



RESIDENTIAL REHABILITATION PROGRAM APPLICATION



Mail completed application package to:

**Housing Administrator
City of Encinitas
Development Services Department
505 S. Vulcan Avenue
Encinitas, CA 92024-3633**

CITY OF ENCINITAS RESIDENTIAL REHABILITATION PROGRAM OVERVIEW

The City of Encinitas is offering housing rehabilitation assistance to low-income owner-occupants residing within the jurisdiction of the City of Encinitas. A brief summary of the program regulations and minimum requirements to qualify for the program are as follows:

1. Ownership – The applicant must be on title to the property.
2. Principal Residence - The property must be the Applicant's principal residence.
3. Second Home/Rental Property – An applicant may not own a second home or rental property.
4. Equity – The property must have sufficient equity to cover the City loan.
5. Single-Family Homes and Condominiums - The program offers: three percent, simple interest, deferred loans up to \$50,000 per eligible household. Accrued interest will be forgiven prorated over the following period of time based on the loan amount: Less than \$15,000 = five years; \$15,000-\$40,000 = ten years; more than \$40,000 fifteen years. The minimum rehabilitation loan amount is \$3,000.
6. Manufactured/Mobile Homes - The program offers: (1) grants up to \$5,000; and, (2) zero interest, forgiven loan of up to \$10,000. The minimum rehabilitation loan amount available is \$3,000.
7. Maximum Gross Annual Income - The total household annual gross income (before taxes or deductions) cannot exceed the current income limits, based on household size, as shown on page 4 (Income Chart).
8. What is Included as Income? – Income includes, but is not limited to, all wages, consistent overtime, retirement, pension, social security, child support, alimony, interest income, unemployment, disability, welfare, food stamps and other regular earnings of all household members over the age of 18 before any deductions.
9. Who's Income is Included? The income of all household members is included.
10. Who is Counted as a Household Member? – A household member is anyone living in the residence including persons paying rent.



QUESTIONS: Call Housing Programs at (760) 487-8127

This is a federally funded program. The City of Encinitas will not discriminate against any applicant for loan assistance loan based on race, color, religion, sex, marital status, ancestry or national origin. The City program will be conducted and administered in conformity with Title VI of the Civil Rights Act of 1964 and the Fair Housing Act and implementing regulations.



CITY OF ENCINITAS RESIDENTIAL REHABILITATION PROGRAM RESPONSIBILITIES OF APPLICANT & CITY

- The City staff or its agents will determine eligibility for the program.
- Repair of any health and safety violations, code violations, and incipient violations is the priority of the program.
- The applicant will be required to obtain, to the best of his/her ability, at least three bids from licensed contractors on his/her job and will select the contractor he/she wishes to do the work. The City staff or its agent will provide a Work Write-Up which lists all of the work to be done.
- Applicant will not sign any construction contract until it has been discussed and reviewed at the scheduled pre-construction meeting with the contractor, homeowner, City Staff or its agent.
- City staff or its agent will establish a Fund Control account in which all rehabilitation funds will be placed for disbursement.
- **No work will begin until the homeowner has received written notification that all funds have been deposited in the Fund Control account in the form of a Notice to Proceed.**
- When notified by the homeowner or the contractor that a progress payment is needed, The City staff or its agent will inspect the job and execute a payment voucher if payment is warranted.
- No changes will be made to the construction contract unless approved in writing by the City staff or its agent.
- Any permits that the contractor obtains for the job must be kept by the homeowner. The City Building Inspectors must sign off on permits before progress payments can be made.

I/We understand that my cooperation is necessary during all phases of the rehabilitation process, from eligibility to construction to completion. I/We have read and received a copy of this form.

