

CalHome Program NOFA

Application for Disaster Assistance for Imperial County

Owner-Occupied Rehabilitation

California Department of Housing and Community Development
Financial Assistance Division
P.O. Box 952054, Sacramento, CA 94252-2054
Or
1800 3rd Street, MS 390-2
Sacramento, CA 95811
916-327-3646

This application, if approved for funding, will be a part of your Standard Agreement with the Department of Housing and Community Development (HCD). In order to be considered for funding, all sections of this application, including attachments and exhibits, must be complete and accurate. **Application forms must not be modified.** No facsimiles, incomplete applications, or application revisions will be accepted prior to, or after the application deadline. Applications must meet all eligibility requirements upon submission. Applications containing material internal inconsistencies will not be rated and ranked. Use **Exhibit A**, Attachment Checklist, as an aid in completing the application. Applications under this NOFA will be considered on an "over-the-counter" basis until all available funds are exhausted. Applications can be submitted after 8:00 a.m., Monday May 17, 2010.

On April 4, 2010, a devastating earthquake struck Imperial County resulting in, among other things damage to residential structures and manufactured homes. As a result of the destruction, Governor Schwarzenegger declared a state of emergency for Imperial County and issued Executive Order S-06-10. The funds made available through this NOFA shall be used to lower-income owner-occupied rehabilitation or reconstruction for homes that were damaged in the April 4, 2010 earthquake.

Please note: a property may have only one CalHome lien on it.

SECTION I. APPLICATION SUMMARY:

A. Name of Applicant: _____

B. Applicant Address: _____

City: _____ Zip Code: _____

County: _____ (must be located Imperial County)

C. Chief Executive Name and Title: _____

D. Contact Person Name and Title: _____

E. Phone Number: _____ FAX: _____ E-Mail: _____

F. Proposed Activity: _____

Activity: Submit Appropriate Attachment Number	No. of CalHome Assisted Units Proposed	County of Activity	
2.Owner-Occupied Rehabilitation Program			
Total			

G. Proposed Grant Amount: *\$ _____

The maximum grant amount for all applicants is \$1.5 million dollars.

H. Brief Description of Owner-Occupied Rehabilitation Program Activity Applied for:

SECTION II. LEGISLATIVE REPRESENTATIVES:

A form is included in this application labeled **Exhibit B**. Please complete the information on this form and attach as **Attachment 5**.

SECTION III. GOVERNING BOARD RESOLUTION:

Attach the resolution, duly executed by the governing board of the local public agency or nonprofit corporation, granting authority to make an application to HCD for a funding commitment from the CalHome Program. Label as **Attachment 6** Governing Board Resolution. Please review the sample resolution which is included in this application package as **Exhibit C**. Be sure that the resolution authorizes a signatory for submittal of this application and the resolution is an action of the governing body of the applicant. If someone signs the application other than the person authorized in the resolution, submit evidence that shows that the person signing has the authorization to sign. Such evidence could be in the form of an ordinance or code, or an opinion from the applicant's legal counsel. Include such authorization with **Attachment 6**.

SECTION IV. APPLICANT INFORMATION:

A. The applicant is a (check one):[] City, located in Imperial [] County of Imperial [] Nonprofit Corporation, who jurisdiction is in Imperial County

1. If a Nonprofit Corporation, Submit copies of:

IRS approval of 501(c) (3) status: as **Attachment 7a**

Secretary of State Letter of Good Standing: as **Attachment 7b**

Articles of Incorporation: as **Attachment 7c**

Bylaws: as **Attachment 7d**

List of names of Board of Directors as **Attachment 7e**

Financial Statements (for the last 2 fiscal years, one of which must be must be audited): as **Attachment 7f**

SECTION V. ACTIVITY ATTACHMENT:

Applicants must complete at the attachment:

Attachment 2, Owner-Occupied Rehabilitation Program

These attachments are part of this application. At least one must be completed and must be included or the application will not be complete and will be ineligible for funding consideration.

SECTION VI. APPLICANT CERTIFICATION AND COMMITMENT OF RESPONSIBILITY:

As the official designated by the governing body, I hereby certify that if approved by HCD for a CalHome Program funding allocation, the _____ (Applicant name) assumes the responsibilities specified in the CalHome Program Regulations and certifies that:

- A. It possesses the legal authority to apply for the allocation and to execute their proposed program or project;
- B. Before committing funds to a homebuyer/homeowner, it will evaluate the funding eligibility in accordance with CalHome Program Regulations and will not invest any more CalHome funds in combination with other governmental assistance than is necessary to provide affordable housing;
- C. The Applicant **does not** have any unresolved audit findings for prior HCD or federally-funded housing or community development projects or programs.
- D. There are **no** pending lawsuits that would impact the implementation of this program or project.
- E. It will comply with all statutes and regulations governing the CalHome Program.
- F. The information, statements, and attachments contained in this application are, to the best of my knowledge and belief, true and correct.
- G. It has the ability to perform the duties for the activity(s) applied for in accordance with Section 7718 of the CalHome Program Regulations.

