



Mobile Home Owner-Occupied Rehabilitation Program

GENERAL QUALIFICATIONS AND CONDITIONS FOR PROGRAM ELIGIBILITY

- 1. The intent of the Mobile Home Owner-Occupied Rehabilitation (OOR) Program is to provide financial assistance to low-income owner-occupants of single-family dwellings or detached mobile or manufactured homes for the preservation of decent, safe, and sanitary housing; to correct hazardous structural conditions; to make improvements considered necessary to eliminate blight; and, to correct building and health code violations by awarding loans. All property to be repaired must be eligible housing property located within the city limits of the City of Fontana.
2. The City's Mobile Home Owner-Occupied Rehabilitation Program offers one-time forgivable loans to income eligible applicants in the amount of \$25,000 provided that the applicant has not previously received a program grant or loan.
3. Program funds are limited so applications will be reviewed and processed on a first come, first served basis. Anyone who applies after funds are no longer available will be added to a waitlist should the City receive additional funding.
4. In order to participate, household income may not exceed HCD's income limits listed in the attached table labeled "Table A" below. Household income includes all income from all 18 years or older persons living in the property to be repaired.

TABLE A
2022 ELIGIBILITY INCOME LIMITS

Table with 2 columns: Household Size, Maximum Gross Income. Rows include household sizes 1 through 8 with corresponding income limits ranging from \$49,300 to \$92,950.

(Effective June 15, 2022)

- 5. The City, as part of its role as project manager, will prepare the description of work to be completed and will provide all necessary documentation to the applicant to assist the applicant in the procurement and contracting process to retain a solicited qualified construction contractor to complete the required repairs. Contracts shall be awarded to the lowest most responsible of the bids from qualified contractors that are obtained by the applicant (minimum of three bids are required).
6. Subsequent to all required program approvals and the execution of a Loan Acceptance Agreement or an Improvement Agreement and other documents as applicable, the applicant will be authorized to contract directly with appropriately licensed (usually a general contractor [also referred to herein as a "B-licensed" or C-47 contractor]) contractors who maintain a current license in good standing with the Contractors State License Board, who have the required general liability and workmen's compensation insurance coverage, and who will obtain, or already have, a City business license.
7. Rehabilitation work may not commence until all permits are issued and a Notice to Proceed is issued by the City of Fontana.
8. The City of Fontana will not be responsible for any personal funds advanced to the Contractor or any expenses incurred on your own. Side agreements entered into with the Contractor are prohibited.

