

Napa Valley Community Wildfire Disaster Relief Fund Application for Home Buying Assistance

Napa Valley Community Wildfire Disaster Relief Fund is now accepting applications from Napa County residents impacted by the 2017 wildfires. The maximum grant award is \$35,000 to assist with down payment and/or closing cost towards the purchase of a new home. Applications for assistance will be accepted through September 30, 2019.

Eligible applicants to the Fund are Napa County homeowners: (1) who are looking to purchase a new home in Napa County, (2) who have sold a “fire lot”, which served as the primary residence of the applicant, as a result of the 2017 Napa County wildfires, and (3) whose total household income (which includes all members of the applicant’s household) is at or below 300% of the Area Median Income for Napa County (*please see page 4*).

For verification purposes, homeowners who are using this application are asked to include the following documentation, as relevant to their request for assistance:

- Proof of sale of the “fire lot”
- 2018 tax returns
- Copy of homeowner’s insurance policy declaration page
- Closing date and time for primary residence to be purchased
- City/County Tag Assessment (primary residence must appear on the red tag list)
- Mortgage Commitment Letter
- Truth-In-Lending statement
- Escrow Account Holder’s Name and Address

Complete and sign this application and return via email to napadisasterrelief@e4erelief.org . Please retain a copy for your records.

Email: NapaDisasterRelief@e4erelief.org

All applications will be submitted to E4E Relief LLC, based in Charlotte, North Carolina, who administers the grant process and makes the grant determinations. Decisions are made in accordance with relevant federal and state laws and regulations and are communicated to applicants by email or phone. Applicants will generally receive a call from E4E Relief within two to three business days of receipt of their application to review the application and collect any additional necessary information.

SECTION I: HOMEOWNER INFORMATION

Last Name: _____		First Name: _____		Middle Initial: _____	
Home Telephone: _____		Cell phone: _____		Email: _____	
Primary Residence Address: _____					
City: _____		County: _____		State: _____ ZIP: _____	
If you cannot receive mail at your home address due to the disaster, provide an alternate address below:					
Mailing Street Address: _____		City: _____		State: _____ ZIP: _____	

A. Family member information (If necessary, please copy this page to add more dependents)

What is your marital Status? Single Married Divorced/Separated Domestic Partner

Dependent Name:	Relationship to Applicant:	Age:	Lives in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent Name:	Relationship to Applicant:	Age:	Lives in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent Name:	Relationship to Applicant:	Age:	Lives in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent Name:	Relationship to Applicant:	Age:	Lives in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No

B. Please answer the following questions to help us better understand your circumstances

1. Are you a resident of Napa County? Yes No

2. What color tag did your property receive from the City or County? Green Yellow Red

3. Is the damaged property your primary residence? Yes No

4. Are you applying for assistance with the intent of purchasing a new home? Yes No

5. Have you already started looking for a new home? Yes No

SECTION II: RESOURCES RECEIVED

Please complete the following table to demonstrate how you plan to pay for the full cost listing details of other resources applied for, and provide descriptions of assistance, if received:

		Total Cost of Home	\$
Resources Sought (check all that apply)	Was assistance received from this		Resources Received
<input type="checkbox"/> Homeowner's Insurance	Yes	No	
<input type="checkbox"/> Sale of Land (property)	Yes	No	
<input type="checkbox"/> Napa Valley Community Relief Programs	Yes	No	
<input type="checkbox"/> FEMA grant	Yes	No	
<input type="checkbox"/> SBA Loan	Yes	No	
<input type="checkbox"/> Personal Savings	Yes	No	
<input type="checkbox"/> Loan Program	Yes	No	
<input type="checkbox"/> Social Service Organization	Yes	No	
<input type="checkbox"/> Family/Friends	Yes	No	
<input type="checkbox"/> Your Religious Community	Yes	No	
<input type="checkbox"/> Other	Yes	No	
	Total Amount of Resources Received:		\$
	Total Amount You Plan to Contribute:		\$
	Remaining Balance:		\$

SECTION III: MONTHLY INCOME & EXPENSES

While there is no income requirement for qualified disaster assistance in the immediate aftermath of a disaster, income is considered part of the eligibility requirements for home purchase as a result of a disaster. To be eligible, an applicant's total household income must be less than 300% of the Area Median Income level.

