



**Town of Mammoth Lakes
437 Old Mammoth Road, Suite R
Mammoth Lakes, CA 93546**

Phone: (760) 934-8989

CHECKLIST FOR OWNER-OCCUPANT REHAB APPLICATION

PLEASE READ

You will need to provide and/or complete the following information before submitting your application to Mammoth Lakes Housing, Inc. (760)934-4740. Only complete applications will be processed.

Please make sure the following items are completed and attached:

	<u>Primary Applicant</u>	<u>Other Household Members</u>
1. Complete Application	<input type="checkbox"/>	<input type="checkbox"/>
2. Copy of 2 months pay stubs, including most current. For Self Employed – one (1) year of income documentation Statements from Social Security, unemployment, other benefits	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of previous three (3) years' FEDERAL Income Tax Returns	<input type="checkbox"/>	<input type="checkbox"/>
4. Copies of previous three (3) years' W-2's or 1099's.	<input type="checkbox"/>	<input type="checkbox"/>
5. Copy of six (6) months checking statements and current month savings	<input type="checkbox"/>	<input type="checkbox"/>
6. Current asset and/or retirement account statements	<input type="checkbox"/>	<input type="checkbox"/>
7. Evidence of Ownership (copy of deed)	<input type="checkbox"/>	<input type="checkbox"/>
8. Verification of Mortgage Balance	<input type="checkbox"/>	<input type="checkbox"/>
9. Credit Report, less than 6 months old (annualcreditreport.com or Creditkarma.com)	<input type="checkbox"/>	<input type="checkbox"/>
10. Verification of payment of property taxes	<input type="checkbox"/>	<input type="checkbox"/>
11. Verification of Primary Residence (utility bill)	<input type="checkbox"/>	<input type="checkbox"/>
12. How did you hear about the REHAB Program? _____		

FOR MLH USE ONLY

Date submitted to MLH: _____

Application reviewed by: _____

Income Level _____% AMI

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. We restrict access to your personal and account information to only those persons who need to know in order to process your application. We are providing you with this notice so that you are comfortable with the way we handle the information you provide us.



Application for Owner-Occupant Rehab

OWNER INFORMATION

Owner's name: _____

Mailing Address: _____

Phone: _____

Email: _____

- Existing Owner
- New Owner

- Individual
- Partnership
- Corporation

Property Improvement Needs: _____

Amount Requested: \$ _____

PROPERTY INFORMATION *(for residence/property to be rehabilitated)*

Address: _____

Legal Description: _____

APN: _____ # of Stories/Units: _____ Year Built: _____

Names on Title: _____

Insurance Co.: _____ Policy #: _____

Agent's Address: _____

Submit Package to:



Mammoth Lakes Housing, Inc

587 Old Mammoth Road, Suite 4

Mammoth Lakes, CA 93546

www.MammothLakesHousing.org

(760) 934-4740



Section 1 Household Information				
Name	Social Security Number	Date of Birth (mm/dd/yy)	Relationship (spouse, son, partner, etc)	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Section 2 Income Sources (for ALL household members 18 years of age and older)

W=wages B=own business M=military pay CS=child support P=pension
 SS=social security U=unemployment AI=asset income O=other source (please specify)

Source of Income (use code above)	Gross amount Per month	Gross amount Per year	Received by (Applicant's name)
Total income (add all rows vertically)	\$ per month	\$ Per year	

Please attach an additional page with income source if necessary



Section 3 Employment Information (for all working applicants over 18 years of age)					
Current Employer(s) For (applicant): <hr/>	Employment Dates From/To	Employer's Phone Number	Supervisor's Name	Gross Income per month	Hours worked per month
Previous Employer(s)					
Current Employer(s) For (applicant): <hr/>	Employment Dates From/To	Employer's Phone Number	Supervisor's Name	Gross Income per month	Hours worked per month
Previous Employer(s)					
Current Employer(s) For (applicant):	Employment Dates From/To	Employer's Phone Number	Supervisor's Name	Gross Income per month	Hours worked per month
Previous Employer(s)					





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 individuals to live in the home, 18 years of age or older, MUST sign this Certificate of Accuracy

_____	_____	_____
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
_____	_____	_____
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



STATEMENT OF ASSETS AND LIABILITIES

PERSONAL FINANCIAL STATEMENT

Complete this form for Head of Household and attach additional Financial Statements for other income earners who live in the home.

Name: _____ Date : _____

ASSETS		LIABILITIES			
Cash on hand & in Banks	\$	Accounts Payable	\$		
Savings Accounts	\$	Notes Payable to Banks and Others (Describe in Section 2)	\$		
IRA or Other Retirement Account	\$	Installment Account (Auto) Monthly Payments \$ _____	\$		
Accounts & Notes Receivable	\$	Installment Account (Other) Monthly Payments \$ _____	\$		
Life Insurance-Cash Surrender Value Only (Complete Section 8)	\$	Loan on Life Insurance	\$		
Stocks & Bonds (Describe in Section 3)	\$	Mortgages on Real Estate (Describe in Section 4)	\$		
Real Estate (Describe in Section 4)	\$	Unpaid Taxes (Describe in Section 6)	\$		
Automobile-Present Value	\$	Other Liabilities (Describe in Section 7)	\$		
Other Personal Property (Describe in Section 5)	\$	Total Liabilities	\$		
Other Assets (Describe in Section 5)	\$	Net Worth	\$		
TOTAL	\$	TOTAL	\$		
Source of Income		Contingent Liabilities			
Salary	\$	As Endorser or co-Maker	\$		
Net investment Income	\$	Legal Claims & Judgments	\$		
Real Estate Income	\$	Provision for Federal Income Tax	\$		
Other Income (Describe below)*	\$	Other Special Debt	\$		
Description of Other income in Section 1					
*Alimony or child support payments need NOT be disclosed in "Other Income"					
Notes Payable to Banks & Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed)					
Name & Address of Note holder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How secured or Endorsed Type of Collateral



Stocks & Bonds (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Real Estate Owned (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed)

	Property A	Property B	Property C
Type of Property			
Address	_____	_____	_____
	_____	_____	_____
Date of Purchase			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder	_____	_____	_____
	_____	_____	_____
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Other Personal Property and Other Assets (Describe, and if any is pledged as security, give name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Unpaid Taxes (Describe in detail, as to type, to whom payable, when due, and to what property, if any, a tax lien attaches)

Other Liabilities (Describe in detail)

Life Insurance Held (Give face amount and cash surrender value of policies-name of insurance company and beneficiaries)

I authorize MLH, Inc. to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above information and statements contained in the attachments are true and accurate as of the stated date(s). I understand FALSE statements may result in forfeiture of benefits and possible prosecution as allowed by law.

Signature: _____ Date: _____ Social Security Number: _____
 Signature: _____ Date: _____ 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: _____

Permission to Photograph Home

By signing below, I/we give our permission for staff members of Mammoth Lakes Housing, Inc to take photographs of the interior and exterior of our home. The purpose of the photos will be to document rehabilitation work that is completed with “before” and “after” photos. I/we understand that these photographs will be kept with the application and loan files, and not distributed or used for other purposes without our express permission.

Signed:

Homeowner

Date

Homeowner

Date

Consent for Email Newsletter Mailing List

By signing below, I/we give our permission to add the following email addresses to Mammoth Lakes Housing email newsletter mailing list. This email will not be sold or given to any other entities. The news and notices sent out to this list will be related to housing and community issues.

- Yes I give my permission to join the email mailing list.

Signature: _____ Printed Name: _____

Email to add to list: _____

Signature: _____ Printed Name: _____

Email to add to list: _____

