

Program Overview

Case Id:

Name:

Address:

Program Overview

Please provide the following information.



ReCoverCA Housing Program

ReCoverCA Housing Program
2020 West El Camino Avenue
Suite 200
Sacramento, CA 95833
(916) 202-1764
ReCoverCA@hcd.ca.gov

In response to presidentially declared disasters in 2020 (DR-4558 and DR-4569), the California Department of Housing and Community Development (HCD) developed the ReCoverCA Housing Programs. The ReCoverCA **Rehabilitation/Reconstruction Programs** are designed to assist qualified households living in HUD-designated Most Impacted and Distressed counties with the rehabilitation or reconstruction of their disaster damaged homes. The **Mitigation Retrofits Programs** provide homeowners living in HUD-designated Most Impacted and Distressed counties with financial assistance to harden their undamaged homes against future wildfires. All ReCoverCA Housing Programs will prioritize Low- to Moderate-Income households earning at or below 80% of area median income (AMI).

Who can apply?

- Homeowners who owned and occupied a home as their primary residence at the time of the disaster in a most impacted and distressed (MID) county, and their home was damaged or destroyed as a result of a federally declared disaster in 2020 (DR-4558 or DR-4569) and requires rehabilitation or reconstruction.
- Homeowners who owned and occupied a home as their primary residence at the time of the disaster in a most impacted and distressed (MID) county, and their home was not damaged or destroyed as a result of a federally declared disaster in 2020 (DR-4558 or DR-4569), but requires mitigation retrofits to help create defensible space or home hardening against future disasters.

What can I expect from the Programs?

Once you submit an application, you will be assigned a Case Manager who will support you through the entire process. The Case Manager will evaluate your application to ensure all required documentation is provided. If you meet program eligibility requirements, the Program will review all other disaster assistance you may have received and determine your duplication of benefits amount. A member from the Program's Construction Management Team will perform an initial inspection of the Applicable Property and complete an environmental review of the site. For rehabilitation or reconstruction projects, you will be invited to a home selection meeting to select the model and finishes that you are eligible for based on your previous home's square footage and current household size. The Program's Construction Management Team will then prepare a scope of work to determine the total cost to rehabilitate, reconstruct or

mitigation retrofit your home. The duplication of benefits amount will be deducted from that total cost to determine your award amount. You will be presented with the final award amount and the duplication of benefits amount, which you will be required to submit to the Program's escrow account for the rehabilitation, reconstruction, or mitigation of your home (when applicable). Once you accept the award, you will sign an Escrow Agreement and remit your escrow funds. Then, you will sign a construction contract and the Program will submit for permits and begin construction on your home! Program process timelines vary based on many factors, but generally it takes 12 months from when you submit your application to when you receive the keys to your home.

Where can I find more information about the Programs?

You can find the Program Policies and Procedures, an Eligibility Documentation Checklist, and FAQ on HCD's website here: <https://www.hcd.ca.gov/grants-and-funding/recoverca/program-resources>

You can also receive monthly newsletters from the Program and other important announcements by signing up for the Program mailing list here: <https://www.hcd.ca.gov/grants-and-funding/recoverca/email-signup>

If you need to contact your Case Manager, you can find their contact information here: <https://www.hcd.ca.gov/grants-and-funding/recoverca/find-your-case-manager> <https://www.hcd.ca.gov/grants-and-funding/recoverca/find-your-case-manager> or you can contact the Program's main line at (916) 202-1764 or via email at ReCoverCA@hcd.ca.gov.

Don't forget to follow us on Facebook @ReCoverCA and X (formerly Twitter) @California_HCD!

Thank you so much for your interest in the ReCoverCA Housing Programs. We look forward to assisting you with your housing recovery.

A. Preliminary Eligibility

Case Id:

Name:

Address:

A. Preliminary Eligibility

Please answer the below questions to determine your preliminary eligibility for the ReCoverCA Housing Programs.

A.1. How did you hear about the ReCoverCA Housing Programs?

A.2. Is the property you are applying for (Applicable Property) located within one of the following Most Impacted and Distressed (MID) Counties?

A.3. At the time of the disaster, did you OWN the Applicable Property and occupy it as your primary residence or rent it out?

