A. Program Overview

Please review the following information.

RECOVERCA HOUSING PROGRAM LANDLORD APPLICATION

ReCoverCA Housing Program
651 Bannon Street, Suite 400
Sacramento, CA 95811
(877) 424-4405
HousingRecovery@hcd.ca.gov

The ReCoverCA Housing Program developed the **Single-Family Rehabilitation and Reconstruction Program ("SFRR" or "Program")** to assist eligible homeowners with the rehabilitation or reconstruction of their disaster-damaged homes. Homes must be located in Department of Housing and Urban Development (HUD) identified Most Impacted and Distressed (MID) counties and areas of Monterey, San Benito, San Diego, Santa Cruz, Tulare, Tuolumne, or Hoopa Valley Tribe (zip code 95546).

For more information about the Program, including:
- Policies and Procedures
- Frequently Asked Questions (FAQs)
- Application Document Checklist
- Income Limits

Please refer to the **Program Resources** available on our Program Website at:
https://www.hcd.ca.gov/funding/recoverca/resources

Helpful Tips before you get started:

- Please read the instructions at the top of each application page carefully.
- Where required to sign, please provide your full legal first and last name exactly as it appears on your government-issued ID.
- If your application includes a Co-Applicant, the Co-Applicant must complete their required signatures.
- Documentation will be required to determine eligibility. Please refer to the Application Document Checklist.

The information on this application is to be used to determine eligibility for the ReCoverCA Housing Program. Submission of this application does not guarantee Program eligibility or funding.

If you need assistance, please reach out to Program staff at (877) 424-4405 or HousingRecovery@hcd.ca.gov.

Thank you for your interest in the ReCoverCA Housing Program. We look forward to assisting you with your housing recovery needs.

B. Apply Now

Please answer the questions below to help determine whether the ReCoverCA Housing Program is the best solution for your disaster housing recovery needs.

If you need assistance completing this page, please contact our Case Management team at (877) 424-4405 or HousingRecovery@hcd.ca.gov

1. How did you hear about the ReCoverCA Housing Programs?

- ☐ HCD Website
- ☐ Poster/Flyer
- ☐ Mailer
- ☐ Direct Call
- ☐ Social Media
- ☐ In Person Event
- ☐ Neighbor/Friend
- ☐ Local Government/Non-Profit Organization
- ☐ Commercial
- ☐ Other, please explain: _____

2. Primary Applicant Phone Number:

3. Are you an enrolled member of a California Native American Tribe? If "Yes", please also include the Tribe name.

- ☐ Yes, Tribe Name: _____
- ☐ No

4. Is the affected property located within one of the following Most Impacted and Distressed (MID) Counties?

- ☐ Monterey
- ☐ San Benito
- ☐ San Diego
- ☐ Santa Cruz
- ☐ Tulare
- ☐ Tuolumne
- ☐ Hoopa Valley Tribe (95546)
- ☐ My property is not located in a listed county

5. Was a home that you owned damaged as a result of the qualifying disaster?

- ☐ Yes
- ☐ No

5a. Are you applying as a landlord, and do you either rent this home to a tenant now or plan to rent it to a tenant after Program rehabilitation or reconstruction?

☐ Yes, I am applying as a landlord, and I currently have a tenant

☐ Yes, I am applying as a landlord, and I plan to rent it to a tenant

☐ No – Please explain:

5b. Please select the type of project you are applying for:

☐ Reconstruction

☐ Rehabilitation (No repairs have been completed)

☐ Rehabilitation (Some repairs have been completed)

☐ I'm unsure

5b.a. Did the home sustain more than $8,000 worth of damage?

☐ Yes

☐ No

6. Do you currently own the affected property?

☐ Yes

☐ No

7. Is the affected property a single-family home (either stick-built or a manufactured/mobile home)?
Note: *Condominiums, duplexes, fourplexes, and other multi-unit properties are not eligible.*

☐ Yes

☐ No

8. Does your property have registered, metered electrical connections on site, a water source with sufficient water flow rate to support a structure, and the ability to connect to wastewater treatment systems (septic or city sewer)?

☐ Yes

☐ No

☐ Unsure

9. Do you own any additional homes?
Landlord Applicants, please select "N/A"

☐ N/A

10. Have you received Federal flood disaster assistance for the affected property from a previous disaster?

☐ Yes

☐ No

10a. If "Yes" to question 10, have you maintained continuous flood insurance on the affected property?

☐ Yes

☐ No

☐ N/A

11. Is the affected property located in a Special Flood Hazard Area (SFHA)?
*You can check if the affected property is in a SFHA using the **FEMA Flood Map Service Center** (http://msc.fema.gov/portal/search) or select "Unsure" and Program staff will verify for you.*

☐ Yes

☐ No

☐ Unsure

Note: Applicants must obtain and maintain flood insurance in perpetuity if the property is located in a FEMA Special Flood Hazard Area (SFHA).