Signed: _____

Applicant
Date

Signed: _____

Co-Applicant
Date

APPLICATION SUPPORT DOCUMENTATION

CHECKLIST

(VERIFICATION OF HOMEOWNER INFORMATION)

The following documents are required in order to verify homeowner information. Please attach photocopies of this documentation to your application. **Failure to submit all required documentation may result in a delay in processing your application.**

Please mark the boxes of the items that you are enclosing:

- ☐ Copy of current Certificate of Title – Mobile Homes Only
- ☐ Copy of Grant Deed – Single-family and Townhomes/Condominiums Only
- ☐ Copy of current State HCD Registration Card – Mobile Homes Only
- ☐ Copy of current Property Tax Bill and proof of payment from County Website (Do not submit a copy if your Mobile Home Registration Card Decal No. starts with the letter “A”)
- ☐ Copy of paid current Homeowner Hazard Insurance Declaration Page & Premium Statement
- ☐ Copy of most current Mortgage Statement
- ☐ Copies of six (6) recent months (all pages) of the *Checking Account* Bank Statements
- ☐ Copies of three (3) recent months (all pages) of the *Savings Account* Bank Statements
- ☐ Copies of past year Federal Income Tax Returns, including ALL W-2, 1040, 1099 & 1098 forms (must submit if applicable)
- ☐ If self-employed; (1) copies of six (6) recent months (all pages) of the Business Checking Account Bank Statements; (2) current year profit and loss (beginning January)
- ☐ Copies of six (6) Current Paycheck Stubs, Pensions, etc. (must submit if applicable)
- ☐ Copies of Proof of Income - one copy each: *Social Security Award Letter* and *Social Security Benefits Statement*, IRA Income, CD/Mutual Funds, etc.
- ☐ Copies of Proof of Income - one copy each: Annual Statement *and/or* Quarterly Statement, IRA Income, CD/Mutual Funds, 401K, Stocks/Bonds (Portfolios) etc.
- ☐ Copies of six (6) Current EDD Unemployment Benefits Statements(if applicable)
- ☐ One copy of Driver's License or State Identification Card for all persons living in the home over the age of 18 (must submit a copy)
- ☐ One copy of Social Security Cards for all persons under the age of 18
- ☐ Copy of Birth Certificate for all persons under the age of 18
- ☐ Copy of Death Certificate - spouse (must submit a copy)
- ☐ Copy of Family Trust, Revocable Trust, Living Trust

CITY OF ENCINITAS

INCOME CHART

(Published May 15, 2023)

For 2023

In order to qualify for either a grant or a loan, the total household annual gross income (before taxes or deductions) cannot exceed the following:

| Household Size | Maximum Income |
|---|----------------|
| 1 | \$77,200 |
| 2 | \$88,200 |
| 3 | \$99,250 |
| 4 | \$110,250 |
| 5 | \$119,100 |
| 6 | \$127,900 |
| 7 | \$136,750 |
| 8 | \$145,550 |
| Source: U.S. Department of Housing and Urban Development as updated annually. Last updated 5/15/2023. | |

Gross Annual Income – Income includes all wages, consistent overtime, retirement, pension, social security, child support, alimony and other regular earnings of the household members over the age of 18 before any deductions. Income is based on earnings from the time of the application projected for the next 12 months.

Please fill out this form completely and accurately. An incomplete form will delay the processing of your application.

HOUSEHOLD INFORMATION

FEDERAL LAW REQUIRES THAT WE COLLECT THE FOLLOWING INFORMATION.

Please fill in the chart below for everyone, including the homeowner, who resides in the home.

| HOUSEHOLD COMPOSITION | | | | | | | |
|---|-----------|--------------|---------------|----------|---|---------|----------|
| List the head of your household and all members who live in your home at the time of application, including applicant and co-applicant. Give the relationship of each family member to the head of household. | | | | | Check Each Box That Applies for Each Person | | |
| Member No. | Full Name | Relationship | Date of Birth | SS # | Full-Time Student | Veteran | Disabled |
| Head of Household | | | __/__/__ | __-__-__ | | | |
| 2 | | | __/__/__ | __-__-__ | | | |
| 3 | | | __/__/__ | __-__-__ | | | |
| 4 | | | __/__/__ | __-__-__ | | | |

1. Have you ever received any financial assistance (loan or grant) from the City of Encinitas? ☐ Yes ☐ No

If yes, please do not submit an application. Only one loan and/or grant may be approved by City for any homeowner. If no, please continue to complete the application.

2. Does anyone live with you now who is not listed above? ☐ Yes ☐ No

If yes, please explain: _____

3. Does anyone plan to live with you in the future who is not listed above? ☐ Yes ☐ No

If yes, please explain: _____

I/We Certify that the property to be rehabilitated, is our/my principal residence.