A.4. Was the Applicable Property a single-family residence (including mobile homes or manufactured housing units)?

A.5. What type of project are you applying for?

1. Reconstruction of a home destroyed by the disaster that you owned and occupied prior to the disaster.
2. Reconstruction of a rental home destroyed by the disaster that you owned prior to the disaster.
3. Rehabilitation of a home you owned and occupied that was damaged by the disaster.
4. Rehabilitation of a rental home that you owned that was damaged by the disaster.
5. Wildfire mitigation retrofits on a home you purchased after the disaster that you occupy as your primary residence.
6. Wildfire mitigation retrofits on a rental home you purchased after the disaster and will rent to LMI households.
7. Wildfire mitigation retrofits on a rental home you rebuilt after the disaster and will rent to LMI households.
8. Wildfire mitigation retrofits on a rental home that you owned prior to the disaster.
9. Wildfire mitigation retrofits on a home that you rebuilt after the disaster that you occupy as your primary residence.
10. Wildfire mitigation retrofits on a home that you owned and occupied prior to the disaster.

B. Contact Information

Case Id:

Name:

Address:

Initial Application

Thank you for your interest in the ReCoverCA Housing Programs. The Programs are administered by the Department of Housing and Community Development (HCD) through funds provided by the Federal Department of Housing and Urban Development (HUD). The ReCoverCA Rehabilitation/Reconstruction programs are designed to assist qualified households living in HUD-designated Most Impacted and Distressed counties with the rehabilitation or reconstruction of their disaster damaged, owner-occupied homes. The Wildfire Mitigation Programs are designed to assist qualified households living in HUD-designated Most Impacted and Distressed counties with retrofits to harden their undamaged, owner-occupied homes against future wildfires. The Programs will prioritize Low-to Moderate-Income owners earning at or below 80% of area median income (AMI).

OWNER CONTACT INFORMATION (PRIMARY APPLICANT)

B.1. First Name

B.2. Last Name

B.3. Mailing Address:

B.4. Phone Number:

B.5. Email

B.6. Preferred method of communication:

B.7. What is your preferred language?

POWER OF ATTORNEY

B.8. Is there an individual with legal Power of Attorney who will be assisting you in the future with this Program?

a. First Name:

b. Last Name:

CO-OWNER (APPLICANT) INFORMATION

B.10. Is there a co-owner/applicant?

a. First Name:

b. Last Name:

c. Home Address:

d. Phone Number:

e. Email Address:

f. Preferred method of communication:

OTHER OWNERS

B.11. Are there other owners of the Applicable Property who are not on the Application?

a. First Name:

b. Last Name:

c. Phone:

c. Living on the property after rebuilding?

d. Email:

d. Address:

e. Upload POA Document:

e. Phone:

Power of Attorney Document

f. Email:

COMMUNICATION DESIGNEE

B.9. Applicants may designate a third party, known as a Communication Designee, to receive information about their program status. However, Communication Designees are not authorized to make any decisions or sign any Program documents on behalf of the Applicant. Do you have a communication designee you would like to appoint at this time?

a. First Name:

b. Last Name:

c. Phone:

d. Email:

e. Upload Communication Designee Form:

[Communication Designee Form](#) *Required

C. Household Members

Case Id:

Name:

Address:

C. Household Members

As of today, list all members of the household. The Primary Applicant's Information should be entered first as the Primary Household Member. Please add the Co-Applicant (an additional Owner-Occupant) as Household Member 2, if applicable. Indicate the relationship of each family member to the Head of Household (spouse, sibling, etc.). In addition, indicate if there will be any additional members added to the household in the near future.

Total Household Members:

D. Income

Case Id:

Name:

Address:

D. Income

Please provide the following information.

Is the Applicable Property a home that you own and rent out (Rental home)?

D.1a. Primary Applicant Name:

D.1b. Relation to Head of Household:

D.1c. Income:

Please list all income sources:

Please download, complete, and upload the [Zero Income Certification Form](#) to D.1f.

D.1d. Amount per year:

\$0.00

D.1e. Will this income stay the same for the next 12 months?

D.1f. Primary Applicant Income Source Documentation

Primary Applicant Income Source Documentation

D.2. Is there a second household member?

