



## EMERGENCY REPAIR PROGRAM PRE-APPLICATION INSTRUCTIONS

1. Review the Emergency Repair Program Guidelines available at [www.elcajon.gov/erp](http://www.elcajon.gov/erp)
2. Verify that your property is within the City of El Cajon limits.  
<https://experience.arcgis.com/experience/676f4a22e770458eabde7105a112ae48/>
3. Print and sign the completed pre-application.
4. Submit completed pre-application in person, mail, or e-mail. If available, attach photos of the emergency repairs via e-mail.  
Mail: City of El Cajon- Housing Division, 200 Civic Center Way, El Cajon, CA. 92020  
E-mail: [housing@elcajon.gov](mailto:housing@elcajon.gov). In the subject line reference "Last Name-Address-ERP".
5. Please allow City staff sufficient time to review your submittal. Incomplete submittals will not be reviewed. Complete submittals will be reviewed first.

For any assistance or questions regarding the Emergency Repair Program, please feel free to contact our staff at 619-441-1710 or email us at [housing@elcajon.gov](mailto:housing@elcajon.gov).



# City of El Cajon

## Emergency Repair Program Pre-Application

### Property Owners and Property Information

First and Last Name	SSN	Telephone No.	Email	Is the head of household a senior age 62 and over?
_____	_____	_____	_____	Yes      No
_____	_____	_____	_____	Yes      No
_____	_____	_____	_____	Yes      No
Address				Zip Code
_____				_____
<b>Housing Type:</b>		Single-Family	Manufactured/Mobile Home	<b>Do you own other real property?</b>
				Yes      No

### Emergency Repairs

**Please describe the emergency repairs that are needed, use additional paper if more space is needed:**

\_\_\_\_\_

\_\_\_\_\_

**Have you confirmed that the above requested items are not eligible emergency repairs under your active property insurance coverage?**      Yes      No

### Household Income Information (household income shall not exceed 50% of the Area Median Income) - Please refer to program guidelines.

Household Name(s) and Age(s) (List each occupant name and age, including the applicant(s) that reside in the home). Use additional paper if more space is needed.	Relationship to Applicant	Source of Income (Types of income: Job Name, Self Employment, SSI, SSD, AFDC, Disability, Annuities, Retirement, Rental, etc.)	Monthly Gross Income (before tax deductions)	SSN
_____	<u>Head of Household</u>	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Household Assets Information (liquid assets may not exceed \$25,000)- Please refer to program guidelines.

Household Member Name	Asset Description (Types of assets: Cash on Hand, Checking, Savings, Money Market, Certificates, Stocks, Bonds, etc.)	Current Cash Value of Assets	Actual Monthly Income from Assets (e.g interest earned)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### APPLICANT CERTIFICATION:

I/We acknowledge and understand that this application, as completed above, will be relied on for determining my/our eligibility for the Emergency Repair Program. Each of the undersigned specifically represents to Lender and to Lender's processors, attorneys, insurers, servicers, successors, assigns and agrees and acknowledges that: (1) the information provided in this application is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of this information contained in this application may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Sec. 1001, et seq.; (2) the loan requested pursuant this application (the "Loan") will be secured by a mortgage or deed of trust on the property described in this application; (3) the property will not be used for any illegal or prohibited purpose or use; (4) all statements made in this application are made for the purpose of obtaining a residential rehabilitation loan; (5) the property will be occupied as my/our primary residence; (6) the lender, its servicers, successors or assigns may retain the original and/or electronic record of this application whether or not the loan is approved; (7) the Lender and its processors, attorneys, insurers, servicers, successors and assigns may continuously rely on the information contained in the application, and I am obligated to amend and/or supplement the information provided in this application if any of the material facts that I have represented herein should change prior to closing of the loan; (8) in the event that my payments on the loan become delinquent, the lender, its servicers, its successors, or assigns may, in addition to any other rights and remedies that it may have relating to such delinquency, report my name and account information to one or more consumer credit reporting agencies; (9) ownership of the Loan and/or administration of the Loan account may be transferred with such notice as may be required by law; and (10) my transmission of this application as an "electronic record" containing my "electronic signature", as those terms are defined in applicable federal and/or state laws (excluding audio and video recordings), or my facsimile transmission of this application containing a facsimile of my signature, shall be as effective, enforceable and valid as if a paper version of this application were delivered containing my original written signature.

Acknowledgement: Each of the undersigned hereby acknowledges that any owner of the loan, its servicers, successors and assigns, may verify and verify any information contained in this application or obtains any information or data relating to the loan, for any legitimate purpose through any source, including a source named in this application or consumer reporting agency.

Name	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