I/We declare under penalty of perjury that the information on this application is given voluntarily, and that the information is true and correct.

| | | | |
|----------------------|-------|-------------------------|-------|
| Applicant Signature: | Date: | Co-Applicant Signature: | Date: |
| | | | |

Household Gross Monthly Income

| Check All That Apply | INCOME SOURCE | APPLICANT (Monthly) | CO-APPLICANT (Monthly) | Other Household Member(s) 18 or Older (Monthly) | TOTAL Monthly Income (Add all income in the row) |
|--------------------------|------------------------|---------------------|------------------------|---|--|
| <input type="checkbox"/> | Wages from employer | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> | Social Security | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> | Disability | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> | Interest From | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> | 1. Savings | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> | 2. CD's | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> | 3. Bonds | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> | 4. Stocks | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> | 5. Retirement Accounts | | | | |
| <input type="checkbox"/> | Alimony | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> | Child Support | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> | Pension | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> | Foster Care | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> | Rental Income | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> | Unemployment | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> | AFDC | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> | OTHER: _____ | \$ | \$ | \$ | \$ |

City Office Use:

Total Monthly Income: \$

Total Annual Income: \$

TOTAL ASSETS

DO NOT LEAVE BLANK. IF YOU DO NOT HAVE A CHECKING ACCOUNT OR SAVINGS ACCOUNT, PLEASE PROVIDE A WRITTEN STATEMENT AND COPIES OF MONEY ORDERS AND SOCIAL SECURITY BENEFIT, PENSION CHECKS, ETC.

CHECKING AND SAVINGS ACCOUNTS

| | NAME OF ACCOUNT | BANK NAME | ACCOUNT NO. (LAST 4 DIGITS) | BALANCE |
|---------------------|-----------------|-----------|--------------------------------|---------|
| SAVINGS ACCOUNT: | | | | \$ |
| SAVINGS ACCOUNT: | | | | \$ |
| SAVINGS ACCOUNT: | | | | \$ |
| CHECKING ACCOUNT: | | | | \$ |
| CHECKING ACCOUNT: | | | | \$ |
| CHECKING ACCOUNT: | | | | \$ |
| OTHER BANK ACCOUNT: | | | | \$ |
| OTHER BANK ACCOUNT: | | | | \$ |
| OTHER BANK ACCOUNT: | | | | \$ |

OTHER INVESTMENTS -- ITEMIZE

| | NAME OF ACCOUNT | ACCOUNT NO. | CURRENT VALUE |
|------------------------|-----------------|-------------|---------------|
| PROPERTY: (ADDRESS) | | | \$ |
| STOCKS: | | | \$ |
| STOCKS: | | | \$ |
| STOCKS: | | | \$ |
| BONDS: | | | \$ |
| BONDS: | | | \$ |
| BONDS: | | | \$ |

RETIREMENT ACCOUNTS -- ITEMIZE

| | NAME OF ACCOUNT | ACCOUNT NO. | CURRENT VALUE |
|-------|-----------------|-------------|---------------|
| IRA: | | | \$ |
| IRA: | | | \$ |
| IRA: | | | |
| 401K: | | | \$ |
| 401K: | | | |
| 401K: | | | |

TOTAL ASSETS: \$

| <u>Monthly Expenses</u> | | | |
|--|-------------------------|----------------|------------------------|
| PAYMENT TYPE | NAME OF CREDITOR | BALANCE | MONTHLY PAYMENT |
| Mortgage | | \$ | \$ |
| Second Mortgage | | \$ | \$ |
| Line of Credit | | \$ | \$ |
| Rental Property Mortgage | | \$ | \$ |
| Auto | | \$ | \$ |
| Auto | | \$ | \$ |
| Credit Card | | \$ | \$ |
| Credit Card | | \$ | \$ |
| Credit Card | | \$ | \$ |
| Credit Card | | \$ | \$ |
| Space Rent | | | \$ |
| Utilities | | | \$ |
| HOA Dues | | | \$ |
| Hazard Insurance | | | \$ |
| Property Taxes | | | \$ |
| Mobile Home Registration | | | \$ |
| Other:_____ | | \$ | \$ |
| Other:_____ | | \$ | \$ |
| TOTAL PRESENT MONTHLY EXPENSES: | | | \$ |

STATISTICAL INFORMATION

The following information will be kept confidential and used only to provide aggregate data for program analysis. The information provided will be maintained separately from your application. Completion of this form is optional and will not be used to evaluate your application for participation in this program.

