

Brace and Bolt Retrofit Program

COH CMO Office – 4th Floor
 777 B Street
 Hayward, CA 94541
 510-583-4303



CITY OF
HAYWARD
 HEART OF THE BAY

Housing Rehabilitation Program

City of Hayward – HRP, 2nd Floor
 777 B Street
 Hayward, CA 94541
 510-583-4225

HOUSING REHABILITATION PROGRAM GUIDELINES AND THRESHOLDS

HOMEOWNERS REFERRED BY THE BRACE AND BOLT RETROFIT PROGRAM

The City of Hayward **Brace and Bolt Retrofit Program** is offering free earthquake retrofits to qualified residents who own and live in their homes. Repairs are completed by FEMA trained contractors. In addition, the City of Hayward’s **Housing Rehabilitation Loan Program** may assist with additional repairs that meet City and HUD criteria.

Applicants must provide verifiable documentation of eligibility as senior (age 62 and older), certified severely disabled, or HUD qualified low income. Low-income applicants must provide at least two forms of income verification (tax return, SSI/SDI payments, etc.) for all household occupants over the age of 18 years old.

LOAN PROGRAM TERMS: The City provides a deferred loan with an interest rate of 0%. Loan repayment is deferred until transfer of title, sale of property or death of borrower, whichever comes first. The loan can be repaid in full at any time. Homeowner must maintain at least 20% equity in the home after repairs are complete. Additional information regarding income and finances will be required prior to loan signing.

LOAN RESTRICTIONS: City policy is to offer one-time assistance per property. The homeowner must occupy the property for a minimum of five (5) years after the repairs are complete. Repairs are limited to owner-occupied, single family properties. Rental housing, townhomes and condominiums are not eligible for this program. The household must 1) not be in violation of any local codes and/or ordinances – *or* – 2) the proposed rehabilitation project must correct those violations. The homeowner and all those living in the household must not be in violation of any criminal or civil laws. Where multiple health and safety concerns or code violations exist, funds are restricted to \$25,000 and must be sufficient to resolve those concerns completely. It is not within the intended scope of the program to undertake projects where substantial rehabilitation of a home would be necessary to restore it to a condition considered safe for residential use.

ELIGIBLE REPAIRS: Repair requests must meet the criteria listed below, and are prioritized by risk to health and safety or repairs required to mitigate violations. Brace and Bolt repairs will be scheduled in conjunction with Housing Rehabilitation Loan Program repairs.

LOAN PROJECTS ARE RESTRICTED TO ONLY THE FOLLOWING TYPES OF WORK:

- A. Improved accessibility:** Eligible work includes modifications to the home that would improve residents’ ability to use wheelchairs, canes, crutches, or walkers; or would aid in the performance of “activities of daily living (ADLs)” such as eating, bathing, or toileting. Examples of eligible work are ramps, single-handle doors and faucets, safety grab bars, and bathing accessibility alterations.
- B. Code corrections:** Eligible work includes the correction of violations documented in citations issued by safety, code enforcement or mobile-home park personnel. Examples of eligible work include broken doors and windows, tarped roofs, vegetation that prevents safe entry/exit of the home.
- C. System Failures:** Eligible work includes leaking roofs, rehabilitation of failing or inoperable systems including plumbing, electrical, or heating/air conditioning.

FY 2015-16 Income Limits:

Family of:	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Extremely Low Income	\$0 - \$19,500	\$0 – 22,300	\$0 - \$25,100	\$0- \$27,850	\$0 - \$30,100	\$0 - \$32,570	\$0 - \$36,730	\$0 - \$40,890
Very Low Income	\$19,501- \$32,550	\$22,301 - \$37,200	\$25,101- \$41,850	\$27,851- \$46,450	\$30,101- \$50,200	\$32,571- \$53,900	\$36,731 \$57,600	\$40,891- \$61,350
Low Income	\$32,551 - \$50,150	\$37,201 - \$57,300	\$41,851- \$64,450	\$46,451- \$71,600	\$50,201- \$77,350	\$53,901- \$83,100	\$57,601 \$88,800	\$61,351 - \$94,550

THIS PROJECT RECEIVES FUNDING FROM THE CITY OF HAYWARD’S
 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM.

KEEP THIS PAGE FOR YOUR RECORDS: PROGRAMS ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE.

REFERRED BY:
COH CMO Contact: _____
EXT: _____
Referral Date: _____



PLEASE RETURN TO:
 City of Hayward – HRP, 2nd Floor
 777 B Street
 Hayward, CA 94541
 510-583-4225

**EARTHQUAKE BRACE AND BOLT PROGRAM /
 HOUSING REHABILITATION LOAN APPLICATION**

Applicant Name(s): _____
 Address: _____ Zip Code _____
 Phone: _____ Email: _____ Day/Month/ Year of Birth: _____

I AM APPLYING FOR: Brace and Bolt only (free program) Brace and Bolt + Housing Rehabilitation Loan

Property Information for homeowner(s)

