**Signed**) for the Ownership Entity (Individual, Partnership, Corporation, etc.) AND a current year-to-date profit and lost statement for self-employed individuals
- 6. Copy of Current Mortgage Payment Statement(s) For All Loans (Including Loan Balance)
- 7. Copies of Most Recent Checking and Savings Statements as Evidence of Owner Contribution
- 8. Copy of Current Identification (i.e., Driver's License or State Of California Identification Card)
- 9. Copy of Recorded Trust Document, if any. The owner must be named as the Executor
- 10. Copy of recent appraisal, if any (within the last 6 months)
- 11. Other _____

*****IMPORTANT*****

PLEASE SEND PHOTOCOPIES ONLY. THE CITY OR ITS AGENT CANNOT BE RESPONSIBLE FOR RETURNING OR SAFEGUARDING ORIGINAL DOCUMENTS.

THANK YOU.

**MULTI-UNIT RENTAL REHABILITATION
DEFERRED LOAN PROGRAM APPLICATION**



Please complete the following information with the following information to determine your eligibility for participating in the City of Pomona Multi-Unit Rental Rehabilitation Deferred Loan Program. The City will review applications on a first come, first serve basis. Only complete applications will be accepted.

I. OWNERSHIP

Property Owner(s): Sole Proprietor(s) Partnership Corporation

Owners Name(s) On Title: _____

Vesting: _____

Owner Contact Person: _____

Mailing Address: _____

Social Security Number: _____ Federal Tax ID No. _____

Telephone Number: _____ Fax No. _____

II. ADDRESS OF PROPERTY TO BE REHABILITATED

Address: _____ Pomona, CA _____

III. BUILDING CHARACTERISTICS

Type of Building: Du-Plex Tri-Plex Four-Plex Other: _____

Year Built: _____

Number of Units: _____ Number of Stories: _____

Number of Legal Parking Spaces Available: _____

_____ Uncovered _____ Covered _____ Underground
_____ On Streets _____ Next to Building _____ Off-Site

IV. PROPERTY VALUE

Present Property Value: \$ _____

How Determined? _____
[Please attach copy of appraisal or other documentation available]

Original Purchase Price: \$ _____ Date of Purchase: _____

Outstanding Indebtedness: \$ _____

V. RENTS

<u>Unit #</u>	<u>No. of Bedrooms</u>	<u>Current Unit Rents</u>	<u>After-Rehab Unit Rents</u>	<u>Tenants Income (Refer to Exhibit F for income limits)</u>
_____	_____	\$_____	\$_____	<input type="checkbox"/> 50% of median <input type="checkbox"/> 60% of median <input type="checkbox"/> 80% of median
_____	_____	\$_____	\$_____	<input type="checkbox"/> 50% of median <input type="checkbox"/> 60% of median <input type="checkbox"/> 80% of median
_____	_____	\$_____	\$_____	<input type="checkbox"/> 50% of median <input type="checkbox"/> 60% of median <input type="checkbox"/> 80% of median
_____	_____	\$_____	\$_____	<input type="checkbox"/> 50% of median <input type="checkbox"/> 60% of median <input type="checkbox"/> 80% of median
_____	_____	\$_____	\$_____	<input type="checkbox"/> 50% of median <input type="checkbox"/> 60% of median <input type="checkbox"/> 80% of median
_____	_____	\$_____	\$_____	<input type="checkbox"/> 50% of median <input type="checkbox"/> 60% of median <input type="checkbox"/> 80% of median

Total Units: _____

PLEASE USE ADDITIONAL SHEETS AS NECESSARY. ADDITIONAL SHEETS ATTACHED? Yes No

VI. TENANT INFORMATION

1. Is it anticipated that there will be a need for permanent displacement of any current tenant because of rehabilitation? Yes No
2. Is it anticipated that there will be a temporary displacement of any current tenants because of the rehabilitation period? Yes No

VII. PROPOSED IMPROVEMENTS

As the property owner, what kind of repairs/improvements are you planning?

<u>No.</u>	<u>REPAIRS OR IMPROVEMENTS</u>	<u>ESTIMATED COST</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total Estimated Cost		\$ _____

Cont. of Proposed Improvements

Does your building have any outstanding Building & Safety Code Violations? Yes No

Explain: _____

USE ADDITIONAL SHEETS AS NECESSARY. ADDITIONAL SHEETS ATTACHED? Yes No

VIII. PROPERTY INSURANCE

Name of Carrier: _____

Address of Carrier: _____

Telephone No: _____

Amount of Commercial General Liability Insurance you currently carry: \$ _____

IX. OWNER CONTRIBUTION TO THE REHABILITATION PROJECT

The owner is not required to provide match funds to avail of the City Loan. However, any funds necessary to bring the property into compliance with all City identified health and safety codes, building codes, or minimum maintenance standard must be contributed by the owner in excess of the approved loan amount. In addition, if there will be a combination of HOME-assisted and non HOME-assisted unit in rehabilitating the property, the owner must contribute the amount necessary for the rehabilitation of the non-HOME assisted units and its share for common areas. Depending on availability of funds with the City, the property owner may also be required to contribute additional funding for lead and relocation costs.

X. LOAN APPLICATION PREPARED BY

Name: _____

Mailing Address: _____

Telephone No.: _____ Fax No.: _____

XI. OWNER AFFIDAVIT

I (We) certify that the above information and statements are true and accurate to the best of my/our knowledge. If eligible, I understand that I may receive financial assistance from the City of Pomona in the amount not to exceed \$30,000 per rental unit for the cost of eligible, City-approved repairs.

I (We) are applying for the assistance indicated in this application which will be secured by a deed of trust and promissory note on the property described herein and represent that all statements in this application are true and are made for the purpose of obtaining the assistance. Verification may be obtained from any source named in this application. The original copy of this application will be retained by the City, even if the loan is not granted.

I (We) understand that any misrepresentation of information regarding my/our financial status or the status of the property to be rehabilitated may result in the City loan becoming due and payable in full.

I (We) acknowledge that this application and the information in this application may be used for purposes of determining eligibility by the City.

I (We) hereby agree that the City and/or its representative may enter the property to inspect the rehabilitation activities.

I (We) understand that an incomplete application will result in a delay in processing of our application.

XII. OWNER SIGNATURES

OWNER _____
Printed Name

Signature

Date

OWNER _____
Printed Name

Signature

Date

OWNER _____
Printed Name

Signature

Date

OWNER _____
Printed Name

Signature

Date

Exhibit A

Authorization for Confidential Information (Credit Report/Title Report)

PROGRAM APPLICANTS: Please complete the following for all owners on title to the property.

AUTHORIZATION FOR CONFIDENTIAL INFORMATION

I/We hereby authorize the City of Pomona or its authorized representative to obtain a credit report and/or title report in conjunction with my/our application for assistance through the City of Pomona Multi-Unit Rental Rehabilitation Loan Program.

Owner Name(s): _____

Owner Mailing Address: _____

Property Address(es): _____

Name: _____	Social Security No. _____
Signature: _____	Date: _____

Name: _____	Social Security No. _____
Signature: _____	Date: _____

Name: _____	Social Security No. _____
Signature: _____	Date: _____

Name: _____	Social Security No. _____
Signature: _____	Date: _____

Exhibit B

FAIR LENDING NOTICE

To: All borrowers for a real property secured loan 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, religion, color, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the 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 creditor in 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 other 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 in 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, rehabilitating, improving, or 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 accommodations. 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, CA 94105

I (We) received a copy of this notice. Property Address: _____

Date: _____

(Print Name of Borrower)

(Print Name of Borrower)

(Signature of Borrower)

(Signature of Borrower)

City of Pomona – Neighborhood Services Department
505 South Garey Avenue, Pomona, CA 91766
(909) 620-2368

Exhibit C

**CITY OF POMONA
 MULTI-UNIT RENTAL REHABILITATION LOAN PROGRAM
 HOME RENTAL PROJECT COMPLIANCE REPORT
 (To be completed and submitted to City for purposes of monitoring compliance)**

Property Owner's Name: _____

A provision of the assistance under the Multi-Unit Rental Rehabilitation Loan Program is that you annually declare occupancy and the monthly rent rate of each unit on the property. Please supply the following information for all units as of the date of your application. If assistance is provided to you through this program, you will be required to submit this information on a City-specified form January 1 of each year until the end of the loan term. The **Tenant Survey Form** MUST be attached to this report.

Project: _____

Date: _____

Address: _____

Reporting Period: _____

Total Number of Units: _____

Number of HOME Units: _____

Number of Low HOME Rent Units: _____

Number of High HOME Rent Units: _____

A	B	C	D	E	F	G	H	I	J	K	L
Unit #	No. of BDRs	Low or High HOME Rent Unit Designation	Tenant Name	HH Size	Annual (Gross) Income	Date of Last Income Re-examination	Low or High HOME Rent	Utility Allowance	Maximum Rent (H-I)/ Actual Rent	Unit in Compliance ?	Comments
Example	2	L	J. Doe	3	\$40,000	1/22	\$1,415	\$75	\$1,340/ \$1,200	Y	

Property Owner's Affidavit

I/We certify that the foregoing information and statements are true and accurate. Verification may be obtained by the City from any source regarding information provided in this report. I/We understand that it is a crime punishable by fine and imprisonment, or both, to knowingly make any false statements concerning the above facts. I/We fully understand that the City has the right to accelerate the full repayment of our housing rehabilitation loan under this program if the statements provided are false or misleading.

Owner's Signature: _____

Date: _____

Owner's Signature: _____

Date: _____

Exhibit D

CITY OF POMONA MULTI-UNIT RENTAL REHABILITATION LOAN PROGRAM

TENANT SURVEY

This form is to be completed by each household living in your property. You may duplicate this form as necessary. This form must be submitted when tenants residing in the units change or whenever there are changes in existing tenants' household size and/or income. In addition, the City reserves the right to request that this form be submitted at any time.

Documentation must be submitted to support the stated monthly income, to include: three (3) most recent pay stubs, most recent savings and checking account statements, most recent Income Tax Return with W2, and most recent statement of other assets.

A. TENANT GENERAL INFORMATION

Name: _____

Address: _____

Phone/Home :_(_____)_____ Work: _(_____)_____

Date First Occupied Unit: _____

Head of Household is: Male Female Elderly Handicapped

No. of Occupants: Total: _____ No. of Adults: _____ No. Children _____
(Under 18):

Names of all Household Members:

NAME	Sex	Age	Monthly Income	Source

B. MONTHLY HOUSING COSTS:

Current Monthly Rent: \$ _____

Average Monthly Utility Cost (i.e., electric, gas, trash): \$ _____

Total Monthly Housing Cost: \$ _____

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C. NUMBER OF BEDROOMS: Efficiency 1 2 3 4

D. **PLEASE CHECK THE RACE WHICH DESCRIBES YOUR HOUSEHOLD:**

- White
- Black / African American
- Asian
- American Indian/Alaska Native
- Native Hawaiian / Other Pacific Islander
- Other Multi-racial: _____

PLEASE CHECK THE ETHNICITY WHICH DESCRIBES YOUR HOUSEHOLD:

Head of Household is:

- Hispanic or Latino
- Not Hispanic or Latino

TENANT AFFIDAVIT – Multi-Unit Rental Rehabilitation Program Application

This Affidavit is made with the knowledge that it will be relied upon by the City of Pomona and our landlord, the owner of our apartment building, to determine maximum income for eligibility. I (we) warrant that all information set forth in this document is true, correct and complete and based on information I (we) deem reliable and based upon such investigation as I (we) deemed necessary.

I (we) acknowledge that I (we) have been advised that the making of any misrepresentation or misstatement in this affidavit will constitute a material breach of (my/our) agreement with the property owner to rent the unit and will additionally enable the property owner and/or City of Pomona to initiate and pursue all applicable legal and equitable remedies with respect to the units and to me/us.

I (we) do hereby swear under penalty of perjury that the foregoing statements are true and correct and that this declaration was executed on _____, 20_____.

Tenant Signature

Date

Tenant Signature

Date

Exhibit E

CITY OF POMONA
RENTAL REHABILITATION LOAN PROGRAM

RENTAL PROPERTY FINANCIAL STATEMENT

Please Complete Proformas for EACH SEPARATE Property. A Proforma For Each Of The Last Three Years Is Required.

Property Owner Name: _____

Property Address: _____

Current Mortgage Balances:

1.	\$	_____
2.	\$	_____
3.	\$	_____

TOTAL: \$ _____

Proforma Year #1

Year: _____

Gross Income:

Gross Annual Rent:		\$ _____
Other Income:	\$ _____	
Vacancy & Rent Loss _____%	\$ _____	
Effective Gross Income		\$ _____

Less: Annual Operating Expenses

Management (Fee _____% Gross)	\$ _____
Resident Manager	\$ _____
Administration	\$ _____
Legal/Audit	\$ _____
Advertising	\$ _____
Utilities	\$ _____
Trash Removal	\$ _____
Repairs & Maintenance	\$ _____
Grounds Maintenance	\$ _____
Pool & Spa Maintenance	\$ _____
Reserves for Replacement	\$ _____
Real Estate Taxes	\$ _____
Insurance	\$ _____
Other : _____	\$ _____
(Identify)	

Total Expenses: \$ _____

Net Operating Income \$ _____

Owner Signature _____

Date _____

Owner Signature _____

Date _____

Exhibit F

2024 HOME INCOME LIMITS (Effective June 1, 2024)

No. of Persons in Household	50% Limit	60% Limit	80% Limit
1	\$ 48,550	\$ 58,260	\$ 77,700
2	\$ 55,450	\$ 66,540	\$ 88,800
3	\$ 62,400	\$ 74,880	\$ 99,900
4	\$ 69,350	\$ 83,220	\$ 110,950
5	\$ 74,900	\$ 89,880	\$ 119,850
6	\$ 80,450	\$ 96,540	\$ 128,750
7	\$ 86,000	\$ 103,200	\$ 137,600
8	\$ 91,550	\$ 109,860	\$ 146,500

HOME RENTAL HOUSING RENT DETERMINATION CHART LOW AND HIGH HOME RENTS (2024 HOME Program Rents)

Rent Level ¹	Unit Size					
	0 BDR	1 BDR	2 BDR	3 BDR	4 BDR	5 BDR
Low HOME Rent ²	\$1,213	\$1,300	\$1,560	\$1,803	\$2,011	\$2,219
High HOME Rent	\$1,559	\$1,671	\$2,007	\$2,310	\$2,558	\$2,803

¹ These are the rents which are determined by comparing fair market rents with 50% and 65% rent limits provided by HUD. **Remember, these rents include utilities, and must be reduced if the tenant pays utilities. For adjustments for utilities, please contact your loan coordinator. Utility allowances must be approved by the City.**

² The Low HOME Rent applies to a minimum of 20% of the units in projects with five or more HOME-assisted units.

Exhibit G

LEAD-BASED PAINT WARNING STATEMENT (To be completed by Tenants)

Homes built prior to 1978 may contain lead-based paint on the walls, ceilings, window sills, and door frames. Lead-based paint and primers may also have been used on outside porches, railings and garages. When lead-based paint chips, flakes, or peels off, a great danger of lead poisoning exists if the paint is ingested or otherwise absorbed by infants and children. Lead poisoning is a very serious condition which can cause mental retardation, blindness and learning disabilities.

Symptoms of lead poisoning include chronic stomachaches, loss of appetite, vomiting, headaches, lack of energy, slowdown of playful activity and slowness in development in young children.

If you suspect that your child has eaten chips of paint, you should contact your doctor, clinic or poison control center and follow their recommendations.

I (we), _____, _____,
have read and understand the information written above. I have received a copy of the document "Protect Your Family from Lead in Your Home". I understand that false statements will disqualify our property owner from participation in the program.

Tenant Signature

Date

Tenant Signature

Date

Property Address