



# CalHome Disaster Assistance Application

## California Department of Housing and Community Development

### Division of Financial Assistance

#### **This application is for owner-occupied rehabilitation activities only (including Manufactured Housing)**

If approved for funding, this application 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. Applicants must use the attachment checklist (**Exhibit A: Attachment Checklist**) contained in this application as an aid in completing the application. The Department will not rate and rank applications containing material internal inconsistencies. Applications must meet all eligibility requirements upon submission. Application forms must not be modified, and no facsimiles, incomplete applications, or application revisions will be accepted prior to, or after the application deadline.

For instructions on completing this application or other information, Applicants can download a copy of the CalHome Application Training Manual or other required forms on the NOFA webpage at <http://www.hcd.ca.gov/grants-funding/nofas.shtml>.

All applicants must submit the following documentation for funding consideration:

- CalHome Disaster Assistance Application (**Fillable PDF**)
- Attachment 2: Program: Owner-Occupied Rehabilitation Program
- All documentation as required in
  - **Exhibit A: Attachment Checklist, and**
  - **Section I through Section VI of this Application**
- Payee Data Record – STD-204 (located on the NOFA webpage at <http://www.hcd.ca.gov/grants-funding/nofas.shtml>; **Add as Attachment 4**)

In addition to the above, nonprofit applicants must submit the following:

- IRS Approval of 501(c)(3) Status
- A Copy of the Applicant's Current Certification of 501(c)(3) Status
- A Copy of the Applicant's Articles of Incorporation
- A Copy of the Applicant's Bylaws
- A List of the Applicant's Officers and Board of Governing Body
- Applicant's Prior 2-years Financial Statements

As outlined in the **Notice of Funding Availability, Section IV, Item A: Application Packaging and Submittal**; send the complete and final application package to the following address:

**CalHome Program**  
**Department of Housing and Community Development**  
**Division of Financial Assistance, NOFA Section**  
**2020 West El Camino Ave, Suite 500**  
**Sacramento, CA 95833**

Available funding amounts for counties are as follows:

<b>County</b>	<b>Allocation for Round 1 NOFA</b>
Sonoma	\$2,000,000
Napa	\$1,000,000
Mendocino	\$1,000,000
Lake	\$500,000
Yuba	\$500,000
Nevada	\$500,000
Butte	\$500,000
<b>Total</b>	<b>\$6,000,000</b>

After the application deadline, if one of the counties is undersubscribed and there are remaining CalHome funds, those remaining funds will be put back towards the remaining total of CalHome funds for the second round of CalHome Disaster funding. Eligible local jurisdictions and nonprofit applicants are encouraged to apply for as much funding as each may reasonably use.

### SECTION I: APPLICATION SUMMARY

#### Applicant Contact Information

<b>A. Name</b>	
<b>Applicant Street Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip</b>	
<b>B. Authorized Representative Name &amp; Title</b>	
<b>C. Contact Person Name &amp; Title</b>	
<b>D. Phone No.</b>	
<b>Fax</b>	
<b>Email</b>	
<b>Proposed Activity</b>	
<b>E. Proposed Grant Amount</b>	<b>\$</b> <input style="width: 100px;" type="text"/>

<b>F. Activity:</b>	<b>Proposed No. of Assisted Units:</b>	<b>County(ies) of Activity:</b>
Owner-Occupied Rehabilitation		
Manufactured Housing: Owner Occupied Rehabilitation		

**G. Provide a brief description on a separate sheet of the proposed activity(ies) and a description of how the applicant will comply with the requirements for local program administration set forth in Section 7721. Label it "Proposed Activities and Administration," and attach as Attachment 3.**

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## SECTION II: LEGISLATIVE REPRESENTATIVES

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“**Exhibit B: Legislative Representatives**” is included in this application. Please complete the information on this form and attach as **Attachment 5**.

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## SECTION III: GOVERNING BOARD RESOLUTION

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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 and label as **Attachment 6, Governing Board Resolution**. Please review the sample resolution included in this application package (**Exhibit C**), and make certain that the resolution authorizes a signatory for submittal of this application, and that 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 legal 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, Governing Board Resolution**.

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## SECTION IV: APPLICANT INFORMATION

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A. If the applicant is a Nonprofit Corporation, check here: [ ] Nonprofit Corporation

1. If a Nonprofit Corporation, you must submit copies of the following documentation as shown below and in **Exhibit A; Attachment Checklist**:

IRS approval of 501(c) (3) status	<b>Attachment 7a</b>
Secretary of State Letter of Good Standing	<b>Attachment 7b</b>
Articles of Incorporation	<b>Attachment 7c</b>
Bylaws	<b>Attachment 7d</b>
List of names of Board of Directors	<b>Attachment 7e</b>
Financial Statements (for the last 2 fiscal years, one of which must be must be audited)	<b>Attachment 7f</b>

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## SECTION V: ACTIVITY ATTACHMENT

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Applicants must complete the following attachment:

- **ATTACHMENT 2: PROGRAM: OWNER OCCUPIED REHABILITATION**

The attachment must be complete and included in the application package, or the application will not be eligible for funding consideration.

