



## Eligibility for Program Participation

In order to receive funds, **ALL** of the following conditions must be met:

- All applicants must have owned and lived in the property for at least one year and cannot have ownership interest in other real property.
- Applicants must meet income requirements, with total household income not exceeding limits for Moderate Income households. Income documentation is required for each adult household member.
- Primary applicants must meet underwriting requirements identified in ADU Loan Program Guidelines

Please refer to the ADU Loan Program Guidelines for additional program requirements.

## Loan Term Summary

- **Maximum Loan Amount.** Maximum loan amounts are \$100,000 for new construction of an ADU, \$50,000 for new construction of a JADU, and \$50,000 for correction of a violation of a building standard for an ADU or JADU. Specific loan amounts are determined on an individualized basis.
- **Interest.** Loans accrue 3% simple interest.
- **Term of Loan and Regulatory Agreement.** The loan and regulatory agreement shall have a term of 15 years.
- **Deferral and Loan Forgiveness.** Payments are deferred for the full 15-year term as long as the Borrower maintains compliance with the regulatory agreement. The loan and all accrued interest will be forgiven after 15 years if the ADU has been rented in compliance with the regulatory agreement for the entire 15-year term.
- **Early Termination.** Borrowers may choose to terminate their participation in the program at any time by paying back the loan principal and accrued interest. There is no prepayment penalty.

Please refer to the ADU Loan Program guidelines for additional terms and conditions.

## Application Guidelines & Checklist

To review your application, copies of the following documents are required. **DO NOT SEND ORIGINAL VERSIONS OF ANY PERSONAL DOCUMENTS.**

- Completed Application
- Income statements and verification for the last 3 months or the most recent statement period for ALL income received. (Examples include social security statements, retirement checks, and employment check stubs).
- Federal tax returns for previous year (all pages) OR previous 2 years if any member of applicant household is self-employed.
- Six months of account statements for all checking accounts
- Most recent account statement for all savings accounts
- Copy of certificate of title
- Copies of photo identification for all adults in the household
- Evidence of homeowner's insurance for property



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- Most recent mortgage statement (if applicable)
Most recent property tax bill

Property Information

Have you ever received a grant or loan from the City of Chula Vista? Yes No

If yes, when did you receive the grant and/or loan?

Type of Residence: Single-Family Other
Value of home (Estimated):
Year Property Built:
Date Property Purchased:
# of Bathrooms:
# of Bedrooms:
Property Taxes:
Mortgage Insurance:
Hazard Insurance:
Monthly HOA Fee:

Persons on Title

Name: SSN:
Name: SSN:
Name: SSN:

Declarations

If you answer "Yes" to any of the questions, please explain on a separate sheet of paper.

Table with 3 columns: Question, Borrower, Co-Borrower. Contains 10 questions regarding outstanding judgments, bankruptcy, foreclosure, lawsuits, loan obligations, alimony, co-maker status, other residences, and other property.



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**Applicant Information**

Please read the ADU Loan Program Guidelines before submitting.

**Full Name:** \_\_\_\_\_  
Last First M.I.

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Is your mailing address different from the property address?  Yes  No

If yes, complete the following:

**Mailing Address:** \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Would you like to request an accommodation in connection with a disability in order to fully utilize our agency's services?  Yes  No

If you answered Yes above, please describe the accommodation request:

\_\_\_\_\_  
\_\_\_\_\_



Household Information

Please list all household members in addition to applicant. (Applicant/Borrower and other household members).

Applicant/Borrower

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Gender: [ ] Female [ ] Male [ ] Other
Employed? [ ] Yes [ ] No

Co-Borrower/Other Household Member

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Gender: [ ] Female [ ] Male [ ] Other
Employed? [ ] Yes [ ] No

Other Household Member

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Gender: [ ] Female [ ] Male [ ] Other
Employed? [ ] Yes [ ] No

Other Household Member

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Gender: [ ] Female [ ] Male [ ] Other
Employed? [ ] Yes [ ] No

Other Household Member

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Gender: [ ] Female [ ] Male [ ] Other
Employed? [ ] Yes [ ] No



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Employment

Please provide most current 3 months' pay stubs for each job reported below. List each person in your household who works or expects to be working. \*If self-employed, provide a copy of IRS Schedule C for previous 2 years.

Applicant/Borrower:

Name of Employer:

Address of Employer:

Phone:

Monthly Salary:

Co-Borrower/Other Household Member:

Name of Employer:

Address of Employer:

Phone:

Monthly Salary:

Household Member:

Name of Employer:

Address of Employer:

Phone:

Monthly Salary:

Household Member:

Name of Employer:

Address of Employer:

Phone:

Monthly Salary:

Household Member:

Name of Employer:

Address of Employer:

Phone:

Monthly Salary:



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**Additional Income**

Please provide current proof of any income reported below.

Complete all required information for income received or expect to receive by or for any household member, including children. If necessary, report any other additional sources on a separate sheet of paper.

