



**OWNER OCCUPIED REHABILITATION LOAN PROGRAM  
WAITINGLIST WORKSHEET**

Please complete this questionnaire & submit it to the City of San Juan Capistrano  
Development Services – Applications will be mailed, as funds are available  
**QUESTIONS MAY BE DIRECTED TO 949-443-6313**

The City of San Juan Capistrano's Owner Occupied Rehabilitation Loan Program offers zero percent interest **LOANS** to make health & safety repairs for lower income households. Persons completing this form will be placed on the City's waiting list. Due to limited funding, you may not receive a loan application from the City for approximately 24 to 30 months. Placement on the waiting list does not constitute approval or denial for assistance. The City will not verify whether you are eligible to receive assistance or whether funds can be expended on your home until submittal of a completed Loan Application which includes required documentation submittals.

Name of Applicant: \_\_\_\_\_

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

Proposed Unit Repairs/Improvements: \_\_\_\_\_

**Name & Age of all Household Members:**

Name of Household Member	Relationship to Applicant	Age	Disabled?	Veteran?	Student?
	Self		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Do you own the property requiring rehabilitation?  No  Yes

Is the above address your primary residence?  No  Yes

Are there any other names on the property title?  No  Yes If yes, who? \_\_\_\_\_

Is the property located within the City of San Juan Capistrano?  No  Yes

Is there a second mortgage or lien on the property?  No  Yes If yes, what is owed? \_\_\_\_\_

Has your household previously received a housing rehabilitation loan or grant with the City of San Juan Capistrano?  
 No  Yes If yes, when & how much? \_\_\_\_\_

Do you have any renters?  No  Yes

Do you own any other property?  No  Yes

A property located within the FEMA identified 100-year flood plain must have flood insurance to receive assistance. Are you willing & able to pay a yearly premium of about \$200 for flood insurance?  
 No  Yes  I have flood insurance  Not Applicable

**Which of the following ethnic groups do you belong to?**

Race Categories	Check Only ONE Race Category	Check if Also Hispanic
White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American & White	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaska Native & White	<input type="checkbox"/>	<input type="checkbox"/>
Asian & White	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaska Native & Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Other Multi-Racial	<input type="checkbox"/>	<input type="checkbox"/>

The City of San Juan Capistrano does not discriminate on the basis of race, creed, color, sex, age, political affiliation or belief, religion, sexual orientation, national origin, handicap or disability in acceptance for or provisions of programs, benefits, or services/activities.



**Type of Loan**

1. **Interest Rate** - zero percent interest (0%) & no monthly payments.
2. **Repayment** - Loan funds are 100% repayable upon sale, transfer of title of the property, the residence ceases to be the borrower's principal residence, when the borrower refinances the property for cash-out, or at the end of thirty years.
3. **Lien** - Under this program, the City provides a voluntary loan for the repair of your home. This means that the City will ask for your original pink slip or certificate of title (ownership paper). The City needs your original ownership paper in order for the City loan to be recorded as a lien against your home. Your original pink slip or other certificate of ownership will be released to you when the loan is paid-off.

Are you willing to have a lien placed on your property?  No  Yes

**Maximum Income**

For the purposes of determining eligibility, the total number of people residing in the residence constitutes the household size. However, income eligibility is based upon the annual GROSS incomes of persons 18 years of age & older residing in the residence. Please note, the state requires a maximum resale value for units which receive loan funding. If comparable home sales in your area are higher than the state limit, the City may not be able to provide a lone for your unit through this program.

What is the total combined GROSS income of the household? \_\_\_\_\_

**(Amount to be verified upon completion of loan application).** Utilizing fraud to receive public funds is in violation of the law)

The current GROSS annual income for all household members projected for the past calendar year (income is not based on passed federal income tax returns) cannot exceed the applicable income shown in the following chart (guideline only as actual limits may fluctuate depending on when program is implemented):

Household Size	Maximum Income
1	\$ 80,400
2	\$ 91,850
3	\$103,350
4	\$114,800
5	\$124,000
6	\$133,200

**TO BE COMPLETED BY APPLICANT VOLUNTEERING TO PROCEED WITH A REHABILITATION LOAN:**

The City reserves the right to the right to confirm all information contained in this form & the application submitted. The City also reserves the right to reverse any loan approvals based on additional information discovered that shows the applicant is not eligible for assistance. The City processes applications based upon available funds & in the order names are listed on the City's housing rehabilitation waiting list.

I understand that this form must be submitted to the Planning Division at 32400 Paseo Adelanto, San Juan Capistrano in order for my name to be added to the City's waiting list. I have answered the above questions to the best of my knowledge. I have read the above program summary & wish to proceed with an application for a mobile home rehabilitation loan.

Your Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

