Emergency Repair Program

ABOUT THE PROGRAM:

The City of Redding currently offers an Emergency Repair Program (ERP) for income eligible owner-occupants of homes and owner-investors of rental properties within the city limits of Redding. The purpose of this program is to furnish home repair assistance when a homeowner rehabilitation loan is not feasible. Landlords participating in the program may receive up to $4,000 for accessibility improvements in exchange for a good faith effort to rent to disabled individuals.

BASIC ELIGIBILITY REQUIREMENTS:

- The property must be owner occupied;
- Household income must be less than 80% of median income for Shasta County (income chart);
- The property must be located in a residentially zoned area within the Redding city limits;
- Borrower must have fire insurance at the time of signing a loan and agree to maintain it; the borrower shall provide evidence that property taxes are current; or for mobile homes, that registration is current.

LOAN HIGHLIGHTS:

1. Loan Interest Rate:
   3% simple interest per year (No monthly payments required) All interest is forgiven upon repayment of full principal loan balance when received on time.

2. Term of Loan:
   Deferred Loan: Available for homeowners over 62 years of age or disabled. Due upon sale, transfer of title, or when the home is no longer the borrower's principal place of residence.
   15-Year Deferred Payment Loan: Due upon sale, transfer of title, or when the home is no longer the borrower's principal place of residence or at the end of 15 years if the homeowner is able to repay, whichever first occurs.

3. Maximum Loan: $4,000.00.
4. Loans are secured by a statement of understanding and a promissory note.
5. Loan funds shall be used only for repairs related to health and/or safety, or necessary handicapped accessibility improvements.

GRANT ASSISTANCE TO OWNERS OF RENTAL HOUSING UNITS:

Owners of rental housing units, and low-income, eligible tenants of rental units that need handicapped accessibility improvements are invited to apply for assistance under the ERP. Tenant-based improvements may only be accomplished with approval from the respective landlord, who would receive grant monies up to $4,000 for the modification work in exchange for executing a five-year participation agreement. The grant is offered as an incentive to install handicapped accessibility improvements to units with disabled tenants.

FOR MORE INFORMATION:

Steve Hagan
City of Redding
Housing Division
530-225-4040
shagan@cityofredding.org

or

City of Redding
1st Floor Housing Division
777 Cypress Avenue
Redding, CA 96001

The City of Redding does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment.

All materials are available in alternate formats and for individuals with disabilities or for individuals with limited English proficiency upon request. Please allow a minimum of 72 hours for your request to be processed.

Contact Mark Christ by telephone at 530-245-7136 or email: mchrist@cityofredding.org
The TTY relay may be reached by dialing 7-1-1.

EQUAL HOUSING OPPORTUNITY

CITY OF REDDING
HOUSING REHABILITATION PROGRAMS
APPLICANT PROFILE FORM

For Office Use Only
☐ SRP
☐ ERP
☐ O-O REHAB
DOB Confirmed by Staff: _____

APPLICANT

Head of Household	☐ Male ☐ Female	Address
Date of Birth:		City/State/Zip
Social Security Number:		Phone Number_____ Cell_____
☐ Unmarried ☐ Married ☐ Divorced/Separated		Email _____
How many people are in your household? ____ Adults ____Children		

ETHNIC DATA OF HOUSEHOLD

Racial, ethnicity or disability data you provide herein is used for government reporting purposes to monitor compliance with equal opportunity laws. Self-identification is VOLUNTARY, and is not used to determine your eligibility.

ETHNICITY: ☐ Hispanic ☐ Non-Hispanic

RACE OF APPLICANT (check all that apply): ☐ White ☐ American Indian or Alaskan Native ☐ Black/African American ☐ Asian
☐ Native Hawaiian or Pacific Islander ☐ American Indian or Alaskan Native and White ☐ Black/African American and White
☐ American Indian or Alaskan Native and Black/African American ☐ Asian and White ☐ Other Multiple Race Combinations

IS ANYONE IN THIS HOUSEHOLD HANDICAPPED OR DISABLED? ☐ Yes ☐ No

INCOME INFORMATION

Gross family income would include income from any of the following sources or any other source of income: wages, self-employment, farming income, public assistance, Social Security, retirement pensions, Veteran's or GI benefits, child/espousal support, unemployment/disability insurance, worker's compensation, contributions, cash gifts, rental income, sale of property, foster child care, interest, dividends, royalties, scholarships, grants and loans for school.

Person Receiving Income	Employer or Source of Income	How Long on this Job or in Line of Work	Gross Monthly Amount

1st Mortgage Payment	$_____	1st Mortgage Balance	$_____
2nd Mortgage Payment	$_____	2nd Mortgage Balance	$_____
Homeowner's Insurance	$_____	Estimated Value of Home	$_____
Property Taxes and HOA	$_____	Estimated Available Equity	$_____
Total Housing Expense	$_____	Do you have a Reverse Mortgage?	☐ Yes ☐ No
		Do you own and occupy the home?	☐ Yes ☐ No

LIABILITIES

List all automobile loans, revolving charge accounts, real estate loans, student loans, alimony, child support, etc.

Type of Loan	Company	Balance	Minimum Monthly Payment
Auto			
Credit Card			
Credit Card			
Other			

CREDIT INFORMATION

Do you have any outstanding collections or judgments? ☐ Yes ☐ No Any past bankruptcies or foreclosures? ☐ Yes ☐ No

The above information is true and complete to the best of my/our knowledge and I/we intend it to be relied upon for the purpose of determining if I/We meet the basic eligibility requirements for the City of Redding Home Rehabilitation Loan Program.

Signature of Applicant _____ Date

Signature of Co-Applicant _____ Date

Penalty for false or fraudulent 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 representations, 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 imprisoned not more that five years, or both."