

**Manufactured Home Program**

The Habitat for Humanity of Greater Los Angeles (Habitat LA) Manufactured Home Program helps low-income manufactured homeowners make needed home repairs. Eligible homeowners receive a 20 year forgivable loan of up to $56,975 to address health and safety repair needs in and around their home or with a full home replacement.

**Homeowner Eligibility Criteria**

* Applicant(s) must own a manufactured home within the Habitat LA service area.
* The property must be owner-occupied and the primary residence of all owners on title.
* Homeowner(s) must either be a U.S. Citizen or a Permanent Legal Resident.
* The property must be inhabitable and without any unpermitted or illegal additions.
* Homeowner(s) must be current with the following:
  + Home loan payment (*if still making payments*)
    - Must provide a copy of promissory notes for each loan on your property
  + Homeowner’s insurance policy (*policy value must be in amount equal to at least replacement value of improvements or the value of all loans on the property; if approved, Habitat LA will also be required as a loss payee*)
  + Property taxes
  + Manufactured home park space rent
  + Manufactured home registration
* Homeowner must not have outstanding collections, judgments or liens or unsettled bankruptcies. **A $15 credit report fee *per* *homeowner* must be submitted with your application**.
* Applicants who own multiple real estate properties are not eligible.
* The property must demonstrate a need for repair as determined by a Habitat LA property assessment. Habitat LA will determine the eligible repairs to be performed based on its assessment.
* Household income must be below 80% of the area median income (AMI) for Los Angeles County as indicated by the California Department of Housing and Community Development (HCD) within the given year applied. See table below.
* Homeowner(s) must agree to pay for a zero-interest, silent forgivable 20 year loan due only upon sale, transfer or refinance of the property or when the property ceases to be owner-occupied. The loan is completely forgiven after 20 years. The loan is not assumable.
* Homeowner must be willing to partner with Habitat LA through direct participation in the form of 24 Sweat Equity volunteer hours, if physically able.
* Homeowners are eligible to receive assistance **once** through this program.

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| --- | --- | --- | --- | --- | --- | --- |
| **Household Members** | **1** | **2** | **3** | **4** | **5** | **6** |
| **2016 Gross Annual Income Limit**  **For questions or additional information, Please contact us at:**  **8739 Artesia Boulevard ∙ Bellflower, CA 90706 ∙ (310) 323-4663 ∙ www.habitatla.org** | **$48,650** | **$55,600** | **$62,550** | **$69,450** | **$75,050** | **$80,600** |

**Application Checklist**

Please complete all sections of this application. Upon review and confirmation of the information provided, you will receive notification regarding the status of your application. Please understand that our program is dependent on the availability of funding. Therefore, not all eligible applicants will be selected. If you have any questions, please feel free to call the Homeowner Relations Department at **424-246-3640**.

* Did you complete all applicable sections?
* Did all applicant(s) sign the Manufactured Home Program application? Refer to Section 10.

**To complete this application, please include copies of all required documents listed below.**

**All documents submitted must show the name and address of the homeowner(s):**

* A check/money order made out to Habitat for Humanity of Greater Los Angeles to order a credit report ***($15 for EACH HOMEONWER ON TITLE)***
* A copy of your manufactured home certificate of title
* A copy of your most recent manufactured home registration form
* If you are still making home loan payments, a copy of your most recent home loan statement and a copy of the promissory note for each loan on your property
* A copy of current homeowner’s insurance policy declarations page (*including flood/hazard insurance when applicable*)
* A copy of your most recent park space rent statement
* A copy of a valid photo I.D. for all property owners on title
* A copy of a Social Security Card for all property owners on title
* All homeowners must submit proof of U.S. citizenship or permanent legal residency (*one of the following*):
  + US Passport ○ Alien Registration Cards
  + US Military Card ○ Certificate of Naturalization
  + Certificates of US Citizenship ○ Birth certificate with a form of photo ID listed above
* Documentation to verify household income:
  + Federal Income tax returns and W-2 and/or 1099 Forms for the previous two years for all employed household members
  + Form 1040 with schedule C, E or F and a year-to-date profit and loss statement for self-employed individuals or business owners
  + Pay stubs for the previous **three consecutive months** for each employed household member
  + Child support, alimony, and monthly benefit statements for all household members receiving any form of benefit (e.g. Retirement/Pension, Unemployment, SSI, TANF, SSDI, etc.)
* Current checking and/or savings account statements for **three consecutive months** *(including but not limited to stocks, IRA’s, pension accounts, mutual funds, etc.*)