11a. If "Yes" to question 11, is the affected property located in a floodway?

☐ Yes

☐ No

☐ N/A

12. Are your property taxes current on the affected property or do you have an approved payment plan?

☐ Yes

☐ No

Note: Proof of current property tax payment, an approved payment plan, or a deferral agreement is required before your application can be reviewed. Please contact your county tax assessor's office to bring your taxes current or to obtain an approved payment plan or deferral agreement.

Income Requirements:
To meet basic Program requirements, the property must be leased to tenants with household income at or below 80% AMI for a five (5) year affordability period. Income limits are established annually by the U.S. Department of Housing and Urban Development (HUD) and can be reviewed for your county on our Program Website:

Please refer to the **"2026 ReCoverCA Tenant-Occupied Income Limits"** available on our Program Website at: https://www.hcd.ca.gov/funding/recoverca/resources

C. Contact Information

Please complete the contact information below. If you need assistance completing this page, please contact our Case Management team at (877) 424-4405 or HousingRecovery@hcd.ca.gov

1. Owner contact information (Primary Applicant/Landlord)

First Name:

Last Name:

Mailing Address (including City, State, Zip):

Phone Number:

Email:

Preferred method of communication:

☐ Phone

☐ Email

☐ Mail

What is your preferred language?

Do you require reasonable accommodation when communicating with the ReCoverCA Housing Program during the application process?

☐ Yes

☐ No

If applicable, what kind of reasonable accommodation(s) are you requesting?

2. Please add Emergency Contact information.

First Name:

Last Name:

Phone Number:

Email:

Relationship to the Primary Applicant:

3. Do you have a Communication Designee you would like to appoint at this time? *Applicants may designate a third party, known as a Communication Designee, to receive information about their program status. However, Communication Designees are not authorized to make any decisions or sign any Program documents on behalf of the Applicant.*

☐ Yes

☐ No

First Name:

Last Name:

Phone Number:

Email:

Note: If the applicant designates a Communication Designee, a Communication Designee Form must be completed and signed by both the Applicant and the Communication Designee. A copy of the Communication Designee Form can be found at the end of this application, along with all other required program forms.

4. Is there an individual with legal Power of Attorney (POA)?

☐ Yes

☐ No

First Name:

Last Name:

Phone Number:

Email:

Note: If the applicant is represented by a legally authorized Power of Attorney (POA), a copy of the POA's government-issued identification and the notarized POA document must be submitted with the application.

5. Is there a Co-Applicant? (Other Landlord Co-Owner(s))

A Co-Applicant is an adult co-owner of the damaged property. Co-Applicants have decision-making authority over the application.

☐ Yes

☐ No

First Name:

Last Name:

Mailing Address (including City, State, Zip):

Phone Number:

Email:

Preferred method of communication:

☐ Phone

☐ Email

☐ Mail

Is there an additional Co-Applicant?

☐ Yes

☐ No

First Name:

Last Name:

Mailing Address (including City, State, Zip):

Phone Number:

Email:

Preferred method of communication:

☐ Phone

☐ Email

☐ Mail

Is there an additional Co-Applicant?

☐ Yes

☐ No

First Name:

Last Name:

Mailing Address (including City, State, Zip):

Phone Number:

Email:

Preferred method of communication:

☐ Phone

☐ Email

☐ Mail

6. Is the Property Owned by a Trust?

☐ Yes

☐ No

Trust Name:

Trustee(s):

Note: If the property is owned by a trust, a complete copy of the trust document and all amendments must be submitted with the application.

7. Are there any other owners of the affected property? (Non-resident Co-Owner(s))

Owner(s) on the title of the affected property who are not occupants of the household.

Note: Landlord Applicants select "No". Not applicable for landlord applications.

☐ No

D. Structure and Property

Please provide the following information for the affected property that was damaged by a qualifying disaster. If you need assistance completing this page, please contact our Case Management team at (877) 424-4405 or HousingRecovery@hcd.ca.gov

1. Is your home a stick-built dwelling or mobile/manufactured home (MHU)?

☐ Stick-Built Dwelling

☐ Mobile or Manufactured Home

1a. Is the home on land that you own or leased land?

☐ Owned Land

☐ Leased Land

1b. If the property is an MHU on leased land, is your registration current?

☐ Yes

☐ No

☐ N/A

2. Affected Property Address (including City, State, Zip):

3. County:

4. Number of Bedrooms:

5. Number of Bathrooms:

6. Estimated square footage:

7. What year was the home built?

8. Is there currently a tenant residing in the affected property?

☐ Yes

☐ No

9. Is the affected property subject to any financial, legal, or physical restrictions (such as leases, tax liens, easements, or deed restrictions), other than those mandated by the local building department?