RACE OF HOUSEHOLD

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native and White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian AND White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American AND White |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> American Indian/Alaskan Native AND Black/African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other-Multiracial |

HISPANIC/LATINO ETHNICITY ☐ Yes ☐ No

DISABLED ☐ Yes ☐ No

HEAD OF HOUSEHOLD ☐ Male ☐ Female

AGE OF HEAD OF HOUSEHOLD

☐ 18-24; ☐ 25-34; ☐ 35-44; ☐ 45-54; ☐ 55-64; ☐ 65 & older

WHAT IS THE TOTAL NUMBER OF PERSONS IN YOUR HOUSEHOLD? _____

NOTE: No applicant shall be excluded, denied or discriminated from applying and / or participating in the City of Encinitas's Residential Rehabilitation Program due to race, age, color, religion, sex, marital status, national origin, handicap / disability or veteran status.



PROPERTY REHABILITATION INFORMATION

I would like the following rehabilitation items (CHECK THE IMPROVEMENTS TO BE COMPLETED):

____ Leveling ____ Electrical ____ Windows ____ Plumbing
____ Wall Repairs ____ Interior Paint ____ Floor Repairs ____ Heating
____ Skirting ____ Kitchen ____ Exterior Paint ____ Bath Repairs
____ Roofing ____ Grab Bars ____ HVAC ____ Furnace
____ Water Heater ____ Air Conditioning Unit ____ Handicap Accessibility
____ Disabled - Special Needs (describe): _____

Other Rehab Items: _____

Homeowner Name: _____

Property Address: _____ Encinitas, CA

Telephone No: _____

TYPE OF HOME:

Single Family Residence _____ Year Built _____

Condo _____ Year Built _____

Trailer _____ Year Manufactured _____

Mobile Home _____ Year Manufactured _____

Number of Bedrooms _____ Number of Bathrooms _____

AMENITIES: Garage _____ Carport _____ Air (A/C) _____ Fireplace _____

MOBILE HOMES Only (This information can be found on your mobile home registration card):

Single wide _____ Double wide _____

Decal #: _____ HCD Insignia #: _____

Manufacturer Name: _____

Trade Name: _____

Mobile Home on Tax Roll _____ (Decal Number will start with an "L")

VERIFICATION OF HOMEOWNER INFORMATION

The following documents are required in order to verify homeowner information.

SWORN STATEMENT

Please sign one of the two following statements as it reflects your situation:

Income Tax Filer:

I/We, _____ hereby certify that the copies of the Federal income tax returns furnished to the City of Encinitas are exact copies of the returns filed with the Federal Department of Internal Revenue (IRS).

I/We understand that said copies will be used in conjunction with other verifications and sworn statements to determine my/our income eligibility for the City of Encinitas' Residential Rehabilitation Program.

I/We certify that the information I/We furnish to the City of Encinitas is true and complete to the best of My/Our knowledge.

I/We further understand that willful misrepresentation of income and/or assets will jeopardize any grant or loan funds provided to Me/Us by the City.

Applicant Signature

Date

Co-Applicant Signature

Date

Does not file Income Tax:

I/We do not file Income Taxes.

I/We certify that the information I/We furnish to the City of Encinitas is true and complete to the best of My/Our knowledge.

I/We further understand that willful misrepresentation of income and/or assets will jeopardize any grant or loan funds provided to Me/Us by the City.

Applicant Signature

Date

Co-Applicant Signature

Date

CITY OF ENCINITAS

RELEASE OF INFORMATION

I/we, _____, the undersigned hereby authorize _____, to release without liability to the City of Encinitas or its agents, any and all information they may request.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verification and inquiries that may be requested include, but are not limited to:

| | |
|---------------------------------|--------------------------------|
| Identity and Marital Status | Employment, Income, and Assets |
| Medical or Child Care Allowance | Credit and Criminal Activity |
| Residences and Rental Activity | |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for, and continued participation in, the Program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release information (depending on program requirements) include, but are not limited to:

| | |
|-------------------------------|--|
| Previous Landlords (including | Welfare Agencies |
| Courts and Post Offices | State Unemployment Agencies |
| Schools and Colleges | Social Security Administration |
| Law Enforcement Agencies | Medical and Child Care Providers |
| Support and Alimony Providers | Banks and other Financial Institutions |
| Veterans Administration | Retirement Systems |
| Utility Companies | Credit Providers and Credit Bureaus |