D.2a. Second Household Member Name:

D.2b. Relation to Head of Household:

D.2c. Income:

Please list all income sources:

Please download, complete, and upload the [Zero Income Certification Form](#) to D.2f.

D.2d. Amount per year:

D.2e. Will this income stay the same for the next 12 months?

D.2f. Second Household Income Source Documentation

Second Household Income Source Documentation

D.3. Is there a third household member?

D.3a. Third Household Member Name:

D.3b. Relation to Head of Household:

D.3c. Income:

Please list all income sources:

Please download, complete, and upload the [Zero Income Certification Form](#) to D.3f.

D.3d. Amount per year:

D.3e. Will this income stay the same for the next 12 months?

D.3f. Third Household Income Source Documentation

Third Household Income Source Documentation

D.4. Is there a fourth household member?

D.4a. Fourth Household Member Name:

D.4b. Relation to Head of Household:

D.4c. Income:

Please list all income sources:

Please download, complete, and upload the [Zero Income Certification Form](#) to D.4f.

D.4d. Amount per year:

D.4e. Will this income stay the same for the next 12 months?

D.4f. Fourth Household Income Source Documentation

Fourth Household Income Source Documentation

D.5. Is there a fifth household member?

D.5a. Fifth Household Member Name:

D.5b. Relation to Head of Household:

D.5c. Income:

Please list all income sources:

Please download, complete, and upload the [Zero Income Certification Form](#) to D.5f.

D.5d. Amount per year:

D.5e. Will this income stay the same for the next 12 months?

D.5f. Fifth Household Income Source Documentation

Fifth Household Income Source Documentation

D.6. Is there a sixth household member?

D.6a. Sixth Household Member Name:

D.6b. Relation to Head of Household:

D.6c. Income:

Please list all income sources:

Please download, complete, and upload the [Zero Income Certification Form](#) to D.6f.

D.6d. Amount per year:

D.6e. Will this income stay the same for the next 12 months?

D.6f. Sixth Household Income Source Documentation

Sixth Household Income Source Documentation

D.7. Is there a seventh household member?

D.7a. Seventh Household Member Name:

D.7b. Relation to Head of Household:

D.7c. Income:

Please list all income sources:

Please download, complete, and upload the [Zero Income Certification Form](#) to D.7f.

D.7d. Amount per year:

D.7e. Will this income stay the same for the next 12 months?

D.7f. Seventh Household Income Source Documentation

Seventh Household Income Source Documentation

D.8. Is there a eighth household member?

D.8a. Eighth Household Member Name:

D.8b. Relation to Head of Household:

D.8c. Income:

Please list all income sources:

Please download, complete, and upload the [Zero Income Certification Form](#) to D.8f.

D.8d. Amount per year:

D.8e. Will this income stay the same for the next 12 months?

D.8f. Eighth Household Income Source Documentation

Eighth Household Income Source Documentation

What is the expected income limit of the tenants of the Applicable Property?

What is the expected household size of the tenants of the Applicable Property?

E. Property

Case Id:

Name:

Address:

E. Property Information

Provide basic information concerning the property you are applying for (Applicable Property).

E.1. Property Type:

E.9. Is the Applicable Property listed on this application your primary residence?

E.2. Property To-Be Rehabilitated/Reconstructed/Mitigated Address (Applicable Property):

E.10. Have you or your tenant been displaced from the Applicable Property due to damage caused by the disaster?

E.3. Number of Bedrooms:

If yes, explain your/their current living situation in the space below (e.g. renting in another part of the City, County etc).

E.4. Number of Bathrooms:

E.5. Conditioned square footage:

E.11. If the Applicable Property is a mobile home or manufactured housing unit in a mobile home park, do you want the Program to place the new unit at an address that differs from the original location at the time of the disaster?

E.6. What year was the home built?

E.7. Is the Applicable Property subject to an Homeowner's Association (HOA) or any other special restrictions besides what is required by the local building department?

Provide the address of the original location. Note: Damaged property.

E.7a. Homeowner's Association (HOA) Name:

If yes, provide the address of the new location. Note: the new location must be in an eligible County.

E.7b. Address:

E.12. Is the Applicable Property in a Flood Plain?

E.7c. Email:

E.13. Do you have a deed to prove ownership for the applicable property?

E.7d. Phone:

If no, please explain.