I authorize the Department of Housing and Community Development to contact any agency, whether or not named in this application, which may assist in determining the capability of the Applicant. All information contained in this application is acknowledged to be public information. (This certification must be signed by the person authorized in the Resolution)

*Signature: _____ Title: _____

Type Name: _____ Date: _____

*Must be signed by authorized signatory per the resolution.

EXHIBIT A

Attachment Checklist

Please tab each attachment required by the application and place the attachments behind the completed application in a three ring binder according to the corresponding number listed below.

Check if Included	Att. No.	Attachment Title
		Left Blank
	2	Program: Owner-Occupied Rehabilitation Program
	3	Left Blank
	4	Additional Documentation
	5	Legislative List
	6	Copy of Resolution authorizing this application. As a time-saver, the Resolution may also authorize execution of the contract and other documents needed to process a loan
		Left Blank
		Left Blank
		Nonprofit corporations must provide the following information:
	7a	IRS approval of 501(c)(3) status
	7b	Copy of current certification of 501(c)(3) status with Secretary of State that is less than one year old
	7c	Copy of Articles of Incorporation
	7d	Copy of Bylaws
	7e	List of officers and Board of governing body of Applicant
	7f	Financial Statements (one of the last 2 years must be audited)

Exhibit B

LEGISLATIVE REPRESENTATIVES

Indicate all Legislators who represent any portion of the proposed service area. If you have vacancies in your legislative seats, please list your district number and district address.

A. Members of the State Assembly:

District number: _____	District number: _____
Name: _____	Name: _____
District _____	District _____
Address: _____	Address: _____
City: _____	City: _____
Zip Code: _____	Zip Code: _____

B. Members of the State Senate:

District number: _____	District number: _____
Name: _____	Name: _____
District _____	District _____
Address: _____	Address: _____
City: _____	City: _____
Zip Code: _____	Zip Code: _____

C. Members of the U.S. House of Representatives:

District number: _____	District number: _____
Name: _____	Name: _____
District _____	District _____
Address: _____	Address: _____
City: _____	City: _____
Zip Code: _____	Zip Code: _____

EXHIBIT C

SAMPLE GOVERNING BOARD RESOLUTION

RESOLUTION NO. _____

THE GOVERNING BOARD OF

(Title of Applicant)

HEREBY AUTHORIZES THE SUBMITTAL OF AN APPLICATION TO THE CALIFORNIA STATE DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT FOR FUNDING UNDER THE CALHOME PROGRAM; THE EXECUTION OF A STANDARD AGREEMENT IF SELECTED FOR SUCH FUNDING AND ANY AMENDMENTS THERETO; AND ANY RELATED DOCUMENTS NECESSARY TO PARTICIPATE IN THE CALHOME PROGRAM.

WHEREAS:

- A. _____ (name of applicant), a [political subdivision of the State of California or nonprofit public benefit corporation], wishes to apply for and receive an allocation of funds through the CalHome Program; and
- B. The California Department of Housing and Community Development (hereinafter referred to as "HCD") has issued a Notice of Funding Availability ("NOFA") for the CalHome program established by Chapter 84, Statutes of 2000 (SB 1656 Alarcon), and codified in Chapter 6 (commencing with Section 50650) of Part 2 of Division 31 of the Health and Safety Code (the "statute"). Pursuant to the statute, HCD is authorized to approve funding allocations utilizing monies made available by the State Legislature to the CalHome program, subject to the terms and conditions of the statute and the CalHome Program Regulations adopted by HCD in April 2004; and
- C. The _____ (name of Applicant) wishes to submit an application to obtain from HCD an allocation of CalHome funds in the amount of \$_____.

IT IS NOW THEREFORE RESOLVED THAT:

- 1. The _____ (name of applicant) shall submit to HCD an application to participate in the CalHome Program in response to the NOFA issued on _____ which will request a funding allocation for the following activities:

(Briefly describe the proposed activities, including dollar amount of each)

located in _____
[Program]

- 2. If the application for funding is approved, the _____ (Name of applicant) hereby agrees to use the CalHome funds for eligible activities in the manner presented in the application as approved by HCD and in accordance with program regulations cited above. It also may execute any and all other instruments necessary or required by HCD for participation in the CalHome Program.

3. The _____ (name of Applicant) authorizes _____ [office or position titles of authorized person(s)] to execute in the name of the _____ (name of Applicant), the application, the Standard Agreement, and all other documents required by HCD for participation in the CalHome Program, and any amendments thereto.

PASSED AND ADOPTED THIS ____ Day of _____, 20 _____, by the following vote:

AYES: _____ NAYS: _____ ABSTAIN: _____ ABSENT: _____

The undersigned _____ (title of officer) of the _____ (name of Applicant) there before named does hereby attest and certify that the foregoing is a true and full copy of a resolution of the Governing Board adopted at a duly convened meeting on the date above-mentioned, which has not been altered, amended or repealed.