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

Signature (Head of Household)

(Print Name)

Date

Signature (Spouse/Co-applicant)

(Print Name)

Date

Signature (Household Member)

(Print Name)

Date

Signature (Household Member)

(Print Name)

Date



THE HOUSING FINANCIAL DISCRIMINATION ACT OF 1977 FAIR LENDING NOTICE

It is illegal to discriminate in the provisions of or in the availability of financial assistance because of the consideration of:

1. Trends, characteristics or conditions in the neighborhood or geographic area surrounding a housing accommodation, unless the financial institution can demonstrate in the particular case that such consideration is required to avoid an unsafe and unsound business practice; or
2. Race, color, religion, sex, marital status, national origin or ancestry.

It is illegal to consider the racial, ethnic, religious or national origin composition of a neighborhood or geographic area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, or under what terms and conditions, to provide financial assistance.

These provisions govern financial assistance for the purpose of the purchase, construction, rehabilitation or refinancing of one to four unit family residences occupied by the owner and for the purpose of the home improvement of any one to four unit family residence.

If you have questions about your rights, or if you wish to file a complaint, contact the management of this financial institution at http://www.dfi.ca.gov/consumers/consumer_complaint.asp OR:

| | |
|---|--|
| Department of Financial Institutions Consumer Services Office 1810 13th Street Sacramento, CA 95811 Tel: (916) 322-5966 Fax: (916) 445-2123 | Department of Financial Institutions Consumer Services Office 300 S. Spring Street, Suite 15513 Los Angeles, CA Tel: (213) 897-2085 Fax: (213) 897-8860 |
|---|--|

ACKNOWLEDGEMENT OF RECEIPT

I (WE) THE UNDERSIGNED RECEIVED A COPY OF THIS NOTICE:

| | | | |
|--------------------------------|--------------|--------------------------------|--------------|
| Applicant Signature: | Date: | Co-Applicant Signature: | Date: |
| Co-Applicant Signature: | Date: | Co-Applicant Signature: | Date: |

CREDIT REPORT AUTHORIZATION
U.S. REAL ESTATE INVESTORS ASSOCIATION
Report Request Authorization Form
U.S. Real Estate Association LLC www.TenantReports.org Ph: 866-910-1503

PRINT CLEARLY - All fields are REQUIRED

Applicant Name: _____ **SSN#:** _____ - _____ - _____ **DOB:** ____/____/____

Address: _____ **APT#:** _____

City: ENCINTAS **State:** California **Zip Code:** 92024

Former Address (if NOT at present address for 2 years):

Address: _____ **APT#:** _____

City: _____ **State:** California **Zip Code:** _____

Drivers License #: (if Requesting Motor Vehicle Report): Not Applicable

I authorize the named below to obtain a credit report, criminal report, and or eviction check, on me, through US Real Estate Investigators Association LLC for tenant screening purposes.

Applicant Signature: X _____ **Date:** ____/____/____

STOP HERE

STOP HERE

STOP HERE

Below To Be Completed by US Real Estate Association Member ONLY.

U.S.R.E.I.A. Membership#: _____ **Requested by:** _____

Contact Phone Number for Questions on Application: (_____) _____

Respond by Fax to (760) _____ or email to: _____

Please Circle the Appropriate Requested Report(s)

SuperPLUS (Includes Trans Union report w/Score, State eviction, State criminal, and Social Security Verification

Credit Report from: 1.) Trans Union 2.) Experian 3.) Equifax 4.) Canadian Credit Report

Criminal Check: 5.) Nation Wide 6.) State Wide 7.) County Criminal Check _____ (specify county)

Eviction Check: 8.) Nation Wide 9.) State Wide

Other Checks: 10.) Social Security Number/Former Address Verification 11.) Employment Verification

12.) Landlord Verification 13.) Motor-Vehicle Report 14.) Global Report 15.) People Finder Service

Pre Employment Credit Report: Equifax Trans Union Experian

Business Credit Report: Experian (must supply EIN # _____)

*****Upon completion Fax this request to: 866-271-2570*****

NOTIFICATION

Watch Out For Lead-Based Paint Poisoning

If this property was constructed before 1978 there is a possibility it contains lead-based paint.
Please read the following information concerning lead-based poisoning.