E.8. Do you currently occupy a home that is not the residence you are trying to get assistance for?

E.8a. If yes, do you own or rent the property?

E.8b. If own, what was the purchase date?

E.14. Are there any other owners on the deed for the Applicable Property?

If yes, describe what deed information you have on the Applicable Property (including any entity, for example, a Trust):

E.15. Are there any leases, liens, rental agreements, easements or deed restrictions affecting the Applicable Property?

If yes, explain:

E.16. Does the Applicable Property have a mortgage?

Mortgage Statement (if active mortgage on property)

F. FEMA & SBA Assistance

Case Id:

Name:

Address:

F. FEMA & SBA Assistance

Assistance provided under the ReCoverCA Housing Programs may not exceed an owner household's unmet needs. List all other sources of financial or housing assistance received (local, state, federal, and private sources). List all insurance companies currently covering your real property. List all insurance companies that were providing coverage to your real property on date of disaster.

FEMA

F.1. Have you received any disaster related assistance from FEMA for structural damage to the home you owned at the time of the disaster?

F.1a. If yes, what was the amount approved?

\$

F.1b. What is the amount of assistance you received to-date?

\$

F.1c. What is your FEMA Registration Number(s)?

FEMA Award/Denial Letter

SMALL BUSINESS ADMINISTRATION

F.2. Have you received any disaster assistance from the SBA for damage to the home you owned at the time of the disaster?

F.2a. If yes, what was the amount approved?

\$

F.2b. What is the amount of assistance you received to-date?

\$

F.2c. What is your SBA Application Number?

F.2d. What is your SBA Loan Number(s)?

F.2e. What is the status of your SBA Loan (e.g. paying as agreed, did not use, etc.)?

Small Business Administration Award/Denial Letter

G. Insurance and Other Assistance

Case Id:

Name:

Address:

G. Insurance and Other Assistance

Assistance provided under the ReCoverCA Housing Programs may not exceed an owner household's unmet needs. List all other sources of financial or housing assistance received (local, state, federal, and private sources). List all insurance companies currently covering your real property. List all insurance companies that were providing coverage to your real property on date of disaster.

G.1. Did you have Homeowner's Insurance at the time of the disaster event?

G.1a. If yes, what is the name of the insurance company?

Homeowner's Insurance, including Flood Insurance

G.1b. Did you file a claim?

G.1c. If yes, claim amount received?

\$

G.1d. Are you involved in an appeal or a lawsuit against your insurance company?

G.1e. If yes, what is the status of your insurance appeal/lawsuit?

G.2. Have you received any other disaster related assistance for the rehabilitation, reconstruction or mitigation of the home you owned at the time of the disaster? Examples include: CalHome loan, CA Wildfire Mitigation Program, the Red Cross, a church or non-profit organization.

G.2a. If yes, what was the source(s) of the assistance?

G.2b. If yes, the amount of the assistance?

\$

G.2c. If yes, please upload evidence of the assistance received (i.e., award letter, approval letter, copy of a check, etc.)

Evidence of other assistance received (i.e., award letter, approval letter, copy of a check, etc.)

H. Exclusions

Case Id:

Name:

Address:

H. Exclusions

Please provide the following information.

H.1. Did you spend money on any of the following as a result of the disaster: debris removal, temporary housing costs, repair of the damaged home, forced mortgage payoff, theft, vandalism, Contractor Fraud, Legal fees, or Vehicle?

- Debris Removal
- Temporary Housing Costs
- Repairs to the Damaged Home
- Forced Mortgage Payoff
- Theft, Vandalism
- Contractor Fraud
- Legal fees, or Vehicle

H.2. Please describe the paid expenses.

H.3. Please upload evidence of these paid expenses (i.e. date stamped receipts).

- Paid expenses as a result of the disaster

I. Disability

Case Id:

Name:

Address:

I. Disability

Please provide the following information.

I.1. Does anyone occupying the Applicable Property have a disability that requires specific design features such as a walk-in shower, grab bars, ramp access, etc.?

What kind of features will you need in your reconstructed/rehabilitated home to accommodate you or your household member's disability?