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## SECTION VI: APPLICANT CERTIFICATION AND COMMITMENT OF RESPONSIBILITY

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As the official designated by the governing body, I hereby certify that if approved by HCD for a CalHome Program funding allocation, that \_\_\_\_\_  
(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 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 requirements as set forth in the Notice of Funding Availability and the statutes and regulations governing the CalHome Program including, but not limited to, Housing Element, Climate Adaptation, Long-Term Resiliency Standards and Fire and Flood Requirements;
- 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;
- H. Construction work has not begun, and will not begin, prior to the date that HCD makes an award of CalHome funds.

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 attachment number listed below.

Check if Included	Att. No.	Attachment Title
	2	Owner Occupied Rehabilitation Program (Including Manufactured Housing)
	3	Proposed Activities and Administration
	4	Payee Data Record (STD204 is located at <a href="http://www.hcd.ca.gov/grants-funding/nofas.shtml">http://www.hcd.ca.gov/grants-funding/nofas.shtml</a> )
	5	Exhibit B: Legislative Representatives
	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
<b>In addition, nonprofit corporations must also provide the following documentation</b>		
	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)

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## EXHIBIT B: LEGISLATIVE REPRESENTATIVES

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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. Please complete the information on this form and submit as **Attachment 5**.

### A. Members of the State Assembly:

District number		District number	
Name		Name	
District		District	
Street Address		Street Address	
City		City	
Zip Code		Zip Code	

### B. Members of the State Senate:

District number		District number	
Name		Name	
District		District	
Street Address		Street Address	
City		City	
Zip Code		Zip Code	

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

District number		District number	
Name		Name	
District		District	
Street Address		Street Address	
City		City	
Zip Code		Zip Code	

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**EXHIBIT C: SAMPLE GOVERNING BOARD RESOLUTION**

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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/project location(s)]

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.

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**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.



**ATTACHMENT 2: OWNER-OCCUPIED REHABILITATION PROGRAM  
(INCLUDING MANUFACTURED HOUSING)**

**Attachment 2** is required for all applicants proposing to use CalHOME funds for loans to owner-occupants for rehabilitation of substandard properties, including manufactured housing. 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 program regulations.

**SECTION 1: APPLICANT INFORMATION**

Identify the applicant organization:

**Name:** \_\_\_\_\_

**SECTION II: OWNER-OCCUPIED REHABILITATION PROGRAM  
EXPERIENCE (INCLUDING MANUFACTURED HOUSING)**

**A.** Provide information regarding applicant’s prior experience in owner-occupied rehabilitation program operation for 12 consecutive months, for each of the four calendar years. Applicant organizations should only list those rehabilitated units for which they provided rehabilitation financing assistance. **If needed, create a separate chart and attach as Exhibit 2-A.**

<b>YEAR</b>	<b>Funding Sources(s)</b>	<b>No. of Rehabs Completed</b>	<b>No. of Escrows Closed by Applicant</b>	<b>Avg. Amount of Assistance Provided Per Owner</b>
<b>2017</b>				
<b>2016</b>				
<b>2015</b>				
<b>2014</b>				
<b>2013*</b>				

*\*Number of rehab units for 2013 is for assessing tiebreaker points if needed*

**B.** For the years beginning in January 2013 through December 2017, attach 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 beginning January 2014 through December 2017, identify the total number of homeowner rehabilitation loans applicant has underwritten and closed (including preparation of loan documents and escrow instructions).

Number of loans: \_\_\_\_\_

### SECTION IV: LOAN SERVICING EXPERIENCE

Experience	No. of years
A. For the years 2014 through 2017, identify 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, identify 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 on behalf of the applicant.	
E. As of the CalHome NOFA issuance date, the total number of homeowner loans the applicant is servicing for another entity.	
<p>F. If there are <u>zero</u> loans identified in C, D <u>and</u> 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:</p> <ol style="list-style-type: none"> <li>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; or</li> <li>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. <b>(Attach as Exhibit 2-2)</b></li> </ol>	

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**SECTION V: PROGRAM TARGETING**

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**A.** Enter the number of homeowners to be assisted with this application for CalHome funds:

**Number of assisted homeowners:** \_\_\_\_\_

**B.** Will the program be operated entirely within a federally defined Qualified Census Tract(s) as identified in Appendix B in the CalHome Application Training Manual?

(ONLY MARK YES IF ALL HOMES TO BE ASSISTED WITH CALHOME FUNDS SHALL BE LOCATED IN THE AREA(S) IDENTIFIED IN APPENDIX B):

Yes \_\_\_\_\_ No \_\_\_\_\_

**Identify the federally defined Qualified Census tract(s) below:**


**C.** A nonprofit shall operate its program or project within a county in which it has developed a project or operated a housing program within the past four years.

**Nonprofits must list the name of the county or counties for the past four years below:**


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**SECTION VI: FINANCING**

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**A.** Describe the financing structure for any subordinate financing to be provided in addition to the CalHome loan. Do not list the CalHome loan:

Source of Financing	Proposed Lien Position*

**\*Note: Assume the existence of a first mortgage.**