

# CalHome Program

## Application for General Program Funding NOFA

### Mortgage Assistance and/or Owner-Occupied Rehabilitation

California Department of Housing and Community Development  
Financial Assistance Division  
P.O. Box 952054, Sacramento, CA 94252-2054  
Or  
2020 West El Camino Ave, Suite 500  
Sacramento, CA 95833

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.

This Disaster Assistance NOFA will include first-time homebuyer mortgage assistance activities and owner-occupied activities.

#### SECTION I. APPLICATION SUMMARY

##### Applicant Contact Information

Name	
Applicant Street Address	
City	
State	
Zip	
Chief Executive Name & Title	
Contact Person Name and Title	
Phone No.	
Fax	
Email	
Proposed Activity	

You may apply for one or two program activities. Initial funding amounts are determined by county based on the proportion of destroyed single-family homes in each county, as identified by FEMA:

Factor	Calaveras	Lake
Number of Destroyed Single-Family Homes	475	1,280
Percentage of Destroyed Single-Family Homes	27%	73%
CalHome Allocation	\$1,950,000	\$5,250,000

After ninety-four days following the release of the NOFA (Monday, November 28, 2016), if one of the above counties is undersubscribed and there are remaining CalHome funds, those remaining funds will be distributed to the eligible unfunded or underfunded non-profits which have applied from the other county, in descending order from highest to lowest ranking.

Eligible non-profit applicants are encouraged to apply for as much funding as each may reasonably use.

Activity: Submit Appropriate Attachment Number	No. of CalHome Assisted Units Proposed	County or Counties of Activity	Census Tracts if Proposing 100% Rural Activity*
1.FTHB Mortgage Assistance Program			
2.Owner-Occupied Rehabilitation Program			
Total			

Calaveras and Lake Counties do not have to provide documentation of their rural status, and will be considered rural applicants.

**Proposed Grant Amount** \$ \_\_\_\_\_.

Eligible Non-profit applicants are encouraged to apply for as much funding as each may reasonably use.

The Initial Allocation to Calaveras and Lake County is based on the proportion of destroyed single-family homes as identified by FEMA (See the NOFA, *Eligibility Section C* for more information).

If there are excess funds available after ninety-four days (Monday, November 28, 2016), funds will be awarded in the manner prescribed in Appendices B and C and elsewhere in the 2016 Disaster Assistance NOFA.

**Please provide a brief description of what each activity you are applying for:**

A large rectangular box containing 30 horizontal lines for text entry.

### **Long-Term Resiliency Standards:**

As required by the NOFA, applicants must commit to the following resiliency standards for any and all activities applied for:

- Building Standards:** Applicants will adhere to Chapter 7(a) of the California Building Code or other pertinent hazard mitigation building codes;
- Zoning and Site Planning:** Applicants will adhere to Government Code Section 66474.02 and applicable regulations adopted by the State Board of Forestry and Fire Protection pursuant to Sections 4290 and 4291 of the Public Resources Code; and
- Local Ordinances:** Local Ordinances must meet or exceed Title 14 SRA Fire Safe Regulations, pursuant to 14 CCR 1270.01 and 1270.03.

### **Fire and Flood Requirements:**

Grantees must meet following requirements for any and all activities applied for:

- Borrowers will maintain insurance on the property in an amount at least equal to the replacement value of the improvements;
- Grantees will be named as additional loss payee on the policy; and
- Borrowers must meet all qualifications and requirements of the CalHome Program.

## **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: [ ] Nonprofit Corporation

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 least one attachment:

- Attachment 1, First-Time Homebuyer Mortgage Assistance, or
- 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
	1	Program: First-time Homebuyer Mortgage Assistance Program
	2	Program: Owner-Occupied Rehabilitation Program
<b>N/A</b>	3	Documentation regarding population over 400,000 for requesting funds over \$1,000,000 (up to \$1,500,000)
	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
<b>N/A</b>	Bonus-A	Energy Efficient/Green Building Standards
<b>N/A</b>	Bonus-B	Universal Design Standards
		<b>Nonprofit corporations must provide the following information:</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)

**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	
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	



**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/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.

**CalHome Program  
Application Attachment 1  
FIRST-TIME HOMEBUYER MORTGAGE ASSISTANCE PROGRAM**

This Application form is for homebuyer mortgage assistance to first-time homebuyers of new or existing homes, or for purchase of existing homes to be rehabilitated by the homebuyer. An applicant may only apply for funds under this attachment when it will be providing the services required in Section 7729 of the program regulations.

**SECTION I: APPLICANT INFORMATION**

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

**SECTION II: FIRST-TIME HOMEBUYER PROGRAM EXPERIENCE**

A. Provide the following information for each year of first-time homebuyer program operation for 12 consecutive months, by calendar year. Applicant organizations should only list those homebuyer units for which they provided the mortgage assistance services.

YEAR	PERMANENT FINANCING FUNDING SOURCE(S)	NO. OF PURCHASE ESCROWS UNDERWRITTEN AND CLOSED	AVERAGE AMOUNT OF ASSISTANCE PROVIDED PER BUYER
2015			
2014			
2013			
2012			
2011			
2010			
2009			
2008			
2007			
2006			

B. For years 2011 through 2015, 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 1-1)**

**SECTION III: LOAN UNDERWRITING EXPERIENCE**

A. For the years 2011 through 2016, the total number of homebuyer loans applicant has underwritten and closed, which included preparation of loan documents and escrow instructions\_\_\_\_\_.