- Standard Tub/Shower with Blocking & Grab Bar (one vertical and horizontal in shower, one horizontal behind toilet), and Shower Wand
- Walk-in stand-up shower with seats, Grab Bars, Shower Wand
- N/A- Standard Tub/Shower
- Vinyl Flooring throughout home (No Carpet)
- Other (Visual and/or Hearing Impaired):
- Ramp access/egress
- Other

Other: Please specify

I.2. Do you require reasonable accommodation for your disability when communicating with the ReCoverCA Housing Programs during the application process?

If yes, what kind of reasonable accommodation(s) are you requesting?

J. Rights of Entry Authorization and Agreement

Case Id:
Name:
Address:

J. Rights of Entry Authorization and Agreement

Please provide the following information.

Recitals

Whereas, the State, as used herein, refers to the State of California and the California Department of Housing and Community Development (HCD); and

Whereas, the Program, as used herein, refers to the ReCoverCA Housing Programs, outlined in the State’s Community Development Block Grant – Disaster Recovery (CDBG-DR) action plans for the 2020 and 2021 federally declared disasters, as approved by the United States Department of Housing and Urban Development (HUD) in 2022 and in 2023 respectively and implemented by the State; and

Whereas, Construction Management (CM) contractor, as used herein, refers to the Full Service CDBG-DR Construction Management and Delivery Services contractor, selected by the State to conduct inspections and construction activities in furtherance of the Programs; and

Whereas the provision of assistance to a property under these Programs requires a physical presence on that property to conduct inspection and/or construction activities.

Therefore, the undersigned homeowner (“Homeowner”) and the Assistance Provider as defined below, hereby, enter into this Right of Entry Authorization and Agreement.

Authorization and Agreement

The undersigned homeowner (“Homeowner”), hereby, unconditionally authorizes the State /Construction Management (CM) contractor, and their respective assigns, employees, agents, and contractors (collectively, the “**Assistance Provider**”) to have the right of access to enter and onto the property described above (“the Property”) for the purpose of performing inspections and/or construction activities resulting from the declared Disasters:

The following counties make up the most impacted and distressed (MID) areas for DR-4558, DR-4569 and DR-4610: Butte, Fresno, Los Angeles, Napa, Plumas, Santa Cruz, Shasta, Siskiyou, Solano, and Sonoma.

DR-4558 – Butte, Lake, Lassen, Mendocino, Monterey, Napa, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Trinity, Tulare, Yolo, and

DR-4569 – Fresno, Los Angeles, Madera, Mendocino, Napa, San Bernadino, San Diego, Shasta, Siskiyou, Sonoma, and

DR-4610 – Plumas counties for purposes of participating in the ReCoverCA Housing Programs

Homeowner understands that this Right of Entry form (ROE) does not create any obligation on the part of the Assistance Providers to perform inspections or undertake construction activities on the Property.

Homeowner understands that no inspection or construction activities will be performed until this form is signed.

Term: The ROE shall expire upon completion of all construction activities and final occupancy.

Inspection and Construction Activities Authorized: This form authorizes inspection and construction activities on the Property. Homeowner understands that the Assistance Providers shall, in their sole discretion, determine the extent of the damage to the Property and the scope of work to be conducted by contractors. If Homeowner disagrees with the nature or extent of proposed actions, Homeowner may refuse any additional work and cancel this ROE at any time by submitting a cancellation request signed by the Applicant in writing to the CM, verbal cancellation requests will not be accepted. Revocation of this authorization will prevent HCD from providing further assistance and may require repayment of any grant funds already expended on behalf of the eligible property.

Site Ready, No Interference and Removal of Obstructions: Upon the signing of this Agreement, Homeowner will remove all personal property and valuables, such as furniture, jewelry, heirlooms, and cash ("Personal Property"), from the Property, prior to the commencement of construction. Homeowner also agrees to cooperate with the Assistance Providers and will not interfere with inspection and construction activities on the Property. To the extent that there are debris, refuse, garbage, and/or other obstructions located on the property that will interfere with inspection or construction activities, Homeowner agrees to remove such items at Homeowner's own expense within ten (10) days of the date of written notice from the Assistance Providers requesting removal.

