

## GRANTS DIVISION

4522 West 3500 South  
West Valley City, UT  
84120-6093

p: 801.963.3369

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grants@wvc-ut.gov

TDD: 801.963.3418

# West Valley City Home Rehabilitation Loan Program

## APPLICATION & INFORMATION BOOKLET

The Home Rehabilitation Loan (HRL) program is provided by the West Valley City Grants Division, using federal Community Development Block Grant (CDBG) HOME funding to assist low-to-moderate income homeowners within the limits of West Valley City, with eligible home repairs.

### PROGRAM OVERVIEW: GENERAL INFORMATION

#### ELIGIBLE APPLICANTS

All applicants must meet income guidelines (total income cannot exceed 80% AMI for household size). Applicant(s) must be owner occupants of the home (must reside in the home full time), and cannot have received assistance from West Valley City previously.

#### INCOME LIMITS

All sources of income for household members over the age of 18 will be included in the total household income calculation. *Possible sources of income include, but are not limited to: Gross wages, overtime, bonuses, tips, Social Security, child support, alimony, pension/retirement, rental income, etc.*

HUD income limits are updated annually. Program specific maximum income limits for the current fiscal year can be found: [www.wvc-ut.gov/grants](http://www.wvc-ut.gov/grants)

#### CREDIT RATING

The applicant, and co-applicant must have a minimum FICO credit score rating of 550 at the time of application submission.

#### ELIGIBLE HOMES

Eligible properties include: single family homes, town homes, condominiums, and/or manufactured homes (permanently affixed to land). Only owner-occupied properties located within West Valley City limits are eligible for consideration. Rental units/properties are not eligible.

Eligible properties must be clear of any additional liens or judgements (excluding first mortgage).

#### OWNER OCCUPANCY

All applicant(s) listed on the county property records must occupy the home as their full-time residence.

#### ELIGIBLE REPAIRS

Eligible repairs include correction of any health or safety hazards, accessibility modifications, code compliance, and select energy improvements. Luxury items/improvements that do not become a permanent part of the real property are not eligible.

#### ASSISTANCE PROVIDED

This program provides flexible 0-3% interest loans of up to \$25,000, to assist homeowners financially with the repair work needed on the home.

Once the Rehabilitation project has been completed, a loan committee will review your file and determine the loan terms, and payment schedule. Payments are calculated for reasonable affordability based on household income, and debt to income ratio's.

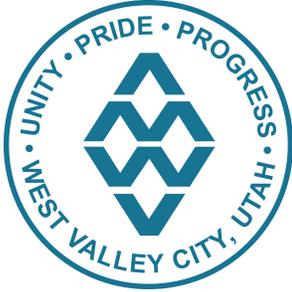
Alternative payment arrangements may be requested as needed at any time during the term of the loan.

#### AVAILABILITY OF FUNDS

Funds are processed and given on a first come, first served basis and/or depletion of funds.

***\*This information is provided as a general information resource only. Please see the Home Rehabilitation Loan program policy & procedures manual for further information.***





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## REQUIRED DOCUMENT CHECKLIST

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The information collected in this application will be used to evaluate your eligibility. The following items must be submitted with the completed program application. Incomplete applications will not be processed. All household members 18 years and older must provide the following information:

- Valid government issued photo I.D. (Applicant & Co-Applicant)**
- Verification of citizenship or legal residency status (Applicant & Co-Applicant)**  
*such as: Social Security Card, U.S. passport, birth certificate or naturalization certificate/certificate of citizenship, Permanent Resident Card, etc.*
- Property Tax Statement**
- Mortgage Statement (Current month)**
- Proof of income for the previous 60 days (All adult household members)** *such as: Pay stubs, SSI/SSA yearly statement, profit & Loss Statement (if self-employed), child support, alimony, etc.*
- Copy of Checking & Savings Account Statements (last 2 months)**
- Proof of Homeowners Insurance** (With coverage amounts & policy expiration date)
- Federal tax returns for the last 2 years** (complete)
- Divorce decree** (if applicable)
- Bankruptcy** (if applicable)

Once your completed application has been submitted to our office, a Grants Specialist will review the information provided, and contact you to schedule a new applicant interview (All applications are processed on a first come, first serve basis). During this appointment, the Grants Specialist will explain the program policy and procedures, gather additional information, explain the application process, and answer any questions you might have.