Mark which income type(s) you have	Type of Income	Who Receives Funds	Name and Address of Provider	Monthly Amount \$
<input type="checkbox"/>	Social Security Benefits - SSA or/and SSI			
<input type="checkbox"/>	CALWORKS			
<input type="checkbox"/>	Food Stamps			
<input type="checkbox"/>	State Disability			
<input type="checkbox"/>	Worker's Compensation			
<input type="checkbox"/>	Unemployment Benefits			
<input type="checkbox"/>	Veteran's Benefits			
<input type="checkbox"/>	Military Pay/Allotment			
<input type="checkbox"/>	Pensions or Retirement			
<input type="checkbox"/>	Child Support			
<input type="checkbox"/>	Spousal Support			
<input type="checkbox"/>	Contributions			
<input type="checkbox"/>	Gifts or Loans			
<input type="checkbox"/>	Rental Property Income			
<input type="checkbox"/>	School Financial Aid			
<input type="checkbox"/>	Other Income			

Any other additional sources of income reported on a separate sheet of paper attached?  Yes  No



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**Assets**

Please provide current proof of cash value for each asset listed below. Complete all information for any asset owned or held by or for any household member, including children. If necessary, report any other additional accounts or sources on a separate sheet of paper.

Type of Asset	Balance/ Value \$	Name(s) on Account	Name of Institution	Account/Policy #
Cash				
Checking Account				
Savings Account				
Other (401k, IRAS stocks, bonds, etc.)				
Retirement Account				

Address of Real Property Owned- excluding subject property shown above	Current Value	Balance of Loans	Monthly Principal & Interest Payment	Monthly Property Taxes	Monthly Rent payments Received

Any other additional sources of assets reported on a separate sheet of paper attached? Yes  or No

**Credit**

Liabilities	Type of Credit	Outstanding Balance \$	Monthly Debt Payment \$



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**Outstanding Liens Against Property**

First Trust Deed Loan

Second Trust Deed Loan

Third Trust Deed Loan

Lender	Current Principle Balance	Monthly Payment	Interest Rate	Loan Type: Fixed Rate, Adjustable

**Project**

**Project Type:**

- New Construction of an ADU
- New Construction of a JADU
- Correction of violation of building standards of an ADU built before January 1, 2020
- Correction of violation of building standards of a JADU built before January 1, 2020

**Please provide a brief summary of the proposed project scope:**

**Please provide a preliminary project budget, if known:**

Expense	Amount	Funding Source
Plans		
Permits		
Construction		
Other		
Contingency (10% of total cost)		
<b>Total</b>		

A more detailed budget and/or supporting documentation may be included with application.

If contractor's estimate, code enforcement documentation, or other supporting documentation is available, please include with application.





**Acknowledgments**

**Please sign and date the acknowledgement for the program.**

I/We hereby certify, swear and affirm under penalty of perjury that I have read and understood the above and my answers are true and complete to the best of my knowledge.

By signing below, I/we also certify, swear and affirm under penalty of perjury to the following:

1. I/We have applied for an ADU Loan Program deferred loan from the City of Chula Vista. I/We understand and agree to sign a Promissory Note, that the City shall place a lien on my/our property and that I/We shall be responsible for repayment of any funds expended should I/we sell, rent, or transfer title to my/our property within a thirty-year period from the date of the last disbursement of funds. I/We agree to cooperate with the placing of the lien and shall notify the City if I/we no longer intend to occupy the property within the thirty-year timeframe.
2. I/We completed an application containing personal and financial information including: employment, income, occupancy status, etc. I/We certify that all the information and documents provided are true and complete. I/We made no misrepresentations in the application or other documents, nor did I/we omit any pertinent information.
3. I/We understand and agree that the City reserves the right to request any additional information necessary to complete the ADU Loan Program deferred loan request and verify the information provided on the application, including with employers, creditors, and financial institutions.
4. I/We fully understand that it is a Federal crime punishable by fine, imprisonment or both to knowingly make any false statements when applying for this ADU Loan Program deferred loan, as applicable under the provisions of Title 18, United States Code, Section 1014.

Executed under penalty of perjury under the laws of the State of California as of the date indicated below at the City of Chula Vista, California.

Borrower's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Co-Borrower's Signature/Other Household Adult: \_\_\_\_\_ Date: \_\_\_\_\_  
 Other Household Adult: \_\_\_\_\_ Date: \_\_\_\_\_  
 Other Household Adult: \_\_\_\_\_ Date: \_\_\_\_\_  
 Other Household Adult: \_\_\_\_\_ Date: \_\_\_\_\_

**Certifications**

I/We certify, swear and affirm under penalty of perjury that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including but not limited to, fine or imprisonment or both under the



**ADU Loan Program Application**

provisions of Title 18, United States Code, section 1001, et seq. and liability for monetary damages to the City, its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application. I/We also acknowledge that any misrepresentation or material omission in this applicant will make me/us ineligible to participate in the program and any sums paid out would become immediately due and payable, plus interest.

Borrower's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Co-Borrower's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We understand that we may also be eligible for programs offered by other City departments or entities that provide similar programs to the one I am/we are applying for and therefore permit the City to internally share this application, and all submitted income, asset, debt and other documentation. I further understand that each program has its own application process, may require additional documentation and does not guarantee eligibility for any or all programs.

**IMPORTANT: DO NOT BEGIN ANY WORK TO BE APPROVED UNDER THIS PROGRAM WITHOUT WRITTEN AUTHORIZATION FROM THE CITY.**

Please return this completed application and supporting documents to:  
City of Chula Vista  
Department of Housing and Homeless Services  
276 Fourth Avenue, Bldg. A  
Chula Vista, CA 91910

Monday-Thursday 8 am - 5 pm  
Friday 8 am - 12 pm