☐ Yes

☐ No

9a. If "Yes" to question 9, please provide additional information:

10. Is the affected property subject to a Homeowner's Association (HOA) or a Mobile Home Park (MHP)?

☐ Yes

☐ No

10a. If "Yes" to question 10, enter HOA and/or MHP Name:

10b. HOA/MHP Contact Information (email address and/or phone number):

10d. Was your mobile home or manufactured housing unit located in a park that is now closed or uninhabitable due to the disaster?

☐ Yes

☐ No

If you answered "Yes" to question 10d., please answer questions 10d.a through 10d.c.

10d.a. Have you secured a new location (owned or leased) for reconstruction?
Note: Applicants are responsible for securing the new site; the Program does not provide alternate locations.

☐ Yes

☐ No

10d.b. Please provide the address (including City, State, Zip) of the new location.

10d.c. County:
Note: The new location must be in an eligible County.

11. Does the affected property have a mortgage?

☐ Yes

☐ No

11a. Is the mortgage current?

☐ Yes

☐ No

☐ N/A

Note: Applicants with an active mortgage must be current on their mortgage payments to be eligible for assistance. Program staff will contact you twice to collect current mortgage statements. The first contact will occur after the Initial Inspection is complete and a second time after the Scope of Work (SOW) is finalized. The mortgage must be current by the time the Initial Inspection is complete and remain current.

E. Household Members

If you have a current tenant occupying the property: please complete this section with your current tenant's information and all other tenant household members. Please list all members of the household including minors. Select the relationship of each family member to the Head of Household (spouse or partner, child, etc.).

If you will rent the property after rehabilitation or reconstruction: please place "Future" in the first name and "Tenant" in the last name of **"Tenant Household Member 1"**. This will be a placeholder until you have details for your tenants.

In addition, please indicate any other individuals who are expected to reside in the home once rehabilitation or reconstruction are finished.

If you need assistance completing this page, please contact our Case Management team at (877) 424-4405 or HousingRecovery@hcd.ca.gov

Tenant Household Member 1

First Name: **Middle Name:** **Last Name:**

Birthdate:

Female Head of Household:

☐ Yes ☐ No ☐ Decline to Answer

Gender:

☐ Female ☐ Male ☐ Non-Binary ☐ Decline to Answer

Ethnicity:

☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Decline to Answer

Race:

☐ American Indian/Alaska Native
☐ American Indian/Alaska Native and White
☐ American Indian/Alaska Native and Black-African
☐ Asian
☐ Asian and White
☐ Black/African American
☐ Black/African American and White
☐ Native Hawaiian/Other Pacific Islander
☐ White
☐ Other Multi-Racial
☐ Unknown Race
☐ Decline to Answer

Relationship to Head of Household:

☐ Self (Head of Household) ☐ Spouse or Partner ☐ Child under 18

☐ Independent Adult ☐ Dependent Adult

Is any Household Member(s) age 63 or over?

☐ Yes ☐ No ☐ Decline to Answer

Is any Household Member(s) disabled?

☐ Yes ☐ No ☐ Decline to Answer

Tenant Household Member 2 (if applicable)

First Name: **Middle Name:** **Last Name:**

Birthdate:

Relationship to Head of Household:

☐ Spouse or Partner ☐ Child under 18 ☐ Independent Adult ☐ Dependent Adult

Tenant Household Member 3 (if applicable)

First Name: **Middle Name:** **Last Name:**

Birthdate:

Relationship to Head of Household:

☐ Spouse or Partner ☐ Child under 18 ☐ Independent Adult ☐ Dependent Adult

Tenant Household Member 4 (if applicable)

First Name: **Middle Name:** **Last Name:**

Birthdate:

Relationship to Head of Household:

☐ Spouse or Partner ☐ Child under 18 ☐ Independent Adult ☐ Dependent Adult

Tenant Household Member 5 (if applicable)

First Name: **Middle Name:** **Last Name:**

Birthdate:

Relationship to Head of Household:

☐ Spouse or Partner ☐ Child under 18 ☐ Independent Adult ☐ Dependent Adult

Tenant Household Member 6 (if applicable)

First Name: **Middle Name:** **Last Name:**

Birthdate:

Relationship to Head of Household:

☐ Spouse or Partner ☐ Child under 18 ☐ Independent Adult ☐ Dependent Adult

Tenant Household Member 7 (if applicable)

First Name: **Middle Name:** **Last Name:**

Birthdate:

Relationship to Head of Household:

☐ Spouse or Partner ☐ Child under 18 ☐ Independent Adult ☐ Dependent Adult

Tenant Household Member 8 (if applicable)

First Name: **Middle Name:** **Last Name:**

Birthdate:

Relationship to Head of Household:

☐ Spouse or Partner ☐ Child under 18 ☐ Independent Adult ☐ Dependent Adult

F. Household Income

Landlord Applicants are not subject to income eligibility criteria but are required to lease to tenants with household income at or below 80% Area Median Income (AMI).