How long have you owned this property? _____ Years _____ Months
 Is this your primary residence? ___ Yes ___ No
 Do you intend to occupy this property for a minimum of five (5) years? ___ Yes ___ No
 Is this property for sale or intended for sale? ___ Yes ___ No
 Have you received previous HRP grants/loans for this property? ___ Yes ___ No
 Do you have a current homeowner's insurance policy? ___ Yes ___ No
 Do you have a mortgage or loans against this home? ___ Yes ___ No
 If yes, what are your current loan balances? 1st _____ 2nd _____ Other _____
 Is this property in foreclosure? ___ Yes ___ No
 Are you refinancing this property? ___ Yes ___ No

Name and Social Security Numbers are required for all individuals on the Title to the property:

Name: _____ Social Security #: _____ - _____ - _____
 Name: _____ Social Security #: _____ - _____ - _____
 Name: _____ Social Security #: _____ - _____ - _____

Homeowners Insurance Information

Insurance Carrier: _____ Policy #: _____
 Expiration: _____ Type(s) of coverage: _____
 Agent's Name: _____ Agent's Phone #: _____

ELIGIBILITY: To be eligible for the Brace and Bolt Program or the Housing Rehabilitation Loan Program, the homeowner must meet at least ONE of the following criteria;

PLEASE CIRCLE ALL THAT APPLY:

- A. I am age 62 or older (COPY OF PHOTO ID REQUIRED) – OR
- B. One member of my household has a severe disability (member must be over 18, and a doctor's note or SDI statement required), - AND
- C. My entire household's income does not exceed the low-income threshold below (tax forms required):

Family of:	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Extremely Low Income	\$0 - \$19,500	\$0 - 22,300	\$0 - \$25,100	\$0 - \$27,850	\$0 - \$30,100	\$0 - \$32,570	\$0 - \$36,730	\$0 - \$40,890
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PLEASE ATTACH TWO (2) FORMS OF INCOME CERTIFICATION FROM THE LIST BELOW:

- SDI/SSI Tax Return (2014) Payroll Stubs (2 current) Unemployment/Worker's Comp
- Section 8 certification CalWorks certification Food Stamps enrollment Medi-Cal/CARE certification

The following information is required.

- 1. # of adults in your household: _____ Female Head of Household Yes No
- 2. # of seniors in your household: _____
- 3. # of children in your household: _____
- 4. # of people who have disabilities: _____

The following information is required, however will NOT be used to determine eligibility.

5. Ethnicity and Race: Please identify the number people in the household as provided: also make selections from the "Race" option:

Household Ethnicity: Hispanic/Latino _____ Yes _____ No

Household Race:

- _____ American Indian/Alaskan Native _____ Native Hawaiian/ Other Pacific Islander
- _____ American Indian/Alaskan Native & Black/African American _____ Black/African American
- _____ American Indian/Alaskan Native & White (or "Mestizo") _____ Black/African American & White
- _____ Asian _____ Other or Multiracial (please specify)
- _____ Asian and White

6. Please describe the work required on your home (please refer to the Program Guidelines and Thresholds for eligible project):

I ONLY NEED THE BRACE AND BOLT PROGRAM:

ACCESSIBILITY: _____

CODE CORRECTIONS: _____

SYSTEMS FAILURE: _____

(USE ADDITIONAL SHEETS IF NECESSARY)

The applicant covenants and agrees that he/she will comply with all requirements imposed by or pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964 (78 Stat. 252). The applicant agrees not to discriminate upon the basis of race, color, creed, sex, or national origin in the sale, lease, rental, use or occupancy of the real property rehabilitated with the assistance of the loan. The City of Hayward shall be deemed to be a beneficiary of these provisions both for and in its own right and also for the purpose of protecting the interest of the community and other parties, public or private, in whose favor or for whose benefit these provisions have been provided, and shall have the right, in the event of any breach of these provisions to maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breach.

VERIFICATION OF ANY OF THE INFORMATION OBTAINED IN THIS APPLICATION MAY BE OBTAINED FROM ANY SOURCE NAMED HEREIN. The homeowner and those living in the household must not be in violation of any criminal or civil laws, and the property must not have a history of police intervention for criminal activity. We also authorize the taking of pictures before, during, and after the rehabilitation of subject property.

PENALTY FOR FALSE OR FRADULENT STATEMENT: U.S.C. Title 18, Sec. 1001 provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imposed not more than five years imprisonment, or both.

NOTICE TO APPLICANTS: This is a notice that you as required by the Right to Financial Privacy Act of 178 that the Department of Housing and Urban Development has a right to access to financial records held by any financial institution in connection with the consideration or administration of the City of Hayward Rehabilitation Program to which you have applied. Financial records involving your transactions will be available to the Department of Housing and Urban Development without further notice or authorization but will not be disclosed or released to another government agency or department without your consent except as required or permitted by law.

I authorize the verification of the information contained in this application. I attest/affirm/swear the above is true, and I understand that I will be required to provide at least two (2) forms of income documentation to verify that I am eligible to participate in the program. Inability to verify any of the statements I have made will result in disqualification from the program.

Signature _____

Date: _____

Printed: _____

Did You:

- 1) Keep the first page for your records?
- 2) Attach Proof of Eligibility (WITHOUT IT YOUR APPLICATION WILL BE RETURNED AS INCOMPLETE)
 - Copy of photo ID (eligible as a senior citizen)
 - Personal doctor's or SDI statement confirming eligibility (eligible as disabled)
 - At least two forms of income certification for every adult over 18 (eligible as low-income)

3) Sign statement above