Sources of Lead-Based Paint

The interiors of older homes and apartments often have layers of lead-based paint on the walls, ceilings, windowsills, doors and doorframes. Lead-based paint and primers may also have been used on outside porches, railings, garages, fire escapes and lampposts. When the paint chips, flakes or peels off, there may be a real danger for babies and young children. Children may eat paint chips or chew on painted railings, windowsills or other items when parents are not around. Children may also ingest lead even if they do not specifically eat paint chips. For example, when children play in an area where there are loose paint chips or dust particles on their hands, put their hands into their mouths, and ingest a dangerous amount of lead.

Hazards of Lead-Based Paint

Lead poisoning is dangerous-especially to children under the age of seven (7). It can eventually cause mental retardation, blindness and even death

Symptoms of Lead-Based Paint Poisonings

Has your child been especially cranky or irritable? Is he/she eating normally? Does your child have stomachaches and vomiting? Does he/she complain about headaches? Is your child unwilling to play? These may be signs of lead poisoning. Many times though, there are no signs of lead poisoning at all. Because there are no symptoms does not mean that you should not be concerned if you believe your child has been exposed to lead-based paint.

Advisability and Availability of Blood Lead Level Screening

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has an elevated blood lead, treatment is available. Contact your doctor or local health department for help or more information. Lead screening and treatment are available through the Medicaid Program for those who are eligible. If your child is identified as having an elevated blood level, you should immediately notify the Redevelopment Agency or other Agency to which you or your landlord is applying for rehabilitation assistance so the necessary steps can be taken to test your unit for lead-based paint hazards. If your unit does have lead-based paint, you may be eligible for assistance to abate that hazard.

Precautions to Take to Prevent Lead-Based Paint Poisoning

You can avoid lead-based paint poisoning by performing some preventive maintenance. Look at your walls, ceilings, doors, doorframes and windowsills. Are there places where the paint is peeling, flaking, shipping, or powdering? If so, there are some things you can do immediately to protect your child:

- (a) Cover all furniture and appliances,
- (b) Get a broom or stiff brush and remove all loose paint from walls, woodwork, window wells and ceilings,
- (c) Sweep up all pieces of paint and plaster and put them in paper bag or wrap them in newspaper. Put these packages in the trashcan. **DO NOT BURN THEM:**
- (d) Do not leave paint chips on the floor or in window well. Damp mop floors and window sills in and around the work area to remove all dust and paint particles. Keeping these areas clear of paint chips, dust and dirt is easy and very important; and
- (e) Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.

Homeowner Maintenance and Treatment of Lead-Based Paint Hazards

As a homeowner, you should take the necessary steps to keep your home in good shape. Water leaks from faulty plumbing, defective roofs and exterior holes or brakes may admit rain and dampness into the interior of your home. These conditions damage walls and ceilings and cause paint to peel, crack or flake. These conditions should be thoroughly cleaned by scraping or brushing the loose paint from the surface, then repainted with two (2) coats of non-lead paint. Instead of scraping and repainting, the surface may be covered with other material such as wallboard, gypsum, or paneling. Beware that when lead-based paint is removed by scraping or sanding, a dust is created, which may be hazardous. The dust can enter the body either by breathing or swallowing it. The use of heat or paint removers could create a vapor or fume which may cause poisoning if inhaled over a long period of time. Whenever possible, the removal of lead-based paint should take place when there are not children or pregnant women on the premises. Simply painting over defective lead-based paint surfaces does not eliminate the hazard. Remember that you as an adult play a major role in the prevention of lead poisoning. Your actions and awareness about the lead problem can make a big difference.

Date

Print Full Name

Applicant Signature

Date

Print Full Name

Co-Applicant Signature

REQUEST FOR EMPLOYMENT/SALARY VERIFICATION

EMPLOYER - Please complete either Part II or Part III as applicable. Sign and return directly to lender named in item 2.