After your new applicant interview, your file will be processed to ensure that your household meets all the requirements for the program. Once processing is complete, the file will be submitted for committee review for final determination of eligibility. You will receive notification of this determination by mail, within ten business days.

# HOME REHABILITATION & REPAIR PROGRAM APPLICATION

**FOR OFFICE USE ONLY**

**APPLICANT INFORMATION**

APPLICANT		CO-APPLICANT	
Name (First Name, Last Name):		Name (First Name, Last Name):	
Telephone: (        )		Telephone: (        )	
Email Address:		Email Address:	
Street Address:		Street Address:	
Address (City, State, Zip):		Address (City, State, Zip):	
Mailing Address (If different from above):		Mailing Address (If different from above):	
Has ownership of the property (Y/N):		Has ownership of the property (Y/N):	
Property is full-time residence (Y/N):		Property is full-time residence (Y/N):	

**REQUIRED MONITORING INFORMATION**

**PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:** The following information is requested for activities related to CDBG and HOME funded programs, so that the U.S. Department of Housing & Urban Development (HUD) can monitor our compliance with equal credit opportunity and fair housing laws. Federal Law prohibits the City from discriminating based on race, color, national origin, religion, gender, disability status or familial status. The City is required to report the following information to HUD, therefore if you do not wish to provide this information, race and sex will be noted based on visual observation and/or surname.

APPLICANT (Mark all that apply)	CO-APPLICANT (Mark all that apply)
<b>Ethnicity:</b> <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic <b>Race/National Origin:</b> <input type="radio"/> White <input type="radio"/> Black/African American <input type="radio"/> Asian <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Other/ Multi-Racial <b>Sex:</b> <input type="radio"/> Male <input type="radio"/> Female <b>Marital Status:</b> <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Unmarried (incl. single, divorced, widowed) <b>Citizenship Status:</b> <input type="radio"/> Natural born / Naturalized citizen <input type="radio"/> Eligible non-citizen	<b>Ethnicity:</b> <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic <b>Race/National Origin:</b> <input type="radio"/> White <input type="radio"/> Black/African American <input type="radio"/> Asian <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Other/ Multi-Racial <b>Sex:</b> <input type="radio"/> Male <input type="radio"/> Female <b>Marital Status:</b> <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Unmarried (incl. single, divorced, widowed) <b>Citizenship Status:</b> <input type="radio"/> Natural born / Naturalized citizen <input type="radio"/> Eligible non-citizen

# HOUSEHOLD COMPOSITION

Complete information must be provided for each individual living in the household  
(regardless of age, relation, or ownership status)

(Start with Applicant & Co-Applicant / Spouse, then in order from oldest to youngest)

	Household Member Name (Full Legal Name)	Social Security # (Required)	Date of Birth (MM/DD/YY)	Age	Sex (M/F)	Relation to Applicant	Place of Birth (State, Country)	Disabled (Y/N)
1.						SELF		
2.								
3.								
4.								
5.								
6.								
7.								
8.								

**EMPLOYMENT INFORMATION**

APPLICANT		CO-APPLICANT	
Employer (Name/Company):		Name (First Name, Last Name):	
Street Address:		Telephone: (       )	
Address (City, State, Zip):		Email Address:	
Telephone: (       )		Street Address:	
Date Employment Began:	Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	Date Employment Began:	Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____
Overtime per pay period (hrs):		Overtime per pay period (hrs):	

**NOTICE: All adults 18yrs and older living in the household must complete the monthly income information below, and provide documentation for each source of income received (see "Required Document Checklist"). Any income (benefits / assistance) received on behalf of minor children in the household must also be included.**

