

PROGRAM ELIGIBILITY							
A. INCOME ELIGIBILITY							
1. Gross Household Income: \$							
*Defined as the combined gross annual income for ALL members of the household who currently reside in the housing unit to be rehabilitated pursuant to the Program.							
2. Household Size:							
*The current (2019) income limits for lower income households in Orange County pursuant to Section 6932 of Title 25 of the California Code of Regulations are set forth in the table below:							
ısehold	1	2	3	4	5	6	
2							

Household	1	2	3	4	5	6	7
Size							
Low Income	\$66,500	\$76,000	\$85,500	\$94,950	\$102,550	\$110,150	\$117,750
Limit (80%)							

3. Locate your household size on the above Income Limits chart. Is your
Gross Household Income less than the maximum allowable income limit?
Yes No
B. CREDIT
4. Credit score:

Note: Income information will be verified via third party documentation by City's Program Operator during the formal application process.

HOUSING UNIT ELIGIBILITY II.

LOCATION A.

5.	Address	of	housing	unit	to	be r	ehabilitated:	
В.	B. TYPE OF HOUSING UNIT							
6. Is the housing unit you wish to rehabilitate a single family home?								
Yes No								
C. PRIMARY RESIDENCE								
7. Is the housing unit to be rehabilitated through this Program your primary residence, and do you intend to continue to occupy the housing unit as your primary residence after the rehabilitation is complete? Yes No								
D.	NEED :	FOR REH	IABILITATIO	ON				
8. To the best of your knowledge, has your roof been replaced in the past ten years? Yes No								
9. Is there water damage to the inside of your home due to a leaking roof? Yes No								
❖ As part of the pre-application process, we are asking applicants to please submit three high resolution photos of the roof. One photo of the front of the home; one photo of the back of the home; and one photo showing the damage to the inside of your home, if applicable. Please send photos to: <u>timothyt@ggcity.org</u> .								
III.	PROG	RAM LO	AN REPAYI	MENT T	ERMS			
10.Do you understand that the financial assistance the City is providing is in the form of a deferred loan that is secured by a lien on the housing unit? Do you understand that the loan principal and any accrued interest will still need to be paid off if you sell your home or at the conclusion of the 20 year term? Yes No								
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 11.Do you understand that if you rehabilitate a housing unit using this Program, that you will not be able to withdraw equity from the housing unit in the future without first paying off the remaining balance on the Program Loan and all interest accrued on the Program Loan? Yes No 12.Do you understand that you will not be able to transfer the ownership or title of this housing unit to another person without first paying off the 						
remaining balance on the Program Loan and all interest accrued on the Program Loan?						
Yes No						
PRELIMINARY QUALIFICATION If you have completed this pre-application to the best of your ability and have determined that you may be eligible, the next step would be to contact the Program Operator regarding a formal application for the Program. The Program Operator will make a preliminary determination regarding your eligibility for a Program Loan and will instruct you in the next steps necessary to submit a formal application to obtain City approval for participation in the Program. I/we agree and certify that all information provided herein is true and correct.						
Applicant/Borrower (print or	Signature	Date				
type)						
Applicant/Co-Borrower						
(print or type)	Signature	Date				
• •	ant/Borrower Email	Date * * * * * *				
(print or type) Applicant/Borrower Phone # Applica	ant/Borrower Email					