



City of Ontario
**CDBG Conservation Home Improvement Program Loan
(CHIP Loan) Application**

WHAT IS THE CDBG CHIP LOAN?

Through funding provided through the U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant (CDBG) program, the City of Ontario is offering rehabilitation loans to qualified owner-occupied households to make energy/water conservation improvements to exterior of their properties. The loan is a zero (0) percent interest, deferred payment loan secured by a promissory note and deed of trust. **FUNDING IS LIMITED AND LOANS ARE FUNDED ON A FIRST-COME, FIRST-SERVED BASIS.**

To qualify for this program, participants must live in a house located within the incorporated boundaries of the City of Ontario and have a gross annual household income does not exceed 80% of Median Income.

This chart below will show you the “maximum” gross household annual income qualifications:

2021 Income Limits*								
Family Size	1	2	3	4	5	6	7	8
Maximum Income	\$44,250	\$50,600	\$56,900	\$63,200	\$68,300	\$73,350	\$78,400	\$83,450

**Income limits are subject to change annually*

HOW DO I APPLY?

Complete the attached application and submit along with “**COPIES**” of the required information listed below:

1. Recorded Grant Deed or Quitclaim Deed (legal description to be included). If applicable, submit a copy of the trust (i.e., Living Trust).
2. A current mortgage statement as evidence that payments are current.
3. Income Verification – **(each occupant over 18 years old and all other parties on title)**
 - a. Bank statements for the three (3) most recent months or a certified statement that an occupant does not have a bank account.
 - b. A minimum of two consecutive current paystubs, documenting a minimum of 30 days, or documentation of all sources of income for at least one month (i.e., Social Security, Supplemental Security Income, pension or retirement fund payments, child support/alimony, etc.). If any occupant over 18 years old receives no public benefits or income, a certified statement of these facts must be provided.
 - a. The most recent year’s signed and completed tax returns.
 - d. If you **DO NOT** file a tax return, please call and request a “Tax Affidavit” form.
4. Completed Application Affidavit and Certification of Occupancy Forms.

FOR FURTHER INFORMATION, PLEASE CALL (909) 395-2006



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PLEASE PRINT CLEARLY

APPLICANT AND HOUSEHOLD INFORMATION

Applicant's First Name _____

Applicant's Last Name _____

Street Address _____

City, State, and Zip Code _____

Daytime Telephone Number _____

E-Mail Address _____

Applicant's Gender Male Female Transgendered to Male Female

Please check any that apply Veteran Female Head of Household

Physical Disability Developmental Disability

Applicant's Age _____ Applicant's Date of Birth _____

Applicant's Social Security Number _____

Applicant's Race (use the codes below for race) _____ Hispanic? Yes No

Use the appropriate code listed below to indicate your race in the space provided above:

11 White	16 American Indian/Alaskan Native and White	19 American Indian/Alaskan Native and Black/African American
12 Black/African American	17 Asian and White	20 Other Multi-Racial
13 Asian	18 Black/African American and White	
14 American Indian/Alaskan Native		
15 Native Hawaiian/Other Pacific Islander		

Number of people in Household _____

HOUSEHOLD INFORMATION

Using the table below, please list information for each member of your household, not including yourself (if additional space is needed, please attach a separate sheet). Please also include any person listed on title that is not a member of your household. Use the codes above to indicate race for each member of your household.

Name	SSN	Gender	Age	Race	Hispanic	Veteran	Disabled
		<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Physical <input type="radio"/> Developmental
		<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Physical <input type="radio"/> Developmental
		<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Physical <input type="radio"/> Developmental
		<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Physical <input type="radio"/> Developmental
		<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Physical <input type="radio"/> Developmental



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HOUSEHOLD INCOME INFORMATION

OCCUPANT NAME(S) Please list each occupant over the age of 18 and all persons on title.	SOURCE OF INCOME Please check all that apply	ESTIMATED GROSS TOTAL ANNUAL INCOME FROM ALL SOURCES (Income before taxes)
	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Other <input type="checkbox"/> No income or public benefits	\$
	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Other <input type="checkbox"/> No income or public benefits	\$
	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Other <input type="checkbox"/> No income or public benefits	\$
	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Other <input type="checkbox"/> No income or public benefits	\$
	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Other <input type="checkbox"/> No income or public benefits	\$
TOTAL INCOME		\$

ASSETS – Please include assets for all household members over the age of 18 years old and all persons listed on title (attach additional sheets as necessary)

<p>Do the persons whose income or contributions are included in the Household Income Information above have savings, stocks, bonds, equity in real property or other form of capital investment (excluding the values of necessary items of personal property such as furniture and automobiles and interests in Indian trust land)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer is Yes, please list the total value of such items and include a description of each item on a separate sheet.</p>	\$	
<p>Is the combined total value of assets owned for all persons exceed \$5,000?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer is Yes, please state the amount of income expected to be derived from such assets in the 12-month period beginning with the application date.</p>	\$	
Bank Accounts – include for all household members over the age of 18 years old and all persons listed on title		
Name and Address of Financial Institution	Last 4 digits of Account #	Balance
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
Subtotal Liquid Assets		\$
Real Estate owned (enter market value from schedule of real estate owned other than principal residence)	\$	



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LIABILITIES INFORMATION

Liabilities (List the creditor's name for all outstanding real estate loans) Use extra sheets, if necessary.

Name of Creditor	Monthly Payment Months Left to Pay	Unpaid Balance
	\$ _____ Months Left to Pay	\$ _____
	\$ _____ Months Left to Pay	\$ _____
Total Monthly Payments	\$ _____	

Schedule of Real Estate Owned Other Than Principal Residence (If additional properties are owned, use continuation sheet)

Property Address	Present Market Value	Number of Mortgages and Liens	Gross Rental Income	Mortgage Payment	Insurance, Maintenance, Taxes, and Misc.	Net Rental Income

DECLARATIONS

If you answer "Yes" to any questions a through d, please use continuation sheet for explanation.

	Borrower		Co-Borrower	
	Yes	No	Yes	No
a. Are there any outstanding judgments against you?				
b. Are you current on all of your mortgage payments, insurance payment, and property taxes?				
c. Are you obligated to pay alimony, child support, or separate maintenance?				
d. Are you a U.S. Citizen?				
e. Are you a permanent resident alien?				
f. Do you intend to occupy this property as your primary residence upon the completion of the rehabilitation?				



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PENALTY FOR FALSE OR FRAUDULENT STATEMENT U.S.C. TITLE 18, SECTION 1001, PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES...OR MAKE ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED UP TO \$10,000, OR IMPRISONED UP TO 5 YEARS OR BOTH."

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.

Signing of the application acknowledges approval for the City of Ontario or its designee to run a credit background check.

"Applicant appoints the City of Ontario, or its designee, as its agent (the agency being coupled with an interest) to file for and record any notices of completion, cessation of labor, or any other notice that the City of Ontario, or its designee, deems necessary or desirable to protect its interests under this program."

Borrower's Signature

Date

Co-Borrower's Signature

Date