**Application Process**

* **Homeowner submits an application and copies of all supporting documents.**
* **Habitat LA reviews applications for completeness and eligibility.**
* **If household is eligible and funding available, Habitat LA will perform a property assessment. A property assessment allows Habitat LA to determine if it can or cannot perform repairs. A property assessment does not guarantee approval.**
* **Based on program funding and property assessment results, applications are reviewed for approval.**
* **Approved homeowners review approved scope of work and sign program agreements with Habitat LA staff.**

  
**Manufactured Home Program Application**

**SUBMIT COMPLETE APPLICATIONS TO:   
Habitat LA Manufactured Home Program  
8739 Artesia Boulevard, Bellflower, CA 90706**

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| **SECTION 1 – HOUSEHOLD INFORMATION** | | | | | | | | | | | | | | | | | |
| Full Name of Homeowner: | | | | | | | | | | | | | | | | | |
| Full Name of Co-Homeowner: | | | | | | | | | | | | | | | | | |
| Property Address: | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | Zip Code: | | | | | | | | | |
| Home Phone #: | | | | | | | | Cell Phone #: | | | | | | | | | |
| Email Address: | | | | | | | | | | | | | | | | | |
| Is anyone in the household a widow of a former veteran? ❒ Yes ❒ No | | | | | | | | | | | | | | | | | |
| List the names, ages and relationships of all people living in the home. Please attach a separate page if more space is needed. Please also indicate if any household member is a Veteran or Active Military member and date of discharge. | | | | | | | | | | | | | | | | | |
| Full Name | | | | | Relationship to Owner(s) | | | | | | | Age | Military Status | | | | Date of Discharge |
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| **SECTION 2 – SPECIAL NEEDS** | | | | | | | | | | | | | | | | | |
| Is anyone in the home disabled? ❒ Yes ❒ No If **YES**, please describe below: | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Do you or any of the applicants require translation? ❒ Yes ❒ No If **YES**, in what language: | | | | | | | | | | | | | | | | | |
| **SECTION 3 – HOUSEHOLD INCOME AND CREDIT INFORMATION** | | | | | | | | | | | | | | | | | |
| **Please indicate the total gross monthly income figure for each member** | | | | Homeowner | | | Co-Owner | | | | Household Member with Income | | | Household Member with Income | | | Household Member with Income |
| Wages/Salary: | | | | $ | | | $ | | | | $ | | | $ | | | $ |
| Net Business Income | | | | $ | | | $ | | | | $ | | | $ | | | $ |
| Unemployment/Disability/ Worker’s Compensation | | | | $ | | | $ | | | | $ | | | $ | | | $ |
| Social Security Benefit | | | | $ | | | $ | | | | $ | | | $ | | | $ |
| Disability/SSI | | | | $ | | | $ | | | | $ | | | $ | | | $ |
| Retirement/Pension | | | | $ | | | $ | | | | $ | | | $ | | | $ |
| Alimony/Child Support | | | | $ | | | $ | | | | $ | | | $ | | | $ |
| Military Pay | | | | $ | | | $ | | | | $ | | | $ | | | $ |
| Veteran Benefits | | | | $ | | | $ | | | | $ | | | $ | | | $ |
| Rental Income | | | | $ | | | $ | | | | $ | | | $ | | | $ |
| Other: | | | | $ | | | $ | | | | $ | | | $ | | | $ |
| Does any homeowner currently have any outstanding collections, judgments or liens? ❒ Yes ❒ No  If **YES,** what is the amount owed: | | | | | | | | | | | | | | | | | |
| Has any homeowner filed for bankruptcy in the past? ❒ Yes ❒ No  If **YES**, what year was your bankruptcy settled? | | | | | | | | | | | | | | | | | |
| **SECTION 4 – PROPERTY INFORMATION** | | | | | | | | | | | | | | | | | |
| Are you currently making home loan payments? ❒ Yes ❒ No  If **YES,** How much is your payment: | | | | | | | | | | | | | | | | | |
| If you answered yes to the question above, are you current on your home loan payment? ❒ Yes ❒ No  If **NO,** please explain: | | | | | | | | | | | | | | | | | |
| Is your home on a permanent foundation? ❒ Yes ❒ No ❒ Not Sure | | | | | | | | | | | | | | | | | |
| Do you have any illegal and/or unpermitted additions/building activity on your home? ❒ Yes ❒ No ❒ Not Sure  If **YES,** please explain: | | | | | | | | | | | | | | | | | |
| Do you own any other real estate? ❒ Yes ❒ No  If **YES**, please list here: | | | | | | | | | | | | | | | | | |
| **SECTION 5 – REPAIR NEEDS** | | | | | | | | | | | | | | | | | |
| **Briefly describe the type of repairs needed on your home. Attach a separate sheet of paper if you need additional space. Please understand that items listed below will be considered but the final decision regarding APPROVED repairs is at the SOLE discretion of Habitat for Humanity of Greater Los Angeles.** | | | | | | | | | | | | | | | | | |
| **AREA OF NEED** | | | | | | | | | | **DESCRIPTION OF REPAIR NEED** | | | | | | | |
| **Accessibility Modifications**: Example: Wheelchair ramp, bathroom grab bars, accessible shower stall, etc. | | | | | | | | | |  | | | | | | | |
| **Carpentry repairs**: Describe problems with doors, floors, porches, steps, walls, ceilings, etc. Indicate places where repairs are needed. | | | | | | | | | |  | | | | | | | |
| **Electrical repairs**: List rooms where wall outlets, switches and light fixtures do not work. | | | | | | | | | |  | | | | | | | |
| **Plumbing repairs**: Describe sink, tub or toilet leaks, etc. | | | | | | | | | |  | | | | | | | |
| **Roofing Repairs**: Identify where roof leaks. | | | | | | | | | |  | | | | | | | |
| **Painting**: List all exterior painting requirements. | | | | | | | | | |  | | | | | | | |
| **Doors and Windows**: Describe repairs required, including locks, glass, and frames and weather-stripping. | | | | | | | | | |  | | | | | | | |
| **General Cleaning**: Indicate if there is cleaning and/or trash removal required or if yard work is necessary. | | | | | | | | | |  | | | | | | | |
| **Other:** Identify other repairs requested but not listed above. | | | | | | | | | |  | | | | | | | |
| **SECTION 6 – SHARING APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | |
| Habitat LA has partnerships with other nonprofit organizations and municipal agencies that can provide free or low cost services to low income families, may we share your contact information and/or any application details with them?  *If you do not give us permission to share your information with other organizations, your application will remain confidential and for sole use by Habitat LA. If you check yes, you give Habitat LA your consent to share the information you provide on this application and supporting documents with partner organizations if Habitat LA is not able to assist you or if your specific needs may be supplemented through the assistance of outside organizations. You will have the choice to pursue assistance with these organizations based on their program terms.*  ❒ Yes, I consent  ❒ No, I do not consent | | | | | | | | | | | | | | | | | |
| **SECTION 7 – STATEMENT OF NEED** | | | | | | | | | | | | | | | | | |
| **PLEASE TELL US WHY YOU THINK YOU SHOULD BE SELECTED FOR THE MANUFACTURED HOME PROGRAM AND HOW IT WILL HELP YOUR HOUSEHOLD. PLEASE FEEL FREE TO ATTACH AN ADDITIONAL SHEET IF NECESSARY.** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **SECTION 8 – PROGRAM REFERRAL** | | | | | | | | | | | | | | | | | |
| **WHERE DID YOU HEAR ABOUT HABITAT LA’S MANUFACTURED HOME PROGRAM?** | | | | | | | | | | | | | | | | | |
| ❒ Television | | | ❒ Habitat Homeowner | | | | | | ❒ Community/Civic Group | | | | | | | ❒ Neighbor | |
| ❒ Newspaper | | | ❒ Habitat ReStore | | | | | | ❒ Church: | | | | | | | ❒Other Non-Profit | |
| ❒ Radio | | | ❒ Speaker’s Bureau | | | | | | ❒ Work/Job Fair | | | | | | | ❒ Friend/Family Member | |
| ❒ Habitat Website | | | ❒ Habitat for Heroes | | | | | | ❒ School: | | | | | | | ❒ | |
| **DO YOU KNOW A MANUFACTURED HOMEOWNER IN NEED OF HOME REPAIR ASSISTANCE?** | | | | | | | | | | | | | | | | | |
| ❒ Yes | | | ❒ No | | | | | | ❒ Not Sure | | | | | | | | |
| **MAY WE SEND THEM PROGRAM INFORMATION ON YOUR BEHALF?** | | | | | | | | | | | | | | | | | |
| ❒ Yes | | ❒ No | | | | | | |  | | | | | | | | |
| If Yes, please indicate their name and address below: | | | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | |
| **SECTION 9 – DEMOGRAPHIC INFORMATION (OPTIONAL)** | | | | | | | | | | | | | | | | | |
| Please complete the following demographic information. This data will be used for statistical reporting only and will be kept strictly confidential. | | | | | | | | | | | | | | | | | |
| Ethnic Background | | | | | | ❒ Hispanic | | | | | | | | | ❒ Non-Hispanic | | |
| Racial Background | | | | | | ❒ White  ❒ Asian  ❒ Native Hawaiian/Other Pacific Islander  ❒ American Indian/Alaskan Native & White  ❒ American Indian/Alaskan native & African American | | | | | | | | | ❒ Black/African American  ❒ American Indian/Alaskan native  ❒ Black African American & White  ❒ Asian & White | | |
| **SECTION 10 – APPLICANT AGREEMENT** | | | | | | | | | | | | | | | | | |
| * I/We certify that the information provided on this application is true and accurate and that I /we own the property at the address given. * I/We grant permission to Habitat LA to check any and all references and to take any and all actions reasonably necessary to substantiate the information contained in this application or otherwise establish my/our suitability as an applicant(s) for the Habitat LA’s Manufactured Home Program, including without limitation, contacting or otherwise attempting to confirm my/our (1) employment status and credit history, (2) family composition and marital status and related issues, (3) credit worthiness, (4) immigration status, (5) police records and other information relative to criminal charges and/or convictions, (6) any additional information that Habitat LA deems necessary to evaluate this application. I/we understand that Habitat LA may reject this application based upon the results of these inquiries. * I/We agree that if Habitat LA selects my/our application, photos of me/us, my/our household members and my/our home may be taken and a biographical summary about me/us and my/our project may be written and shared with the general public or utilized for public relations, promotional or program development purposes. * I/We understand that Habitat LA is a nonprofit corporation with limited resources and cannot afford to provide or guarantee assistance for each applicant. Consequently, I/we agree that Habitat LA, its staff, whether voluntary or compensated, and its board of directors will not be liable in any way or otherwise be held responsible by me/us or anyone acting on my/our behalf in connection with my/our application for Habitat LA or any claims of any nature associated herewith. * I/We understand that my/our submitted application will be considered sole property of Habitat LA. I/We understand that the submitted original copy of my/our Manufactured Home Program application and any correspondence between me/us and Habitat LA will remain on file regardless of the decision rendered by Habitat LA. * I/We understand that copies of any and all documentation provided to determine my/our program eligibility will not be distributed to a third-party without my/our authorization. * I/We understand that if I/we receive assistance from Habitat LA’s Manufactured Home Program, I/we will not be eligible to receive additional assistance in the future. * I/We understand that submission of this Manufactured Home Program application and any supporting documentation **does not guarantee assistance from Habitat LA’s Manufactured Home Program**. * I/We understand that selection is based on submitting all required documentation, meeting the eligibility criteria and the availability of program funding and not all applicants may be serviced. * I/We understand that selection and repairs provided are subject to the availability of funds and that program policies are subject to change at any time without prior notice. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | |
| Signature of Homeowner | | | | | | | | | | Date | | | | | | | |
|  | | | | | | | | | |  | | | | | | | |
| Signature of Co-Homeowner | | | | | | | | | | Date | | | | | | | |
|  | | | | | | | | | |  | | | | | | | |
| Signature of Additional Co-Homeowner | | | | | | | | | | Date | | | | | | | |