If you need assistance completing this page, please contact our Case Management team at (877) 424-4405 or HousingRecovery@hcd.ca.gov

Please refer to the **"2026 ReCoverCA Tenant-Occupied Income Limits"** available on our Program Website at: https://www.hcd.ca.gov/funding/recoverca/resources

Current Tenant Income *(If you do not currently have any tenants, skip to the "Future Tenant Income" section below)*

Please review and answer the following questions related to your tenant's household income.

Note: Landlords are required to rent to Low-to-Moderate Income (LMI) tenant households. Landlord applicants must not exceed the Multifamily Tax Subsidy Projects monthly rent, inclusive of utilities, listed for 80% AMI households effective at the time of lease up and based on bedroom count. The affordability period is 5 years. Please refer to the Program Policies and Procedures for all required tenant documents and forms.

1. Tenant Household Annual Gross Income per year:
$

2. Will this income stay the same for the next 12 months?

☐ Yes

☐ No

2a. If "No" to question 2, what is the expected Tenant Household Annual Gross Income?
$

Future Tenant Income

Tenant Income documentation will be required once a tenant has been obtained or once your project has been completed; whichever occurs first. For more information on required income documentation for tenants, please refer to the Tenant Income Documentation List. Please also refer to the Program Policies and Procedures for all required tenant documents and forms.

Please Note: Landlords are required to rent to Low-to-Moderate Income (LMI) tenant households. Landlord applicants must not exceed the Multifamily Tax Subsidy Projects monthly rent, inclusive of utilities, listed for 80% AMI households effective at the time of lease up and based on bedroom count. The affordability period is 5 years.

G. Personal Information Release Authorization

Please review and acknowledge the following information. This form authorizes the State of California, California Department of Housing and Community Development (HCD), HCD's Contractors, and their respective assignees, employees, agents, and contractors (collectively "Assistance Provider") to receive and release the below-signed, individual's personal information for the purposes specified herein. Sensitive information will be used and disclosed only on an as-needed basis for purposes of determining Homeowner's eligibility and, if approved, any program activities and payments.

If you need assistance completing this page, please contact our Case Management team at (877) 424-4405 or HousingRecovery@hcd.ca.gov

Consent and Authorization to Release Information:

Program participant (homeowner, applicant and/or household member) acknowledges that the Assistance Provider's ability to access your personal information is a condition of participation in the ReCoverCA Housing Programs. Previous or current personal information may be necessary to process the grant application and, if applicable, determine the grant amount. Assistance Provider may request information, including, but not limited to, personal identity, insurance coverages, insurance claims, banking and financial records, tax returns, employment, property records, income, and assets, in order to verify program eligibility and determine the eligible grant amount.

Program participant(s) understand(s) and acknowledges that by signing this release:

- Program participant authorizes the use and/or disclosure of personal information, as described above, for the purposes listed.
- Program participant consents and authorizes Assistance Provider to request, access, review, disclose, release, and share personal information, including any private or confidential information which is not otherwise subject to public disclosure, but is deemed necessary to process Homeowner's application and grant amount at Assistance Provider's sole discretion.
- Program participant consents to the disclosure to nonaffiliated third parties of nonpublic personal information pertaining to the Program participant.
- This Consent and Authorization is effective until revoked or modified by the Program participant.
- Any party disclosing information to the Assistance Provider in connection with the Assistance Provider's requests during its evaluation of a Homeowner's application, is not liable for any negligent misrepresentation or omission, and Homeowner agrees to hold such parties harmless from and against all claims, actions, suits, or other proceedings, and any and all losses, judgments, damages, expenses, or other costs, including reasonable attorneys' fees and disbursements, arising from or in any way relating to their disclosure.
- The personal information gathered may be released to any other governing agency responsible for auditing the Assistance Provider, including, but not limited to, the United States Department of Housing and Urban Development (HUD) or the Office of Inspector General (OIG).
- Program participant has the right to withdraw permission for the release of the Homeowner's information. If Program participant signs this authorization to use, release, or disclose information, Homeowner can revoke this authorization at any time and Assistance Provider will comply with the request within a reasonable amount of time. Verbal revocation requests will not be accepted, the revocation request must be made in writing and will not affect information that has already been used or disclosed. Revocation of this authorization will prevent HCD from providing further assistance and may require repayment of any grant funds already expended on behalf of the eligible property.
- Program participant has the right to receive a copy of this authorization.

- Program participant is signing this release authorization voluntarily.

Privacy Policy

Program participant acknowledges they have received and reviewed the California Department of Housing and Community Development Privacy Policy (www.hcd.ca.gov/privacy-policy) as it relates to the Program participant's personal information and their right to privacy.

By signing this form, I acknowledge that I have reviewed and agree to all items listed above, including any responsibilities or requirements outlined.

