

Application # \_\_\_\_\_



**HOUSING AUTHORITY OF THE COUNTY OF CONTRA COSTA**  
3133 ESTUDILLO STREET, P.O. BOX 2759  
MARTINEZ, CALIFORNIA 94553  
(925) 957-8000

**RENTAL REHABILITATION PROGRAM**

**PROJECT PROPOSAL AND APPLICATION FOR FINANCIAL ASSISTANCE**

**PROPERTY OWNER INFORMATION:** (Please provide information for all owners, use separate sheets if necessary).

**Primary Applicant**

Name: \_\_\_\_\_ SS # \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Day Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ FAX \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**Additional Owner/Applicant**

Name: \_\_\_\_\_ SS # \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Day Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ FAX \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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**Rehab Project Property Information**

Address: \_\_\_\_\_

Type of Property: \_\_\_\_\_ Assessor's Parcel Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Number of Housing Units: \_\_\_\_\_ Age of Building: \_\_\_\_\_ Lot Size: \_\_\_\_\_

**Schedule of Housing Units**

Bedroom Size:	Studio	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
Occupied Units:	_____	_____	_____	_____	_____
Vacant Units:	_____	_____	_____	_____	_____
Rent Per Unit:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Utility Included?	_____	_____	_____	_____	_____

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**Tenant Data For Each Unit**

Unit #	# of Bedrooms	Family Name	Family Size	Estimated Monthly Income
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Utility Payments**

Owner Pays: Electric:                      Gas:                      Water:                      Garbage:                      Other:

Tenant Pays: Electric:                      Gas:                      Water:                      Garbage:                      Other:

Are any units now rented under the Section \* rent assistance program? Yes:                      No:

If yes, please identify which units are assisted. \_\_\_\_\_

**Displacement of Relocation**

Will any tenants be relocated or displaced as a result of rehabilitation work? Yes:                      No:

If yes, please identify which tenants will be displaced/relocated. \_\_\_\_\_

**Property Financial Data**

Date of Purchase: \_\_\_\_\_ Purchase Price: \$\_\_\_\_\_ Cash Down Payment: \$\_\_\_\_\_

Fire Insurance: \$\_\_\_\_\_ Property Tax: \$\_\_\_\_\_ Utility Costs: \$\_\_\_\_\_

Management Exp. \$\_\_\_\_\_ Maintenance Exp. \$\_\_\_\_\_ Other Expenses: \$\_\_\_\_\_

What is your estimate of the present market value of the property? \$\_\_\_\_\_

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**Current Debt on the Property**

Lender: \_\_\_\_\_

Address: \_\_\_\_\_

Loan No: \_\_\_\_\_ Monthly Payment: \$\_\_\_\_\_ Impounds

Original Balance: \$\_\_\_\_\_ Current Balance: \$\_\_\_\_\_ % Rate: \_\_\_\_\_

Term of Loan: \_\_\_\_\_ Balloon Payment Due: \_\_\_\_\_

Lender: \_\_\_\_\_

Address: \_\_\_\_\_

Loan No: \_\_\_\_\_ Monthly Payment: \$\_\_\_\_\_ Impounds

Original Balance: \$\_\_\_\_\_ Current Balance: \$\_\_\_\_\_ % Rate: \_\_\_\_\_

Term of Loan: \_\_\_\_\_ Balloon Payment Due: \_\_\_\_\_

**Proposed Rehabilitation Work**

Please list the planned rehab work and give your preliminary estimate of costs.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total \$ _____

Please describe any experience you have with housing rehabilitation projects.

\_\_\_\_\_

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**Statistical Data on Property Owner**

We ask for the following information to obtain statistical data about our provision of equal opportunities to the public for financial assistance and technical services. Please check a box below

White, (Not of Hispanic Origin) Origins in Europe, North Africa or the Middle East.

Black, (Not of Hispanic Origin) Origins in Black racial groups in Africa.

Hispanic, Origins in Mexican, Puerto Rico, Cuban, Central or South American or other Spanish Culture or origin regardless of race.

Asian or Pacific Islander, Origins in the people of the Far East, Southeast Asia, Indian Subcontinent, or Pacific Islands including: China, Japan, Korea, Philippines Islands, and Samoa.

American Indian or Alaskan Native, Origins in people of North America and who maintain cultural identification through tribal affiliation or community recognition.

**Certification and Authorizations**

I am applying for financial assistance from the Housing Authority's Rental Rehabilitation Program. I authorize the Housing Authority to obtain further information about my financial activities including but not limited to: verification of information in this application, verification of mortgage loan status, credit reports, title reports, and employment reports. I request that the Housing Authority keep this information confidential. I understand that my signing of this application does not obligate me to accept, or the Rental rehabilitation Program to provide financial assistance. I certify that the information given in this application is true.

I acknowledge receipt of the notice entitle, (Protect Your Family From Lead in Your Home, and understand that it is my responsibility to provide this notice to all tenants occupying the subject property.

\_\_\_\_\_

Owner

\_\_\_\_\_

Date

\_\_\_\_\_

Owner

\_\_\_\_\_

Date

\_\_\_\_\_

Owner

\_\_\_\_\_

Date

**WE SUPPORT EQUAL OPPORTUNITY IN HOUSING RENTAL, CONTRACTING, AND LENDING.**