**General Consent Form**

Habitat for Humanity of Greater Los Angeles

Attn: Manufactured Home Program

8739 Artesia Boulevard

Bellflower, CA 90706

Phone: 424.246.3640

Fax: 424.246.3638

**Purpose**: Your signature on this General Consent Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above named organization to obtain information from a third party relative to your eligibility and continued participation in Habitat LA’s Manufactured Home Program.

The Department of Housing and Community Development (HCD) is requiring the collection of the information derived from this form to determine an applicant’s eligibility in a CalHome Program and the amount of assistance necessary using CalHome funds. This information will be used to establish level of benefit on the CalHome Program; to protect the State’s financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, state, and local agencies when relevant to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval.

**Instructions**: Each adult member of the household must sign the General Consent Form prior to the receipt of benefit. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, “REQUEST FOR COPY OF TAX FORM” MUST BE PREPARED AND SIGNED SEPARATELY.

**Head of Household—Printed Name, Signature and Date:**

**Adult Member #3-- Printed Name, Signature and Date:**

**Information Covered**: Inquires may be made about items initialed by applicant/borrower.

|  |  |  |
| --- | --- | --- |
|  | Verification Required | Initials |
| Credit | 🗹 |  |
| Income (all sources) | 🗹 |  |
| Employment | 🗹 |  |
| Assets (all sources) | 🗹 |  |
| HCD Title and Registration | 🗹 |  |
| Full-Time Student Status | 🗹 |  |

**Authorization**: I authorize the above named organization and HCD to obtain information about me and my household that is pertinent to eligibility in the Habitat LA Manufactured Home Program.

I acknowledge that:

1. A photocopy of this form is as valid as the original.
2. I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
3. I have the right to copy information from this file and to request correction of this information I believe inaccurate.
4. All adult household members will sign this form and cooperate with the owner in this process.

**Adult Member #2-- Printed Name, Signature and Date:**

**Adult Member #4-- Printed Name, Signature and Date:**