9. All funds will be disbursed through the City upon receipt of an invoice and proper documentation source from the contractor, as well as written consent form signed by the applicant and the City. All funds disbursed are payable to the contractor/vendor for work performed.
10. Program loan proceeds may only be used for the costs of services and materials necessary to carry out the repair work. No direct payments shall be made to the applicant.
11. Previously contracted or commenced work, and/or materials purchased prior to approval are not eligible for reimbursement, or for the continuation of work underway. **Do not sign any contractor provided agreements or contracts to perform work.**
12. Although the owner has the opportunity to request specific repairs in the program application, the City will establish the priority of repairs included in the loan-funded work scope and improvements shall include all code deficiencies in order to bring the property to current building and health and safety standards. Eligible items include, but are not limited to the following:
  - Correction of - code violations; incipient violations of the uniform building code; and conditions detrimental to public health and safety, as identified by the City;
  - Removal of - lead-based paint/asbestos hazards; barriers to the disabled; termites, rodents and roaches (pest control)
  - Repair/Replace - heating; plumbing; water heaters; smoke alarms; and electrical work;
  - Repair/Replace - roofing; screens; windows; stucco; dead bolt locks; kitchen and/or bath cabinets;
  - Installation of new insulation;
  - Any items determined eligible by the Loan Review Committed; and
  - Interior/exterior paint
13. Applicants must provide proof of ownership of the property to be repaired.
14. Applicants shall be eligible for only one (1) loan under this program.
15. Applicants shall permit City of Fontana staff and/or its agents to conduct necessary property and repair work inspections.
16. The City of Fontana reserves the right to deny requests in specific instances where the repairs to be completed do not conform to these or other program guidelines.
17. The City of Fontana determines the eligibility of the applicant to the program.
18. Lead-Based Paint. Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Prior to disturbance, remodeling or demolition activities, these materials should be properly sampled and/or abated by a certified, licensed Lead Professional. Applicant to sign "Renovate Right" receipt.
19. Asbestos. Buildings constructed prior to 1980 are likely to contain Asbestos. Confirming that a material is an asbestos-containing requires sampling of the material by certified asbestos professionals, then analysis by a licensed asbestos analytical laboratory to determine if the samples are asbestos-containing. Any material that is "presumed" to contain asbestos must be treated as "asbestos-containing" and therefore must be properly abated by an asbestos abatement contractor prior to any building renovation or demolition activities.
20. The undersigned acknowledges that for those projects in which Federal funds are used to perform housing rehabilitation repairs, the City may be required to have the subject property inspected and tested for the presence of lead-based paint and/or asbestos hazards. The costs associated with the lead and/or asbestos testing typically range between \$300-\$600, depending on the severity (or lack thereof) of the presence of lead or asbestos. Should a lead or asbestos hazard be discovered, abatement or mitigation of the hazard will take priority over all other housing repairs. Please keep in mind that abatement or mitigation measures may be costly. Therefore, depending on the severity of the presence of lead and/or asbestos, if any, you may not be able to perform all the housing repairs indicated in your scope of work. Please note that all costs associated with the testing and/or abatement services will be included as part of the overall funding award for each project. No out-of-pocket expenses will be incurred.
21. After a property is inspected for the presence of lead-based paint, a report is prepared that describes any lead hazards in the home. Federal Law (24 CFR part 35 and 40 CFR part 745) mandates that any report related to the presence of lead-based paint in your home must be provided to new lessees (tenants) and purchasers of your property before they become obligated under a lease or sales contract. In other words, make sure that you keep a copy of any lead reports that you

may obtain through this program and be sure to provide a copy to any potential renter or buyer in the future. Applicant will be required to sign affidavit stating results were received.

I/WE have read and understand the foregoing general qualifications and conditions for program eligibility. I/WE further understand that any misstatements, omissions, misrepresentations, deletions, falsifications, or other actions which result in MY/OUR not conforming to the requirements listed above in other contract documentation will subject MY/OUR application to immediate cancellation and cause any disbursed funds to become immediately due and payable and may cause further legal action if warranted.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owner's Signature



Mobile Home Owner-Occupied Rehabilitation Program

PROGRAM APPLICATION FORM

Please provide information for all owner(s) and occupant(s) of the property listed on title:

Address of Property		
Phone Number (Day)	Phone Number (Night)	email address:

APPLICANT		SPOUSE/CO-APPLICANT	
Name		Name	
SSN	Date of Birth	SSN	Date of Birth
Current Employer		Current Employer	
Employer Address		Employer Address	
Business Phone		Business Phone	
Position	Length of Time Currently Employed	Position	Length of Time Currently Employed

Please complete the following demographic information, which will be strictly confidential and is requested for statistical reporting purposes only. Select the most appropriate category.

**Ethnic Background:**

- Hispanic                       Non-Hispanic

**Racial Background:**

- |   |  |
|---|--|
| <input type="checkbox"/> White                          | <input type="checkbox"/> Black/African American                            |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander            |
| <input type="checkbox"/> Black/African American & White | <input type="checkbox"/> American Indian/Alaskan Native & White            |
| <input type="checkbox"/> Asian & White                  | <input type="checkbox"/> American Indian/Alaskan Native & African American |
| <input type="checkbox"/> Other                          | <input type="checkbox"/> Asian   |

Head of household:

- Male                       Female

**Please answer the following questions:**

- Do you own the property?                       YES     NO
- Are you a permanent full-time resident of this property?                       YES     NO
- Are the property taxes current on the above-listed property?                       YES     NO
- Are all financial obligations current for which the property is collateral?                       YES     NO
- Are there any current or pending liens against the above-listed property?                       YES     NO

**HOUSEHOLD INCOME INFORMATION**

Complete the following for all persons residing at the address of the property to be repaired (attach additional sheets if necessary).