	SOURCE	APPLICANT	CO-APPLICANT	OTHER ADULT	OTHER ADULT	TOTAL
<b>MONTHLY INCOME</b>	Wages					
	Tips/Commissions/Bonuses					
	Social Security/Disability					
	Pension/Retirement					
	Unemployment/Worker Comp.					
	Alimony/Child Support					
	Other					

**TOTAL HOUSEHOLD INCOME:**

	TYPE OF ASSET	NAME OF HOUSEHOLD MEMBER	BANK NAME / ASSET TYPE	CASH VALUE
<b>ASSETS</b>	Checking Account			
	Savings Account			
	Stocks/Bonds & IRA'S			
	Home Equity			
	Real Property			
	Other (Please Specify)			

**TOTAL HOUSEHOLD ASSETS:**

— LIABILITIES (DEBTS)

CREDITOR	ORIGINAL BALANCE	CURRENT BALANCE	MONTHLY PAYMENT	PAST DUE AMOUNT
1st Mortgage				
2nd Mortgage				
Car Payment				
Student Loan				
Consolidation Loan				
Credit Card				
Taxes				
Insurance				
Utilities				
Other				
Other				
Other				
<b>TOTAL:</b>				

**EXPLANATION OF ANY PAST DUE AMOUNT:**

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	APPLICANT	CO-APPLICANT	OTHER ADULT
Monthly Child Support			
Monthly Child Care			
Deferred student loans			
Deferral period end date (MM/YY)			

Do you have any outstanding unpaid judgments? (YES/NO):			
Have you (or any other household member) ever declared bankruptcy? (YES/NO):			
What Chapter?		Discharge Date (MM/YY):	

**PROPERTY ADDRESS**

Street Address:	City: <b>WEST VALLEY CITY</b>	State: <b>UT</b>	Zip:
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**PROPERTY INFORMATION**

Structure Type ( <i>Single Family, Townhouse, Condo, Mobile Home, etc.</i> ):			
Year Built:		Estimated Square Footage:	SQ FT
# Bedrooms:		# Bathrooms:	

<b>HEATING SYSTEM</b> ( <i>Gas/Electric</i> )	
Primary Source:	
Age of Unit:	
Condition of Unit:	

<b>COOLING SYSTEM</b> ( <i>Forced Air, Swamp, Window Unit, etc.</i> )	
Primary Source:	
Age of Unit:	
Condition of Unit:	

<b>Mortgage Company:</b>	
Monthly Payment:	
Payment Past Due?:	

<b>Insurance Provider:</b>	
Policy #:	
Expiration Date:	

**ASSISTANCE REQUEST**

<b>TYPE OF REQUEST</b> ( <i>Check all that apply</i> ):		
<input type="checkbox"/> Plumbing	<input type="checkbox"/> General Health & Safety	<input type="checkbox"/> Heating System
<input type="checkbox"/> Electrical	<input type="checkbox"/> Accessibility Modifications	<input type="checkbox"/> Cooling System
<input type="checkbox"/> Structural	<input type="checkbox"/> Code Compliance	<input type="checkbox"/> Energy Efficiency
<input type="checkbox"/> Roofing	<input type="checkbox"/> Water Heater	<input type="checkbox"/> Other ( <i>Explain Below</i> )

<b>REQUEST DETAIL</b> - <i>Provide details for what you are requesting assistance with (List of repairs/concerns):</i>

<b>PREVIOUS ASSISTANCE</b> – <i>List of assistance you have previously received</i>		
Agency (Name):	Assistance Received:	Date (Year):

## HOUSEHOLD CERTIFICATION

I certify under penalty of perjury that the information in this application is true and correct to the best of my knowledge. I hereby authorize the West Valley City Grants Division to verify all information provided using whatever verification methods and documentation is necessary. I understand that false or misleading information provided by me may cause this application to be denied and or legal action may be taken against me. I understand that if any false or misleading information provided in this application is discovered after the work is completed, that I will be held personally and financially liable for the cost of the work performed plus interest at twelve percent (12%) per annum and any additional legal fees.