Assistance Providers Held Harmless: The Homeowner acknowledges that the State's decisions on whether, when, where, and how to provide ReCoverCA Housing Program benefits to and on Homeowner's property are discretionary functions. Assistance Providers shall not be liable for any claim based upon the exercise or performance of or the failure to exercise or perform a discretionary function or duty on the part of any agency or an employee of any agency in carrying out inspections or construction activities related to the ReCoverCA Programs. Additionally, the undersigned will indemnify and hold harmless all Assistance Providers listed above for any and all liability, loss, damage, or destruction of any type whatsoever to the above described property or to Personal Property, and hereby releases, discharges and waives any and all liability, claims, demands, damages, injuries, losses, penalties, fines, costs, causes of action, judgments, expenses, as well as any and all actions, either legal or equitable, which the undersigned has, or that might arise, of any nature whatsoever and by whomever made, or may have, by reason of or incident to any action of aforesaid Assistance Providers taken to accomplish the aforementioned purpose. The Homeowner agrees to indemnify and hold harmless Assistance Providers, as defined herein, from any death of or any injury to persons or damage to property because of actions taken pursuant to the Program.

Miscellaneous:

1. Homeowner represents and warrants, that Homeowner has full power and authority to execute and fully perform Homeowner's obligations under this ROE. Homeowner also represents and warrants that they are authorized to act on behalf of anyone who might otherwise have an interest in the Property.
2. This ROE includes the right of ingress and egress on other lands of the Homeowner not described above, provided such ingress and egress is necessary and access to the Property is not otherwise conveniently available to the Assistance Providers. All tools, equipment, and other property taken upon or placed upon the

property by the Assistance Providers shall remain the property of the Assistance Providers and may be removed by the Assistance Providers (and only by the Assistance Providers) at any time within a reasonable period after the expiration of this ROE, as necessary.

3. Homeowner understands that any individual who fraudulently or willfully misstates the facts in connection with this ROE shall be subject to legal action or other remedies, including but not limited to, the repayment of funds to the State of California which Homeowner may have been granted pursuant to the Program.

Privacy Act Statement: The Property Homeowner acknowledge(s) that information submitted, herein, will be shared with other government agencies, federal and nonfederal, and contractors, their subcontractors, and employees, for purposes of administering the ReCoverCA Housing Programs.

Signature:

K. Fraud Acknowledgement

Case Id:

Name:

Address:

K. Fraud Acknowledgement

Please provide the following information.

Homeowner, Applicant and/or household member providing this statement to the ReCoverCA Housing Program is hereby notified that intentionally or knowingly making a materially false or misleading written statement relating to the ReCoverCA Housing Programs could result in ineligibility for benefits, action to recover any Program benefits paid to or on behalf of Program Participant, and/or a referral to criminal law enforcement.

Program Participant represents that all their statements and representations regarding any other disaster recovery funding received by Program Participant have been and shall be true and correct.

Program Participant hereby acknowledges, and understands that Title 18 of the United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (b) makes any materially false, fictitious, or fraudulent statement or representation; or (c) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, to any branch of the United States Government, and; (2) requires a fine, imprisonment for not more than five years, or both, for any violation of such Section.

In any proceeding to enforce Program Participant's obligations arising from funds received pursuant to the program, the California Department of Housing and Community Development shall be entitled to recover all costs of enforcement, including actual attorney's fees.

Participant Signature:

L. Personal Information Release Authorization

Case Id:
Name:
Address:

L. Personal Information Release Authorization

Please provide the following information. This form authorizes the State of California, California Department of Housing and Community Development (HCD), HCD's Contractors, and their respective assignees, employees, agents, and contractors (collectively "Assistance Provider") to receive and release the below-signed, individual's personal information for the purposes specified herein. Sensitive information will be used and disclosed only on an as-needed basis for purposes of determining Homeowner's eligibility and, if approved, any program activities and payments.

CONSENT AND AUTHORIZATION TO RELEASE PERSONAL INFORMATION:

Program participant (homeowner, applicant and/or household member) acknowledges that the Assistance Provider's ability to access your personal information is a condition of participation in the ReCoverCA Housing Programs. Previous or current personal information may be necessary to process the grant application and, if applicable, determine the grant amount. Assistance Provider may request information, including, but not limited to, personal identity, insurance coverages, insurance claims, banking and financial records, tax returns, employment, property records, income, and assets, in order to verify program eligibility and determine the eligible grant amount.