PART I – REQUEST FOR EMPLOYMENT/SALARY VERIFICATION

| | | | |
|---------------------------------------|--|---|--|
| 1. TO: (Name and Address of Employer) | | 2. FROM (Name and address of lender) City of Encinitas C/O Housing Programs 4835 Kelly Drive Carlsbad, CA 92008 FAX: (714) 922-9224 | |
|---------------------------------------|--|---|--|

| | | | |
|------------------------|----------|---------|-------------------------------|
| 3. SIGNATURE OF LENDER | 4. TITLE | 5. DATE | 6. LENDER'S NUMBER (optional) |
|------------------------|----------|---------|-------------------------------|

I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

| | |
|--|---------------------------------------|
| 7. NAME AND ADDRESS OF APPLICANT (Include employee number or badge number) X | 8. SIGNATURE OF APPLICANT X |
|--|---------------------------------------|

PART II - VERIFICATION OF PRESENT EMPLOYMENT – TO BE COMPLETED BY EMPLOYER

| EMPLOYMENT DATA | | PAY DATA | | | |
|--|---|----------------------------------|-----------|--------------------|----|
| 9. APPLICANT'S DATE OF EMPLOYMENT | 12A. CURRENT BASE PAY (Enter Amount and Check Period) ____ANNUAL____ HOURLY ____MONTHLY____BI-WEEKLY \$____WEEKLY____ OTHER(Specify) Number of Months Worked in a Year: | 12C. FOR MILITARY PERSONNEL ONLY | | | |
| 10. PRESENT POSITION | | PAY GRADE | | | |
| | | TYPE | | MONTHLY AMOUNT | |
| | | BASE PAY | | \$ | |
| 11. PROBABILITY OF CONTINUED EMPLOYMENT | 12B. EARNINGS | | | RATIONS | \$ |
| | TYPE | YEAR TO DATE | PAST YEAR | FLIGHT OR HAZARD | \$ |
| 13. IF OVERTIME OR BONUS IS APPLICABLE, IS ITS CONTINUANCE LIKELY? | BASE PAY | \$ | \$ | CLOTHING | \$ |
| OVERTIME _____YES _____NO | OVERTIME | \$ | \$ | QUARTERS | \$ |
| BONUS _____YES _____NO | COMMISSIONS | \$ | \$ | PRO PAY | \$ |
| | BONUS | \$ | \$ | OVERSEAS OR COMBAT | \$ |

14. PAY INCREASE: (Indicate pay increases expected during the next 12 months)

15. REMARKS (if paid hourly, please indicate average hours worked each week during current and past year)

PART III - VERIFICATION OF PREVIOUS EMPLOYMENT

| | |
|-------------------------|---|
| 16. DATES OF EMPLOYMENT | 17. SALARY/WAGE AT TERMINATION PER (Year) (Month) (Week) (Other - specify) BASE _____ OVERTIME _____ COMMISSIONS _____ BONUS _____ |
| 18. REASON FOR LEAVING | 19. POSITION HELD |

EMPLOYER SIGNATURE

| | | |
|---------------------------|-----------|----------|
| 20. SIGNATURE OF EMPLOYER | 21. TITLE | 22. DATE |
|---------------------------|-----------|----------|

The confidentiality or the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

IRS FORM T-4506

The form following this page is required to be completed for ALL persons over the age of 18 even if you do not file income taxes.

Use Form 4506-T to order a transcript of your federal income tax return directly from the Internal Revenue Service to verify the income tax returns submitted with your application. The Internal Revenue Service no longer mails the transcripts to a third party but only to the taxpayer's address of record. Applicants will need to forward the transcripts when they receive them.

If you do not file income taxes, the IRS will send verification that you do not file.

This "third-party" verification is required by the U.S. Department of Housing and Urban Development ("HUD").

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

The filing location for the Form 4506-T has changed. **Please see Chart for individual transcripts or Chart for all other transcripts** for the correct mailing location.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart shows two different addresses, send your request to the address based on the address of your most recent return.

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "999999999" on the transcript.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

| If you filed an individual return and lived in: | Mail or fax to: |
|--|--|
| Florida, Louisiana, Mississippi, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address | Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604 |
| Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin | Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094 |
| Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming | Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145 |

Chart for all other transcripts

| If you lived in or your business was in: | Mail or fax to: |
|---|--|
| Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address | Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145 |
| Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin | Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094 |



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.