**SECTION IV: LOAN SERVICING EXPERIENCE**

Experience	No. of years
A. For the years 2011 through 2015, the total number of homebuyer 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 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 homebuyer 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 1-2).**

**SECTION V: PROGRAM TARGETING**

A. Number of homebuyers to be assisted with this application for CalHome funds\_\_\_\_\_

B. Program will be operated **entirely within a federally defined Qualified Census Tract(s) located in Appendix B in the training manual** (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. Nonprofit corporations must list the county or counties in which the program will be operated county/counties\_\_\_\_\_

D. Provide the data source used to project median sales price:\_\_\_\_\_

**SECTION VI. FINANCING AND AFFORDABILITY**

**A. Proposed Permanent Financing (other than CalHome) (check all that apply):**

- Conventional     FHA     CalHFA     USDA-Rural Development  
 Federal HOME     Other

Describe the financing structure, first mortgage and any subordinate financing in addition to CalHome that will finance the purchase of the properties.

Source of Financing	Proposed Lien Position

**B. Projected Average Housing Cost and Affordability:**

1. Expected Average Sales Price, Less Homebuyer Equity:  
\$ \_\_\_\_\_
2. Less Average CalHome Mortgage Assistance to be given:  
\$ \_\_\_\_\_
3. Less Average Other Mortgage Assistance to be received, if any:  
\$ \_\_\_\_\_
4. Average First Mortgage:  
\$ \_\_\_\_\_
5. Estimated Monthly Payment on First Mortgage (PITI):  
\$ \_\_\_\_\_
6. Annual Income Needed to Support above Payment  
\$ \_\_\_\_\_  
*(Based on the homebuyer paying 30% of gross annual income for PITI)*

**SECTION VII. CONTRIBUTED LABOR PROGRAMS – Self-Help, Volunteer Labor and Youth Construction Training Labor.**

**Important Note: Only complete this section, if the applicant meets the two-year minimum experience requirement for operation of a program, a minimum of 500 hours of onsite contributed construction labor per assisted unit must be provided, and that financed purchase of homes involving this type of construction or developed homes involving this type of construction and the entire program will be restricted to units involving this type of construction.**

A. Check if project involves any of the following types of contributed onsite construction labor:

1. Self-Help labor: Yes \_\_\_\_\_ No \_\_\_\_\_

No. of hours of guaranteed self-help onsite construction labor per unit: \_\_\_\_\_ hrs.

2. Volunteer labor: Yes \_\_\_\_\_ No \_\_\_\_\_

No. of hours of guaranteed volunteer onsite construction labor per unit: \_\_\_\_\_ hrs.

3. A youth construction skills training program: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of program: \_\_\_\_\_

No. of hours of guaranteed youth construction training onsite construction labor per unit, provided by participants age 16 to 24 years old only: \_\_\_\_\_ hrs.

4. **If the answer to A. 1, 2 or 3 above is yes**, indicate the minimum number of onsite construction labor hours per unit to be provided by the homebuyer: \_\_\_\_\_ hrs.

B. Describe the criteria for participation in your contributed labor program. **(Attach as Exhibit 1-4)**

C. Attach a copy of the agreement form used for the contributed labor program. **(Attach as Exhibit 1-4a)**

D. Provide description of activities performed by contributed labor participants. **(Attach as Exhibit 1-4b)**

E. Provide description of activities normally contracted out. **(Attach as Exhibit 1-4c)**

F. What percentage of total onsite construction labor per unit will be performed by contributed labor: \_\_\_\_\_%?

Please provide evidence of previous administration of the type of contributed labor program proposed in this application. This could include, but not be limited to, the nonprofit corporation charter or a copy of the board resolution authorizing the program supported by documentation of completed projects; or copies of contracts with contributed labor participants. **(Attach as Exhibit 1-4d)**

**SECTION VIII. HOMEBUYER EDUCATION**

A. Does the applicant currently provide homebuyer education classes?

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

If not, describe arrangements for providing homebuyer education in Attachment 4 - Additional Documentation.

**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 program regulations.

**SECTION I. APPLICANT INFORMATION**

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

**SECTION III. 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
2015				
2014				
2013				
2012				
2011				
2010				
2009				
2008				
2007				
2006				

B. For years 2011 through 2015, 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 2011 through 2016, the total number of homeowner rehabilitation loans applicant has underwritten and closed, which included preparation of loan documents and escrow instructions. No. \_\_\_\_\_.

**SECTION IV. LOAN SERVICING EXPERIENCE**

Experience	No. of years
<b>A. For the years 2011 through 2015, the total number of all types of homeowner rehabilitation loans closed for which the applicant was the named beneficiary on the loan documents</b>	
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) located in Appendix B in the training manual** (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. \_\_\_\_\_

D. Nonprofit corporations must list the county or counties in which the program will be operated. County/counties \_\_\_\_\_

**SECTION VI. FINANCING**

Subordinate Financing (other than CalHome) : \_\_\_\_\_  
\_\_\_\_\_

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.***