See the chart below for maximum income per household size. For example, if an adult and two children live in the same home as the applicant, the applicant's total household income must be less than \$275,437.50 (for a family of 4) to be eligible for assistance.

Please select your household size	Household Size	Area Median Income level (300%)
	1	\$ 192,937.50
	2	\$ 220,500.00
	3	\$ 248,062.50
	4	\$ 275,437.50
	5	\$ 297,562.50
	Each additional person:	Add \$25,000

Income is not the only determining factor. Financial "need" may also be determined by looking at how, after monthly financial obligations are met, resources may not be available to cover the unforeseen costs caused by the wildfires. For this determination, all applicants must complete the following grids, Monthly Household Income and Monthly Expenses.

SECTION III: MONTHLY INCOME & EXPENSES (continued...)**Monthly Household Income**

Applicant's regular take-home pay (after taxes)	\$	per month
Spouse's / partner's regular take-home pay (after taxes)	\$	per month
Other household income (from adult children, roommate, etc.)	\$	per month
Self-employment / second job take-home pay	\$	per month
Child support / alimony	\$	per month
Interest / dividends	\$	per month
Rental income	\$	per month
Retirement / pension / 401(k)	\$	per month
Social Security / SSI	\$	per month
Worker's Compensation / disability	\$	per month
Other	\$	per month
<i>Total Monthly Income</i>	\$	per month

Monthly Expenses

Rent / mortgage	\$	per month
Electricity	\$	per month
Gas	\$	per month
Phone	\$	per month
Water	\$	per month
Food	\$	per month
Car payment(s)	\$	per month
Car insurance	\$	per month
Child care / school tuition	\$	per month
Medical costs that insurance doesn't cover	\$	per month
Loans / credit card payments	\$	per month
Home phone / cell phone	\$	per month
Cable / satellite TV	\$	per month
Tuition, books, fees	\$	per month
Other	\$	per month
<i>Total Monthly Expenses</i>	\$	per month

SECTION IV: VENDOR PAYMENTS

In most cases, if the application for assistance is approved, E4E Relief will make grant payments by check payable to the vendor(s) engaged by the potential homebuyer. Please provide a list of the vendor(s) who are to receive payment resulting from the approval of this request. Attach appropriate documentation, e.g. mortgage commitment letter, truth-in-lending statement, etc.

Title Company's Name	
Title Company's Address	
Title Company's Phone Number/Email/Website Address	
Applicant's Account/Reference Number	

Mortgage Lender's Name	
Mortgage Lender's Address	
Mortgage Lender's Phone Number/Email/Website Address	
Applicant's Account/Reference Number	
Contractor License #	

Attorney's Name	
Attorney's Address	
Attorney's Phone Number/Email/Website Address	
Applicant's Account/Reference Number	
Contractor License #	

SECTION V: AGREEMENT AND AUTHORIZATION

I certify that the information provided in this grant application and any attachments to it is true and correct as of the date set forth below. I have made all reasonable efforts to help myself before applying for this grant. My signature acknowledges and permits E4E Relief ("E4E") to verify all information. This includes making appropriate contacts and disclosures with my vendors and others referenced in this application to ensure that reported information is accurate. Any intentional misrepresentation or material omission of information contained in this application or any attachments to it will result in forfeiting this grant application now and in the future and debarment from future Fund grants. I also understand that any such action by me constitutes fraud, which may be reported to Napa Valley Community Foundation and for which I may be liable via civil or criminal action.

In addition, I understand that I am not legally entitled to receive a grant from Napa Valley Community Disaster Relief Fund. In this regard, I acknowledge that neither E4E Relief nor Napa Valley Community Foundation shall be liable to me for, and I hereby release them from, any costs, expenses, damages, claims or loss incurred by me in connection with the approval or disapproval of the grant requested in this application or for anything either of them may do or refrain from doing in good faith.

Signature Required: _____ Date: _____

I may also need additional resources after having received this grant and would like to be contacted by the Napa Valley Community Foundation to learn more about the programs and assistance available to me.

Signature Required: _____ Date: _____