Applicant Name (Head of Household)	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		Annual Income
Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant	Annual Income
Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant	Annual Income
Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant	Annual Income
Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant	Annual Income
Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant	Annual Income
Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant	Annual Income
List and Explain any Additional Sources of Income within the Household				
Enter Household Size: _____ persons		Enter Total Annual Household Income: \$ _____		

**Please list All Other Asset Accounts and their respective values**

Account Category	Current Cash Value
Stocks/Bond/Other Investment Accounts	\$
Life Insurance Net Cash Value	\$
Net Worth of Business	\$
Other Assets (list) _____	\$
Other Assets (list) _____	\$

**Please list All Applicable Savings and Checking Account Information for Each Account Held**

Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:	Savings or Checking:
Address:		Current Account Balance:
Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:	Savings or Checking:
Address:		Current Account Balance:
Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:	Savings or Checking:
Address:		Current Account Balance:

Please supply a detailed list of all repairs you are seeking to have completed under this program.

REPAIRS REQUESTED (add additional pages if necessary)

**Acknowledgement of Receipt of Lead-Based Paint Pamphlet:**

- I have received a copy of the pamphlet, "Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools" informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.
- I did not receive the Lead-Based Paint Pamphlet.

**I hereby certify that the aforementioned statements are true and correct. If at any time this information is found to be false or incorrect and it is then determined that I do not qualify for the Mobile Home Owner-Occupied Rehabilitation Program, I understand that I am liable for all costs incurred through the program.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



## APPLICATION SUBMITTAL CHECKLIST

*In order to evaluate your application for eligibility in our program, our office requires the submission of the following documents:*

- 1. GENERAL QUALIFICATIONS AND CONDITIONS FORM**  
*Included in this packet. Please read, sign, and return this document.*
- 2. PROGRAM APPLICATION**  
*Included in this packet. Please fill out all the information requested.*
- 3. COPY OF PHOTO IDENTIFICATION AND SOCIAL SECURITY CARD**  
*Provide photo identification (i.e., driver's license or CA I.D.) for every person who is on title to the property.*
- 4. COPY OF GRANT DEED OR MOBILE HOME REGISTRATION/CERTIFICATE**  
*This document will verify that you are the owner of the property and confirm how title is held.*
- 5. COPY OF A RECENT UTILITY BILL**  
*Submit a copy of an electrical, gas, and/or cable television utility bill for the prior month. Note that water or trash utility bills are not acceptable. This document is needed to verify residency. Submission must reflect the owner's name and address.*
- 6. COPY OF INSURANCE DOCUMENTATION**  
*Please provide photocopies of your current property insurance documentation.*
- 7. COPY OF RECENT PROPERTY TAX BILL**
- 8. COPY OF INCOME TAX FORMS FOR PRIOR YEAR**  
*Submit a complete copy, inclusive of all attachments, forms and schedules of the most recent federal income tax return for all income producing household members. Please ensure that the submission is signed by all taxpayers. If you are self-employed, please provide the last two years of your complete federal tax returns. Or signed affidavit of non-filing*
- 9. COPY OF INCOME VERIFICATION DOCUMENTATION**  
*This includes three months of the most recent consecutive payroll stubs, social security checks, SSI checks, AFDC checks, pension and retirement checks, alimony and child support payments, or other income documentation from all other income sources, for all members of the household. Provide copy of school transcripts for any full-time students over 18 years or older.*
- 10. COPY OF ASSET VERIFICATION DOCUMENTATION**  
*This includes the most recent three months of statements for all bank accounts, investment accounts, or other asset holdings for all members of the household.*

**PLEASE REMEMBER TO ATTACH ALL INFORMATION REQUESTED ON THE APPLICATION SUBMITTAL CHECKLIST. PLEASE DO NOT SEND ORIGINALS.**