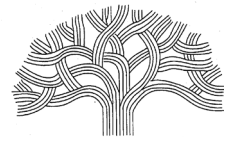


# CITY of OAKLAND



250 FRANK H. OGAWA PLAZA \* SUITE 5313 \* OAKLAND, CALIFORNIA \* 94612-2034

Community and Economic Development Agency  
Residential Lending and Housing Rehabilitation Services

(510) 238-3909  
Fax (510) 238-3794

Dear Applicant(s):

Thank you for your interest in our **Residential Grant Program(s)**. We are now in the process of receiving applications. If you are still interested in applying for this program, please complete the loan application. You will also need to include/provide the following documents:

- Proof of Ownership (e.g., copy of Grant Deed, Quitclaim Deed, etc., with legal description attached);
- Your Current Property Tax Bill;
- Complete Federal Tax Returns for most recent two years, W-2s, 1099s and all schedules
- If employed, 2 current checkstubs;  if retired, documentation of pension or retirement income
- Documentation for all applicants and all household members who are 18 years old or older
- If self-employed, current Profit and Loss Statement and Balance Sheet
- Copies of bank or credit union statements for the past two months
- Copy of Lease or Rental Agreement if you receive rental income;
- Current Mortgage Statement
- Your most recent PG& E or Telephone Bill that shows your name and address;
- Copy of current fire insurance policy
- Copy of Code Violations from the City's Code Compliance Division, if applicable
- Proof of Age Eligibility Requirement (e.g., copy of driver's license; California I.D., or birth certificate). **Only required for the Lead-Safe Home Paint Program.**

**ATTACH ADDENDUM(S) TO GRANT PROGRAM APPLICATION FOR ALL PROGRAMS APPLYING FOR.**

If you have any question or require assistance with completing the application, please call (510) 238-3909.

## RESIDENTIAL GRANT APPLICATION

Property Information	
Subject Property Address (street, city, state, zip)	No. of units

Date Acquired:	Original Cost: \$	Amount of Existing Liens: \$	Census Tract _____
----------------	----------------------	---------------------------------	--------------------

Owner	Owner Information	Co-Owner
-------	-------------------	----------

Owner's Name				Co-Owner's Name			
Social Security No.	Home Phone No. ( )	Birthdate	Age	Social Security No.	Home Phone No. ( )	Birthdate	Age

<input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Unmarried (include single, divorced, widowed) <input type="checkbox"/> Separated	Household Members (not listed by Co-Owner, include dependents and housemates) No.:    Ages:	<input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Unmarried (include single, divorced, widowed) <input type="checkbox"/> Separated	Household Members (not listed by Owner, include dependents and housemates) No.    Ages:
--	--	--	--

Present Address (street, city, state, zip) _____ No. Yrs. _____	Present Address (street, city, state, zip) _____ No. Yrs. _____
---	---

If residing at present address for less than two years, complete the following:

Former Address (street, city, state, zip) _____ No. Yrs. _____	Former Address (street, city, state, zip) _____ No. Yrs. _____
--	--

Owner	Employment Information	Co-Owner	
Name & Address of Employer <input type="checkbox"/> Self Employed Yrs. on this job _____ Yrs. employed in this line of work/profession _____	Name & Address of Employer <input type="checkbox"/> Self Employed Yrs. on this job _____ Yrs. Employed in this line of work/profession _____	Name & Address of Employer <input type="checkbox"/> Self Employed Yrs. on this job _____ Yrs. Employed in this line of work/profession _____	
Position/Title/Type of Business	Work Phone ( )	Position/Title/Type of Business	Work Phone ( )

If employed in current position for less than two years, or if currently employed in more than one position, complete the following:

Name & Address of Employer <input type="checkbox"/> Self Employed	Dates (from – to)	Name & Address of Employer <input type="checkbox"/> Self Employed	Dates (from – to)
Name & Address of Employer <input type="checkbox"/> Self Employed	Dates (from – to)	Name & Address of Employer <input type="checkbox"/> Self Employed	Dates (from – to)

Monthly Income and Combined Housing Expense Information				
Gross Mo. Income	Owner	Co-Owner	Mo. Housing Exp.	Present
Base Gross Salary	\$	\$	Rent	\$
Overtime			First Mortgage (P & I)	
Social Security			Hazard Insurance	
Retirement/Pension			Real Estate Taxes	
Disability			Mortgage Ins.	
Alimony/Child Support			Homeowner Assn. Dues	
Other Gov't Assistance			Maintenance	
Bonuses			Other:	
Interest/Dividends				
Rental Income				
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>

Initials:    Owner \_\_\_\_\_    Co-Owner \_\_\_\_\_

**Schedule of Other Real Estate Owned**

Address of Property	Type of Property	Present Market Value	Mortgage Loan Balance	Gross Rental Income	Mortgage Payment	Taxes, Ins. Vacancy & Maint	Net Rental Income
		\$	\$	\$	\$	\$	\$

**Household Composition**

Name	Age	Sex	Relationship	Income Amount	Income Source	How Verified
1.						
2.						
3.						
4.						
5.						
<b>TOTAL</b>						

**Information for Government Monitoring Purposes**

Borrower		Co-Borrower	
Race	<input type="checkbox"/> I do not wish to furnish this information <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> American Indian/Alaskan Native and Black/African American Balance/Other <input type="checkbox"/> Balance/Other (specify): _____	Race	<input type="checkbox"/> I do not wish to furnish this information <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> American Indian/Alaskan Native and Black/African American Balance/Other <input type="checkbox"/> Balance/Other (specify): _____
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female

**Certification:** I/We certify that the information provided in this application is true and correct as of the date opposite my/our signature(s) and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in a civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001.

**Authorization:** I/We authorize City of Oakland to verify the information on this application.

Borrower's Signature	Date	Co-Borrower's Signature	Date
X		X	

**To be Completed by Interviewer**

This application was taken by: <input type="checkbox"/> face-to-face interview <input type="checkbox"/> by mail	Interviewer's Signature	Date
--	-------------------------	------

For Office Use Only:	Date Received	Application No.	District	Census Tract	Flood: <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------------	---------------	-----------------	----------	--------------	--