Primary Applicant Signature: **Date:**

Co-Applicant Signature: **Date:**
(if applicable)

H. Assistance Received and Expended

Following a federally declared disaster, you may have received help from different sources like insurance, FEMA, SBA, or nonprofits. Federal rules require that the Program makes sure you don't receive duplicate assistance for the same repairs—this is called a Duplication of Benefits (DOB).

You must disclose all sources of financial or housing assistance you received as a result of the 2023/2024 federally declared disasters. In addition, supporting documentation for each source received will be required to be provided. Sources include, but are not limited to:

- FEMA Individual Assistance for Structural Loss (IA)
- FEMA National Flood Insurance Program (NFIP)
- Other Insurance
- Small Business Administration (SBA)
- Lawsuit Settlements
- Increased Cost of Compliance Settlements
- Subsidized Loans for Recovery Related to Disaster
- Other Funding Sources (charitable organizations, supplemental grant programs, etc.)

For a comprehensive list of acceptable documentation, please refer to "I. Program Required Documents".

If you need assistance completing this page, please contact our Case Management team at (877) 424-4405 or HousingRecovery@hcd.ca.gov

Federal Emergency Management Agency (FEMA)

1. Have you received any disaster-related assistance from FEMA for the affected property?

☐ Yes

☐ No

What is the amount of assistance you received to-date?

$

What is your FEMA Registration Number(s)?

Small Business Administration (SBA)

2. Have you received any disaster assistance from the SBA for the affected property?

☐ Yes

☐ No

What was the amount approved?

$

What is the amount of assistance you received to-date?

$

What is your SBA Application Number?

What is your SBA Loan Number(s)?

What is the status of your SBA Loan (e.g. paying as agreed, did not use, etc.)?

Homeowners Insurance and/or Flood Insurance

3. Did you have Homeowners Insurance and/or Flood Insurance, including the National Flood Insurance Program (NFIP), at the time of the disaster event?

☐ Yes

☐ No

What is the name of the insurance company? (You may enter more than one insurance company, if applicable)

Did you file a claim(s)?

☐ Yes

☐ No

If "Yes", what was the claim(s) amount received?

$

Are you involved in an appeal or a lawsuit against your insurance company?

☐ Yes

☐ No

If "Yes", what is the status of your insurance appeal/lawsuit (e.g. filed, in progress, judgement awarded, etc.):

Other Disaster-Related Assistance

4. Have you received any other disaster-related assistance for the rehabilitation or reconstruction of the affected property?

☐ Yes

☐ No

Please name the source(s) that you received assistance from:

What is the amount of assistance you received from each source?

$

Expenses (Exclusions)

5. Did you spend any assistance you received on one or more of the following: Debris Removal, Temporary Housing, Repairs, Mortgage Payoff (Involuntary), Theft, Vandalism, Contractor Fraud, or Legal Fees?

☐ Yes

☐ No

Please Select:

☐ Temporary housing and living expenses

☐ Forced mortgage payoff

☐ Repairs, including emergency repairs

☐ Theft or vandalism

☐ Contractor fraud

☐ Legal fees

Please describe the paid expenses and totals:

I. Program Required Documents

You only need to submit one document from the accepted list of documents for each requirement, unless otherwise stated. Documentation is required to determine your eligibility. If you're unsure which documents to provide, you can still submit your application. All documentation is required to be submitted within 30 days of application submission. Program Staff will contact you to explain and assist you with collecting any missing documentation.

If you need assistance completing this page, please contact our Case Management team at (877) 424-4405 or HousingRecovery@hcd.ca.gov

Valid Identification
Required for all applicants and co-applicants

- **Driver License**
- **State Identification Card**
- **REAL ID**
- **U.S. Military ID**
- **Current U.S. Passport**
- **Other U.S. government issued ID**

Proof of Occupancy and Primary Residence currently
Note: *Landlord applicants are required to provide documentation to establish their current primary residence is a different property than the rental property being applied for.*

- **Property Tax Bill with Homeowner Exemption**
- **Voter registration card (must be physical copy)**
- **Current valid Government Issued Identification and Bank or Credit Card Statement**
- **Current Insurance Policy covering personal property in the home**
- **Copy of most recent electric, gas, cable, or phone bill (the utility bill mailing address must match the property address and the service address at which utilities are provided)**
  ***Water, sewer and garbage bills are not acceptable proof of occupancy**

Proof of Ownership
Ownership will be verified by the Program through Third-Party Data sources. Program staff will contact you to collect, if applicable.

Trust
If the property is owned by a trust, a full copy of the trust agreement and all amendments is required.

Proof of Income
All tenant household members 18+ are required to provide their most recent filed tax return with supporting schedules AND current income documentation from all sources.

