



Town of Mammoth Lakes
P.O. Box 1609
437 Old Mammoth Road, Suite R
Mammoth Lakes, CA 93546

Phone: (760) 934-8989

CHECKLIST FOR INVESTOR-OWNER REHAB APPLICATION

PLEASE READ

You will need to provide and/or complete the following information before submitting your application to Mammoth Lakes Housing, Inc. Only complete applications will be processed.

Please make sure the following items are completed and attached:

- 1. Complete Application Form
2. Evidence of Ownership (copy of deed or property tax statement)
3. Verification of mortgage balance
4. Verification of payment of property taxes
5. Documentation of operating expenses, taxes, and insurance
6. Completed tenant profiles (one for each unit)
7. Copy of recent credit report
8. Equal Opportunity Input Survey (Voluntary)
10. How did you hear about Mammoth Lakes Housing Inc.?

FOR MLH USE ONLY

Date submitted to MLH:
Application reviewed by:
Date returned to applicant to complete:
Income Level at % AMI Waitlist # Income Waitlist #

MLH believes that it is absolutely vital that we protect your privacy by keeping the information we have about you secure and confidential. We have policies and procedures in place to ensure the safety of your personal and financial information.



Application for Owner-Investor Rehab

OWNER INFORMATION

Owner's name: _____

Mailing Address: _____

Phone: _____

Email: _____

<input type="checkbox"/> Existing Owner
<input type="checkbox"/> New Owner
<input type="checkbox"/> Individual
<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation

Property Improvement Needs: _____

Amount Requested: \$ _____

Will temporary relocation of tenants be required? _____

PROPERTY INFORMATION *(for property to be rehabilitated)*

Address: _____

Legal Description: _____

APN: _____

Year Built: _____

Names on Title: _____

Insurance Co.: _____ Policy #: _____

Agent's Address: _____

Number of units: _____ Before rehabilitation _____ After rehabilitation

****NOTE** A loan will not be made if there are any delinquent real estate taxes or judgement liens encumbering the property. These must be satisfied before a loan is made.**



PROPERTY FINANCIAL INFORMATION

Purchase Price: _____ Year Purchased: _____

Outstanding Mortgage(s):	Amount	Term	Monthly Payment
	1 st _____	_____	_____
	2 nd _____	_____	_____

Property Value:

As-Is Market Value: _____ Tax Assessment Value: _____

After Rehab Value: _____

TENANT INFORMATION *(Please attach a separate sheet for additional units)*
(Must include a Tenant Profile completed by each tenant)

Unit #	Bedrooms	Tenant Name	Date of Lease	Monthly Rent Before Rehab	Monthly Rent After Rehab



ANNUAL OPERATING EXPENSES AFTER REHABILITATION

Propane: \$ _____ Electric: \$ _____ Repairs: \$ _____
Insurance: \$ _____ Water: \$ _____ Trash: \$ _____
Reserve: \$ _____

TOTAL: \$ _____

PROJECTED CASH FLOW

Gross Income Expected after Rehab: \$ _____

Less total Operating Expenses (above) \$(_____)

Less Property Taxes \$(_____)

Less Principle and Interest \$(_____)

Less Other Fixed Charges \$(_____)

CASH AVAILABLE FOR NEW DEBT: \$ _____





CERTIFICATE OF ACCURACY

Mammoth Lakes Housing, Inc.
PO Box 260, Mammoth Lakes, CA 93546
760-934-4740 Fax: 760-934-4724
www.mammothlakeshousing.com

I (We) hereby verify that all information provided is accurate and true. It is understood that if the documentation that I (We) have provided is found to be inaccurate or unverifiable, I (We) may be disqualified and face additional penalties as allowed by law. I (We) shall be notified by MLH as to my/our subsequent disqualification and the reasons thereof.

All owners on title MUST sign this Certificate of Accuracy
(you may make copies)

_____	_____	_____
Applicant's Name (print or type)	Applicant's Signature	Date
_____	_____	_____
Applicant's Name (print or type)	Applicant's Signature	Date
_____	_____	_____
Applicant's Name (print or type)	Applicant's Signature	Date
_____	_____	_____
Applicant's Name (print or type)	Applicant's Signature	Date
_____	_____	_____
Applicant's Name (print or type)	Applicant's Signature	Date





AUTHORIZATION FOR RELEASE OF INFORMATION

Mammoth Lakes Housing, Inc.
 PO Box 260, Mammoth Lakes, CA 93546
 760-934-4740 Fax: 760-934-4724
www.mammothlakeshousing.com

The Right to Financing Privacy Act of 1978 requires that public bodies acting as agents of the U.S. Department of Housing and Urban Development (HUD) for the processing or approving of Section 312 and other residential rehabilitation housing loans provide the following notice to loan applicants.

NOTICE TO APPLICANTS

This is notice to you as required by the Right to Financial Privacy Act of 1978 that the Department of Housing and Urban Development has a right of access to financial records held by any financial institution with the consideration of administration of the Section 312 or other HUD rehabilitation loans for which you have applied. Financial records involving your transactions will be available to HUD and the Town of Mammoth Lakes without further notice or authorization but will not be disclosed or release to another government agency or department without your consent except as required or permitted by law.

I have read and understand the above notice. This letter authorizes Mammoth Lakes Housing, Inc. on behalf of the Town of Mammoth Lakes, CA to request any pertinent information pertaining to the following:

- Mortgage status
- Social Security
- Asset verification
- Title verification
- Credit Report
- Verification of Deposit
- Verification of Employment
- Income verification

ALL OWNERS MUST SIGN THIS FORM
(You may make copies of this form)

_____	_____	_____
Print Name	Signature	Social Security Number
_____	_____	_____
Print Name	Signature	Social Security Number
_____	_____	_____
Print Name	Signature	Social Security Number
_____	_____	_____
Print Name	Signature	Social Security Number



EQUAL OPPORTUNITY INPUT SURVEY

***Please note: Completing the following survey is voluntary. The information is confidential and may only be used by the collecting agency for government reporting purposes to monitor compliance with equal opportunity laws. The information you provide may not be used to screen applicants for residency.*

HEAD OF HOUSEHOLD INFORMATION

Single Head of Household: Yes No

Gender: Male Female

Age: 20 or under 21-29 30-39 40-49 50-59 60 or over

Yearly Income: under \$20,000 \$20,000 - \$29,999 \$30,000 – 39,999
 \$40,000 - \$49,999 \$50,000 - \$59,999 \$60,000 or more

Disability Information: Do you have a disability? Yes No

Do you require special accommodations? Yes No

If yes, please indicate what accommodations are required: _____

RACE/ETHNICITY INFORMATION

RACE

- White/Caucasian
- American Indian or Alaska Native AND White/Caucasian
- Black/African American
- Black/African American AND White/Caucasian
- Asian
- Asian AND White/Caucasian
- American Indian or Alaska Native
- American Indian/Alaska Native AND Black/African American
- Native Hawaiian or Other Pacific Islander
- Other

LATINO/HISPANIC ETHNICITY

- Yes, Mexican/Chicano
- Yes, Cuban
- Yes, Puerto Rican
- Yes, Other Latino/Hispanic: _____

AFFIRMATIVE MARKETING: How did you hear about the housing opportunity? Please check all which apply

- Newspaper ad
- Radio ad
- Site signs
- Brochure/Flyer/Handout
- Friend/Relative
- Acquaintance
- Other: _____

If newspaper, radio, or other publication, please identify: _____

If brochure or flyer, please identify where you received it: _____

Please identify the best way of getting housing information to you, including the names of publications, agencies or businesses where you receive information: _____