Signature Date

NOTES:

1. This is intended to be a sample resolution authorizing submittal of an application to HCD. **Applicants may use their own format if it contains all of the authorizations contained in this sample.**
2. The sample resolution should be modified by nonprofit organizations as appropriate to meet the corporate structure of the nonprofit organization.
3. The **person attesting to the signing of the resolution cannot be the same person who is authorized to execute documents in the name of the applicant.**
4. The Resolution must be the original or a certified copy of the original.

CalHome Program Application

Attachment II Owner-Occupied Rehabilitation Program

This Application form is for rehabilitation of owner-occupied homes. An applicant may only apply for funds under this attachment when it will be providing the services required in Section 7733 and Section 7735 of the CalHome Program regulations.

SECTION I. APPLICANT INFORMATION

Name: _____

SECTION II. OWNER-OCCUPIED REHABILITATION PROGRAM EXPERIENCE

- A. Provide the following information for each year of owner-occupied rehabilitation program operation for 12 consecutive months, by calendar year. Applicant organizations should only list those rehabilitated units for which they provided the rehabilitation services including loan underwriting and escrow closing.

YEAR	FUNDING SOURCE(S)	NO. OF HOME REHABILITATIONS COMPLETED	NO. OF ESCROWS CLOSED BY APPLICANT ORGANIZATION	AVERAGE AMOUNT OF ASSISTANCE PROVIDED PER OWNER
2009				
2008				
2007				
2006				
2005				
2004				
2003				
2002				
2001				
2000				

- B. For years 2006 through 2009, provide a narrative of applicant's history and experience with the proposed activity, including evidence of program operation for each year listed: e.g., board resolution authorizing the program; award letters; program financial pages from annual audit, annual reports or other evidence that will demonstrate program operation. **(Attach as Exhibit 2-1)**

SECTION III. LOAN UNDERWRITING EXPERIENCE

- A. For the years 2006 through 2009, the total number of homeowner rehabilitation loans applicant has underwritten and closed, which included preparation of loan documents and escrow instructions. # _____

SECTION IV. LOAN SERVICING EXPERIENCE

- A. For the years 2006 through 2009, the total number of all types of homeowner rehabilitation loans closed for which the applicant was the named beneficiary on the loan documents. # _____
- B. As of the CalHome NOFA issuance date, the total number of homeowner rehabilitation loans in the applicant's portfolio. # _____
- C. Number of loans identified in B. above that are being directly serviced by the applicant. # _____
- D. Number of loans identified in B. above that are being serviced by a third party. # _____
- E. As of the CalHome NOFA issuance date, the total number of homeowner loans the applicant is servicing for another entity. # _____
- F. If there are zero loans identified in C, D **and** E, submit a narrative identifying how loans will be serviced, how the servicing activities will be funded or provided and the procedures for implementing loan servicing operations. **In addition** to the narrative, attach either: 1) a budget that provides an identified source of financing, for a period of at least 5 years, for contracting loan servicing with a third party who is in the business of loan servicing; 2) a commitment letter from a third party, who is in the business of loan servicing, willing to provide loan servicing at no cost to the applicant; or 3) the résumé of a current employee(s) of the applicant that describes the employee(s)'s experience in homeowner loan servicing. **(Attach as Exhibit 2-2)**

SECTION V. PROGRAM TARGETING

- A. Number of homeowners to be assisted with this application for CalHome funds # _____
- B. Program will be operated **entirely within a federally defined Qualified Census Tract(s)** (ONLY MARK YES IF ALL HOMES TO BE ASSISTED WITH CALHOME FUNDS SHALL BE LOCATED IN THE AREA(S) IDENTIFIED HERE):
Yes _____ No _____
Federally defined Qualified Census tract(s) No. _____
- C. Program will be operated **entirely within a designated redevelopment area under the jurisdiction of a local Redevelopment Agency** (ONLY MARK YES IF ALL HOMES TO BE ASSISTED WITH CALHOME FUNDS SHALL BE LOCATED IN THE AREA(S) IDENTIFIED HERE):
Yes _____ No _____
Attach a redevelopment area map and indicate program location on the map. **(Attach as Exhibit 2-3)**
- D. Nonprofit corporations must list the county or counties in which the program will be operated.
County/counties _____

SECTION VII. FINANCING

A. Proposed Financing:

Describe the financing structure for any subordinate financing to be provided in addition to the CalHome loan, such as Insurance funds, Department of Social Services, and other state or federal funds.

Source of Financing	Proposed Lien Position*
CalHome	

***Note: Assume the existence of a first mortgage. (The loan to value (LTV) cannot exceed 105% of the after rehabilitation appraisal.)**

Note: An appraisal is not required in the case of rehabilitation work on a manufactured home not on a permanent foundation.