- **Most recently filed Federal Tax Return with all schedules**

Income Source examples include but are not limited to:

- **3 most recent Paystubs within 90 days (Wages)**
- **Current year-to-date profit and loss statement (Self-employment/Business Income)**
- **Current Social Security Benefit Award Letter or Annual Social Security Statement (Public Benefits)**
- **Current Pension Statement or prior year 1099-R (Pension/Retirement)**

For a complete list of accepted documentation, please refer to the Income Eligibility Criteria in ReCoverCA's SFRR Policies and Procedures. https://www.hcd.ca.gov/funding/recoverca/resources

Required Program Forms

Ways to complete required Program forms:

1. **Contact Program staff to email forms to complete them with an electronic signature.**
2. **Download the forms from the online application in Neighborly software to print and physically sign.**
3. **Request that Program staff mail the forms to you to physically sign.**
4. **Meet with Program staff at an in-person intake event where required forms will be provided.**

Primary Applicant & Co-Applicant(s):

- **Grant Certifications**
- **Grant Certification – Rental Addendum**
- **Signed Tenant Lease Agreement**

ALL Tenant Household Members 18+:

- **Income Certification Form**

Assistance Received and Expended

- **FEMA Award/Denial Letter**
- **SBA Award/Denial Letter**
- **Homeowners Insurance and/or Flood Insurance Policy**
- **Homeowners Insurance and/or Flood Insurance Claim Documentation**
- **Evidence of Other Assistance**
  (i.e., award letter, approval letter, copy of a check, etc.)

Expenses (DOB Exclusions)

- **Exclusion Evidence Documentation**
  (i.e. date stamped receipts, signed lease or rental agreements, Bill of Sale or Title, paid invoices, formal complaints, cancelled checks, etc.).

The Program verifies certain eligibility requirements through third-party data sources. Applicants may be asked to provide supplemental documentation if information cannot be confirmed. The Program reserves the right to request additional documentation at any point during the application review process to determine eligibility.

J. Rights of Entry Authorization and Agreement

Please review and acknowledge the following information. If you need assistance completing this page, please contact our Case Management team at (877) 424-4405 or HousingRecovery@hcd.ca.gov

Rights of Entry Authorization and Agreement

Whereas, the State, as used herein, refers to the State of California and the California Department of Housing and Community Development (HCD); and

Whereas, the Program, as used herein, refers to the ReCoverCA Housing Programs, outlined in the State's Community Development Block Grant – Disaster Recovery (CDBG-DR) action plans for the 2023/2024 federally declared disasters (DR-4699, DR-4707, and DR-4758), as approved by the United States Department of Housing and Urban Development (HUD) in 2025 and implemented by the State; and

Whereas, Construction Management (CM) contractor, as used herein, refers to the Full Service CDBG-DR Construction Management and Delivery Services contractor, selected by the State to conduct inspections and construction activities in furtherance of the Programs; and

Whereas the provision of assistance to a property under these Programs requires a physical presence on that property to conduct inspection and/or construction activities;

Therefore, the undersigned homeowner ("Homeowner") and the Assistance Provider as defined below, hereby, enter into this Right of Entry Authorization and Agreement.

Authorization and Agreement

The undersigned homeowner ("Homeowner"), hereby, unconditionally authorizes the State /Construction Management (CM) contractor, and their respective assigns, employees, agents, and contractors (collectively, the "Assistance Provider") to have the right of access to enter and onto the property described above ("the Property") for the purpose of performing inspections and/or rehabilitation and/or reconstruction activities resulting from the declared Disasters. The eligible counties and areas are: Monterey, San Benito, San Diego, Santa Cruz, Tulare, Tuolumne, and Hoopa Valley Tribe (zip code 95546).

Homeowner understands that this Right of Entry form (ROE) does not create any obligation on the part of the Assistance Providers to perform inspections or undertake construction activities on the Property.

Homeowner understands that no inspection or construction activities will be performed until this form is signed.

- Term: The ROE shall expire upon completion of all construction activities and final occupancy.
- Inspection and Construction Activities Authorized: This form authorizes inspection and construction activities on the Property. Homeowner understands that the Assistance Providers shall, in their sole discretion, determine the extent of the damage to the Property and the scope of work to be conducted by contractors. If Homeowner disagrees with the nature or extent of proposed actions, Homeowner may refuse any additional work and cancel this ROE at any time by submitting a cancellation request signed by the Applicant in writing to the CM. Verbal cancellation requests will not be accepted. Revocation of this authorization will prevent HCD from providing further assistance and may require repayment of any grant funds already expended on behalf of the eligible

property.

- Site Ready, No Interference and Removal of Obstructions: Upon the signing of this Agreement, Homeowner will remove all personal property and valuables, such as furniture, jewelry, heirlooms, and cash ("Personal Property"), from the Property, prior to the commencement of construction. Homeowner also agrees to cooperate with the Assistance Providers and will not interfere with inspection and construction activities on the Property. To the extent that there are debris, refuse, garbage, and/or other obstructions located on the property that will interfere with inspection or construction activities, Homeowner agrees to remove such items at Homeowner's own expense within ten (10) days of the date of written notice from the Assistance Providers requesting removal.
- Assistance Providers Held Harmless: The Homeowner acknowledges that the State's decisions on whether, when, where, and how to provide ReCoverCA Housing Program benefits to and on Homeowner's property are discretionary functions. Assistance Providers shall not be liable for any claim based upon the exercise or performance of or the failure to exercise or perform a discretionary function or duty on the part of any agency or an employee of any agency in carrying out inspections or construction activities related to the ReCoverCA Programs. Additionally, the undersigned will indemnify and hold harmless all Assistance Providers listed above for any and all liability, loss, damage, or destruction of any type whatsoever to the above described property or to Personal Property, and hereby releases, discharges and waives any and all liability, claims, demands, damages, injuries, losses, penalties, fines, costs, causes of action, judgments, expenses, as well as any and all actions, either legal or equitable, which the undersigned has, or that might arise, of any nature whatsoever and by whomever made, or may have, by reason of or incident to any action of aforesaid Assistance Providers taken to accomplish the aforementioned purpose. The Homeowner agrees to indemnify and hold harmless Assistance Providers, as defined herein, from any death of or any injury to persons or damage to property because of actions taken pursuant to the Program.
- Miscellaneous:
    1. Homeowner represents and warrants, that Homeowner has full power and authority to execute and fully perform Homeowner's obligations under this ROE. Homeowner also represents and warrants that they are authorized to act on behalf of anyone who might otherwise have an interest in the Property.
    2. This ROE includes the right of ingress and egress on other lands of the Homeowner not described above, provided such ingress and egress is necessary and access to the Property is not otherwise conveniently available to the Assistance Providers. All tools, equipment, and other property taken upon or placed upon the property by the Assistance Providers shall remain the property of the Assistance Providers and may be removed by the Assistance Providers (and only by the Assistance Providers) at any time within a reasonable period after the expiration of this ROE, as necessary.
    3. Homeowner understands that any individual who fraudulently or willfully misstates the facts in connection with this ROE shall be subject to legal action or other remedies, including but not limited to, the repayment of funds to the State of California which Homeowner may have been granted pursuant to the Program.
- Privacy Act Statement: The Property Homeowner acknowledge(s) that information submitted, herein, will be shared with other government agencies, federal and nonfederal, and contractors, their subcontractors, and employees, for purposes of administering the ReCoverCA Housing Programs.

By signing this form, I acknowledge that I have reviewed and agree to all items listed above, including any responsibilities or requirements outlined.

Primary Applicant Signature: **Date:**

Co-Applicant Signature: **Date:**
(if applicable)

K. Stop Work Order

Please review and acknowledge the following information. If you need assistance completing this page, please contact our Case Management team at (877) 424-4405 or HousingRecovery@hcd.ca.gov

Stop Work Order

Upon submitting a Program application, you must stop any construction, repairs, or changes to the property. This pause is required so the Program can complete environmental and other necessary reviews before any work continues.

- I understand that all work on the affected property must stop upon submission of this application. I acknowledge that failure to comply with the Program's Stop Work Order may result in ineligibility for assistance.

By signing this form, I acknowledge that I have reviewed and agree to all items listed above, including any responsibilities or requirements outlined.

Primary Applicant Signature: **Date:**

Co-Applicant Signature: **Date:**
(if applicable)

L. Conflict of Interest

Please review and acknowledge the following information. If you need assistance completing this page, please contact our Case Management team at (877) 424-4405 or HousingRecovery@hcd.ca.gov

Conflict of Interest Disclosure Form – Part A

Federal, state, and local law prohibit employees, agents, and public officials of the California Department of Housing and Community Development (HCD) from exercising judgment, holding responsibility, or otherwise participating in any transaction in which they have a financial interest.

A "conflict of interest" is a situation in which financial or other personal considerations may compromise, or appear to compromise, judgment in following the rules of the program, or in which you have a direct relationship with another HCD representative that control Single-Family Rehabilitation and Reconstruction Program ("SFRR" or "Program") benefit determinations for which you seek to apply. The purpose of this form is to determine whether a conflict of interest may exist.

This form must be completed and submitted by each owner named on the deed or individual applying for program benefits.

A **"Covered Employee"** is an HCD employee, agent, consultant, or contractor, or an officer who currently serves or has served, within the past year, as an elected or an appointed official with oversight of HCD.
Please answer the following questions:

1. Are you a Covered Employee as defined above?

☐ Yes

☐ No

2. Do you, or any person who holds an ownership or financial interest (including tenancy) in the property described above, have an immediate family member (spouse, domestic partner, child, stepchild, parent, stepparent, sibling, etc.) who is a Covered Employee as defined above?