Program participant(s) understand(s) and acknowledges that by signing this release:

- Program participant authorizes the use and/or disclosure of personal information, as described above, for the purposes listed.
- Program participant consents and authorizes Assistance Provider to request, access, review, disclose, release, and share personal information, including any private or confidential information which is not otherwise subject to public disclosure, but is deemed necessary to process Homeowner's application and grant amount at Assistance Provider's sole discretion.
- Program participant consents to the disclosure to nonaffiliated third parties of nonpublic personal information pertaining to the Program participant.
- This Consent and Authorization is effective until revoked or modified by the Program participant.
- Any party disclosing information to the Assistance Provider in connection with the Assistance Provider's requests during its evaluation of a Homeowner's application, is not liable for any negligent misrepresentation or omission, and Homeowner agrees to hold such parties harmless from and against all claims, actions, suits, or other proceedings, and any and all losses, judgments, damages, expenses, or other costs, including reasonable attorneys' fees and disbursements, arising from or in any way relating to their disclosure.

The personal information gathered may be released to any other governing agency responsible for auditing the Assistance Provider, including, but not limited to, the United States Department of Housing and Urban Development (HUD) or the Office of Inspector General (OIG).

Program participant has the right to withdraw permission for the release of the Homeowner's information. If Program participant signs this authorization to use, release, or disclose information, Homeowner can revoke this authorization at any time and Assistance Provider will comply with the request within a reasonable amount of time. Verbal revocation requests will not be accepted, the revocation request must be made in writing and will not affect information that has already been used or disclosed. Revocation of this authorization will prevent HCD from providing further assistance and may require repayment of any grant funds already expended on behalf of the eligible property.

Program participant has the right to receive a copy of this authorization.

Program participant is signing this release authorization voluntarily.

PRIVACY POLICY

Program participant acknowledges they have received and reviewed the California Department of Housing and Community Development [Privacy Policy](#) as it relates to the Program participant's personal information and their right to privacy.

Signature:

M. Required Documents

Case Id:

Name:

Address:

M. Required Documents

Please download, print, complete, physically sign in **blue ink** and upload the linked forms below. An electronic signature will not be accepted.

[Housing Counseling Acknowledgement](#)

[Grant Certifications](#)

If you do not upload the documents requested in all sections of the application, a Case Manager will contact you to secure alternative methods to receive the documents. This will result in a longer review process.

Documentation

[Grant Certifications](#)

[Housing Counseling Acknowledgement](#)

Valid Government Issued Photo ID (all household members over 18 years old)

Proof of Current Property Tax – Paid property tax bill: To verify that property taxes are current. Property tax bill must be in the Primary Applicant's Name and for the property you have applied to this Program for.

Proof of Primary Residence: Primary Residence Homeowner Property Tax Exemption, award letter from FEMA Individual Assistance (IA) funding for repair/replacement, SBA award letter, filed IRS 1040 Tax Form for the disaster year, or voter registration card dated prior to the fire and signed affidavit – in the Applicant's name. To verify primary residence at the time of the disaster, you must submit one of the documents stated above. The document must be in the Applicant's name.

Proof of Ownership: Property Tax Bill (county or state), deed, title report, court order affidavit/succession, award letter from FEMA Individual Assistance (IA) funding for repair/replacement, SBA loan approval for disaster victims or the most recent mortgage statement - in the Applicant's name

Proof of Citizenship: US birth certificate OR Naturalization papers OR Alien registration card

Submit

Case Id:

Name:

Address:

Submit the Application

Once an application is submitted, it can only be "Re-opened" by an Administrator.

I understand that the information on this application is to be used to determine eligibility for the ReCoverCA Housing programs.

I certify that the statements are true and complete to the best of my/our knowledge. I agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

I understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the denial of program eligibility, the repayment of any funds received through the program, or other remedies available under law.

I understand that if I have begun Rehabilitation, Reconstruction or Mitigation work on the Applicable Property before submitting this application, I am required to stop work once I submit this application. I understand that if I do not comply with the requirement to stop-work, I will be deemed ineligible for Program assistance.

We care about your feedback! Please take a moment to complete a brief [Customer Experience Survey](#) . Your input helps improve our outreach to impacted homeowners and our Program processes. Thank you!

Signature: