

SONOMA COUNTY COMMUNITY DEVELOPMENT COMMISSION

1440 Guerneville Road
Santa Rosa, CA 95403 (707) 565-7500

REHABILITATION LOAN PROGRAM

Date: _____

Name: _____

Address: _____ City: _____ Zip: _____

Assessor's Parcel Number (APN) _____

APN is found on your property tax bill. It is a 12 digit number.

Home Phone: _____ Work Phone: _____

Email: _____ Mobile Home Park: _____

Do you own and currently occupy the above address? Yes _____ No _____

Do you have homeowners insurance? Yes _____ No _____

Do you have a permanent disability? Yes _____ No _____

Does anyone in the household have a known sensitivity to construction related airborne contaminants such as dust, mold, or commonly used construction chemicals and cleaners? Yes _____ No _____

Please check one of the race categories that best describes your household (Optional)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Other

Is the household ethnicity Hispanic? Yes _____ No _____

I. HOUSEHOLD SIZE: Please complete the following for all persons residing in your home.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Social Security Number</u>
_____	_____	Head _____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Number of Persons in Household:	_____		

IV. SUPPLEMENTAL INFORMATION - Monthly Expenses:

Please provide information about your monthly expenses.

Mortgagor/Legal Owner:

Name: _____

Address: _____

Balance: _____

Per Month: _____

2nd Mortgagor/Junior Lienholder:

Name: _____

Address: _____

Balance: _____

Per Month: _____

Property Taxes: _____

Annual Total: _____

Per Month: _____

Property Insurance:

Annual Total: _____

Per Month: _____

Flood Insurance:

Annual Total: _____

Per Month: _____

Mobile Home Space Rent:

Annual Total: _____

Per Month: _____

Mobile Home Registration Fees:

Annual Total: _____

Per Month: _____

V. ABOUT YOUR HOUSE:

What kind of rehabilitation does your house need? Please check the appropriate boxes.

My house has _____ Bedrooms and _____ Bathrooms

- Correct Cited Code Violations
- Septic System
- Connect to Sewer or Water
- Fencing
- Driveway/Sidewalks
- Grading/Drainage
- Foundation
- Termites/Pest Control/Dryrot
- Siding/Paint
- Windows/Entry Doors
- Roofing

- Porch & Steps
- Energy Conservation
- Electrical
- Plumbing/Water Heater
- Heating
- Kitchen
- Bathroom
- Wall/Ceiling Repairs
- Floors/Floor Covering
- Interior Painting

Other (Please describe.) _____

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An Agency of the County of Sonoma

REQUEST FOR CONSUMER CREDIT INFORMATION

In connection with a credit transaction initiated by the undersigned consumer or consumers involving the extension of credit, and in accordance with Civil Code section 1785.11 and 1785.12, the undersigned hereby instructs you to provide the following information to the Sonoma County Community Development Commission. A PHOTOSTATIC copy of my signature may be used to obtain any or all of the information stated below:

All information regarding the matters indicated below:

1. Mortgages;
2. Any previous or present credit, whether on a closed or open status;
3. A full credit report on my/our previous and present credit history.
4. Space rent.

This authorization shall remain in effect until _____.

Print Name: _____

Social Security #: _____

Signature: _____  Date: _____

Print Name: _____

Social Security #: _____

Signature: _____  Date: _____