☐ Yes

☐ No

3. Do you, or any person who holds an ownership or financial interest (including tenancy) in the property described above, have business dealings or business ties to a Covered Employee as defined above?

☐ Yes

☐ No

If you answered "Yes" to any of the questions above, please complete Questions 4 – 8 in Part B.

Conflict of Interest Form – Part B

Applicant(s) for the Single-Family Rehabilitation and Reconstruction Program (SFRR) is subject to conflict-of-interest laws as a result of their relationship with the following Covered Employee, associated with HCD.

4. Covered Employee's Name:

5. What is your relationship with the Covered Employee?

☐ Self

☐ Member of Applicant's immediate family (including but not limited to a spouse, domestic partner, child, parent, or sibling)

☐ Associated with an organization that employs or is about to employ Applicant

☐ Has a financial or other interest in or with Applicant

☐ Other, please describe relationship:

6. What is the Covered Employee's relationship with the Department of Housing and Community Development (HCD)?

☐ Employee or officer

☐ Agent

☐ Consultant

☐ Elected or appointed official

☐ Other, please describe relationship:

7. Describe position and/or role of Covered Employee:

8. Does the Covered Employee exercise or has the Covered Employee exercised, within the past year, any functions or responsibilities with respect to the Program?
OR
Is the Covered Employee in a position to participate in a decision-making process or gain inside information with regard to activities under the Program?

☐ Yes

☐ No

CERTIFICATION

I have read and understand this Conflict-of-Interest Disclosure and I have truthfully and completely disclosed all information required on this form and in the attachment (if applicable). I understand that the Program is funded with Community Development Block Grant Disaster Recovery (CDBG-DR) funds under an award from the U.S. Department of Housing and Urban Development (HUD). I understand I may be subject to civil and/or criminal penalties if I knowingly make false or fraudulent statements to an agency of the U.S. Government (including HUD) under 18 U.S.C. 287 and 1001 and 31 U.S.C. 3729

I agree to comply with any conditions or restrictions imposed by HCD to reduce or eliminate actual and/or potential conflicts of interest. I agree to update this disclosure form promptly if relevant circumstances change and I understand that this disclosure is not a confidential document.

If HCD or HUD later determines that a conflict of interest exists, I understand that I may be terminated from the Program and that I may be required to return any and all funding received and/or the value of the services I received from the program.

By signing this form, I acknowledge that I have reviewed and agree to all items listed above, including any responsibilities or requirements outlined.

Primary Applicant Signature: **Date:**

Co-Applicant Signature: **Date:**
(if applicable)

Submit the Application

Please review and acknowledge the following information. If you need assistance completing this page, please contact to our Case Management team at (877) 424-4405 or HousingRecovery@hcd.ca.gov.

Fraud Acknowledgement

- Homeowner, Applicant and/or household member providing this statement to the ReCoverCA Housing Program is hereby notified that intentionally or knowingly making a materially false or misleading written statement relating to the ReCoverCA Housing Programs could result in ineligibility for benefits, action to recover any Program benefits paid to or on behalf of Program Participant, and/or a referral to criminal law enforcement.
- Program Participant represents that all their statements and representations regarding any other disaster recovery funding received by Program Participant have been and shall be true and correct.
- Program Participant hereby acknowledges, and understands that Title 18 of the United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up by any trick, scheme, or device a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; or (c) make or use any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, to any branch of the United States Government, and; (2) requires a fine, imprisonment for not more than five years, or both, for any violation of such Section.
- In any proceeding to enforce Program Participant's obligations arising from funds received pursuant to the Program, the California Department of Housing and Community Development shall be entitled to recover all costs of enforcement, including actual attorney's fees.

Housing Counseling

Housing counseling is a Program service that helps individuals and families affected by disasters. Housing counseling agencies provide guidance and resources to navigate the complexities of post-disaster recovery, including financial assessments and budgeting for future home needs and Program compliance requirements.

- I understand that completing at least one housing counseling session is required for Program participation. I understand that this requirement does not apply if I am a Reimbursement Only applicant.

Application Acknowledgments

- I understand that the information on this application is to be used to determine eligibility for the ReCoverCA Housing Program. I understand submission of this application does not guarantee program eligibility or funding.
- I understand if the property is located in a Special Flood Hazard Area (SFHA), I must acquire flood insurance and comply with obligations to notify future owners of flood-insurance requirements.
- I understand that upon submission of my application, I will have thirty (30) days to submit ALL required program documentation.

By signing this form, I acknowledge that I have reviewed and agree to all items listed above, including any responsibilities or requirements outlined.

Primary Applicant Signature: **Date:**

Co-Applicant Signature: **Date:**
(if applicable)

We care about your feedback! Please take a moment to complete a brief Customer Experience Survey (https://www.surveymonkey.com/r/5LN5CT9). Your input helps improve our outreach to impacted homeowners and our Program processes. Thank you!