In addition, I hereby certify that I have not received any financial assistance from the West Valley City Grants Program within the last twelve (12) months.

***WARNING: Section 1001 of Title 18 of the U.S. Code making it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdiction.***

\_\_\_\_\_  
Applicant (Print Name)

\_\_\_\_\_  
Applicant (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant (Print Name)

\_\_\_\_\_  
Co-Applicant (Signature)

\_\_\_\_\_  
Date

## CONFIRMATION OF RECEIPT OF LEAD PAMPHLET

I have received a copy of the pamphlet, *Protect Your Family From Lead in Your Home*, informing me of the potential risk of the lead hazard exposure from a home built before January 1978. I received this pamphlet before work began.

\_\_\_\_\_  
Signature of Recipient

\_\_\_\_\_  
Date



# AUTHORIZATION OF THE RELEASE OF INFORMATION

## West Valley City Grants Division

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**Organization requesting release of Information:**

West Valley City Grants Division  
4522 West 3500 South  
West Valley City, UT 84120

**Purpose:**

The U.S. Department of Housing and Urban Development (HUD) and the above named organization may use the authorization and the information obtained with it to administer and enforce program rules and policies.

**Authorization:**

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

**West Valley City's Loan and Grant Programs**

I authorize the above named organization and HUD to obtain information on wages, or unemployment compensation from State Employment Securities Agencies.

**Information covered inquiries may be made about:**

- Child Care Expenses
- Credit History
- Family Composition
- Employment, Income, Pensions and Assets
- Federal, State, Tribal or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Expenses
- Medical Expenses
- Social Security Number
- Mortgage and Property Title History

**Individuals or Organization that may release information:**

Any individual or organization including any governmental organization may be asked to release information.

For example information may be requested from:

- Banks and other financial institutions
- Courts, Credit Bureaus

Providers of:

- Alimony, Child Care
- Child Support, Credit
- Handicapped Assistance
- Medical Care
- Pensions/Annuities

**Computer Matching Notice and Consent:**

I agree that WVC Grants Division, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies.

**The governmental agencies include:**

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Postal Service
- State Employment Security Agencies State Welfare

The match will be used to verify information supplied by the family.

**Conditions:**

I agree that photocopies of this information may be used for the purposes stated above.  
If I do not sign this authorization, I also understand that my application may be denied.

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Head of Household (Print)	Signature	Date	Social Security Number	Date of Birth
Co-Head/Other Adult Name (Print)	Signature	Date	Social Security Number	Date of Birth
Other Adult Name (Print)	Signature	Date	Social Security Number	Date of Birth
Other Adult Name (Print)	Signature	Date	Social Security Number	Date of Birth

# DECLARATION OF ZERO INCOME

The program for which your household is applying is funded in part by one or more of the following sources: CDBG and HOME funds. West Valley City is required to verify income of all adult household members (18 years or older) that are receiving assistance, or applying for assistance under these programs.

To comply with this requirement, you are required to supply the information requested in the "Certification" below. This information will be held in strict confidence and used only for the purpose of establishing your household eligibility.

## CERTIFICATION

I/we do hereby certify that I/we do NOT receive income from ANY source. I understand sources of income include, but are not limited to, the following:

- Wages, tips, or commissions
- Unemployment Compensation
- Social Security
- Workers Compensation
- Child Support
- Education Grants/ Work- Study
- Self-Employment
- TANF
- Retirement Funds
- Alimony
- Income from Assets
- Pensions
- General Assistance
- Disability Benefits
- Union Benefits
- Family Support
- Annuities
- Money from any other source (explain):  
\_\_\_\_\_

**Individual(s) living in the household (18 years & older) who do not receive income from any sources:**

Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_

***I certify that the foregoing is true, complete and correct. Inquiries may be made to verify statements herein. I also understand that false statements or omissions are grounds for disqualification and/or prosecution under the full extent of Utah law:***

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)