Camp Fire Manufactured Home Replacement Program Guidelines

Following the Camp Fires in 2018, Samaritan’s Purse volunteers worked to help with the cleanup efforts in Butte County, CA. Samaritans Purse is partnering with North Valley Community Foundation to further help and support affected families wishing to return to a safe home. Applications are now being accepted for families meeting the following criteria. The Application Period will close after the first 100 Applications have been received or January 31, 2020, whichever comes first.

- Must be a resident of Butte County and preference will be given to previous owners of mobile homes affected by the Camp Fire of November 2018.
- The damaged home must have been your primary residence and only residence.
- Homeowner must be listed on the property deed where the home is to be placed. (Close relative may suffice.)
- Priority will be given to those with no insurance or who are significantly under-insured and those living in manufactured homes pre-fire.
- Homeowner must be able to afford all taxes, utilities and insurance. (This information will be verified in the application process)
- Homeowner must be willing to use their available FEMA funds and/or insurance money to assist with the recovery needs.
- Homeowner must agree to a credit check, background check, and drug screen.
- Homeowner must be willing to keep and live in the home for 5 years and to have a lien placed on the property for a period of 5 years to secure the integrity of the gift.
- Homeowner and family must be willing to volunteer a minimum of 5 hours per week during the build. (There are many ways to help that may or may not include manual labor)
- All FEMA and insurance settlements must be closed prior to or in conjunction with this process.
- Gross household income must be between 30% and 70% of the median household income or the median family income for the area at the time of the application.
- Consideration for special needs will be assessed during the application process (ie. wheelchair ramps, wide doors, accessible bathrooms)

Homeowner Assistance Program

Manufactured Home Replacement Program-If an individual or family lost a manufactured home due to the Camp Fires of 2018, upon approval, the Camp Fire Long Term Recovery Group will coordinate the replacement of the home with a pre-selected manufactured home.

For more information please email MHP@Campfirelongtermrecovery.org or call 530-487-2838.

This program has been funded in part by Samaritan’s Purse, North Valley Community Foundation, Wells Fargo, American Red Cross and The Center for Disaster Philanthropy.

Program only applicable in parts of the surrounding areas of Concow/Yankee Hill and Paradise/Upper Ridge. November 6, 2019
Camp Fire Manufactured Home Replacement Project
Applicant Document Checklist

Homeowner Name

Homeowner Pre-Fire Address

Please provide the following for both the applicant and co-applicant:

- Completed Camp Fire Manufactured Home Replacement Project Application and Beneficiary Agreement
- Copy of both sides of Driver’s License and Social Security Card for both the applicant and co-applicant.
- Proof of Income – Two most recent consecutive months of pay stubs / Social Security and/or Disability Income Statement.
- Bank statements (2 most recent consecutive months). All accounts and all pages. No summary sheets, please.
- All FEMA approval and/or denial letters.
- Documentation of use of FEMA funds.
- SBA loans documents and/or letters.
- Total Screening Solutions “Personal Information Release Form” (each member of household over the age of 18)
- Insurance settlement statements and proof of use of funds.
- Proof of ownership of land/property - Deed or Purchase Agreement/ most recent Mortgage Statement. If a mobile home, must provide proof of ownership.

No partial applications will be accepted.
Camp Fire - Manufactured Home Replacement Application and Beneficiary Agreement

In submitting application, the Applicant agrees to the following:

1. A selection committee will make all decisions regarding Beneficiary selection. If you feel that a decision regarding your application was not handled appropriately, you may submit a letter to the Camp Fire Long Term Recovery Group explaining your grievance. Please mail to Camp Fire Long Term Recovery Group, 1095 Nelson Street, Suite 100 Chico, CA 95928. You will receive a written response to your grievance within 30 days.

2. The Camp Fire Long Term Recovery Group is permitted to investigate, inspect and verify all information about income, employment, insurance settlement funds and Federal Emergency Management Agency (FEMA) funds.

3. CFLTRG may conduct a criminal background check, drug test, and consumer credit review.

4. Beneficiaries will be required to use available financial resources, such as insurance and FEMA funds, on the house project before North Valley Community Foundation funds are used. If funds are no longer available, beneficiaries must be able to demonstrate that funds were used for debt reduction, medical emergencies or other verifiable financial crises.

5. Beneficiary shall use the home as his/her primary residence for a minimum period of 5 years.

6. Beneficiary agrees to have a lien placed on their property for a period of 5 years to secure the integrity of the gift.

7. Beneficiary agrees that the house shall not be sold or rented during this period.

8. Each Beneficiary is required to be on site at least 5 hours per week during the construction of his/her home.

__________________________________________________________________________

Applicant Name_________________________________________________________

Signature

Co-Applicant Name________________________________________________________

Signature

Instructions

1. Please complete the following forms. Please make sure that each item is completely filled out including your name at the top of each page.

2. Please provide proof of income in the form of the two most recent check stubs or equivalent.

3. The criminal background check and drug test will be completed upon approval of the initial application review.

4. Applications are to be delivered to the Camp Fire Long Term Recovery Group, 1095 Nelson Street, Suite 110, Chico, CA 95928. Only complete applications will be accepted. Incomplete applications will be returned.

5. A CFLTRG disaster case manager will contact you to review your application. If the application meets the guidelines, the case manager and applicant family will fill out a Case Project Summary to present to the Selection Committee. If the application is moved forward, the real property will be evaluated for zoning and permitting costs. Please allow up to 30 days to contacted by a Disaster Case Manager. If we have any questions, we will contact you.
Applicant Last Name____________________

Camp Fire Manufactured Home Replacement Project Application

DO NOT WRITE IN THIS BOX

Date of submission: ________________________ (to be completed by DCM)

Please submit copies of your driver’s license/state identification, front and back, and social security card.

Applicant’s Full Legal Name: ________________________________

Applicant’s Social Security Number: ____________________________

Applicant’s Date of Birth: _________________________________

Co-Applicant’s Full Legal Name: ______________________________

Co-Applicant’s Social Security Number: ____________________________

Co-Applicant’s Date of Birth: _________________________________

Home Address:

Street Address: ________________________________________________

City: __________________________ State ____________ Zip Code __________

Mailing Address if different from above:

Street Address: ________________________________________________

City: __________________________ State ____________ Zip Code __________

Current Residence: □ Renting □ Staying with Family/Friends □ Hotel □ Other _________

Street Address: ________________________________________________

City: __________________________ State ____________ Zip Code __________

Contact Information:

Home: ______________________________ Work: __________________________

Cell: __________________________ Fax: __________________________

E-mail Address: ________________________________________________
Applicant Last Name____________________

Housing Information:

Was the damaged home:  
☐ Rented by Applicant  
☐ Owned by Applicant

Type of home:  
☐ Single-Wide Mobile Home  
☐ Double-Wide Mobile Home  
☐ Modular Home  
☐ Stick Built Home  
☐ Other ____________________

Home was:  
☐ Completely Destroyed  
☐ Severely Damaged  
☐ Moderately Damaged  
☐ Lightly Damaged

Long Term Housing Plans:  
☐ Build Home  
☐ Repair home  
☐ Purchase Mobile Home  
☐ Rent

Resource Information:

Did you have fire insurance on your home?  
☐ Yes  
☐ No

How much insurance money have you collected or have you been promised? ______________

Have you been in contact with FEMA?  
☐ Yes  
☐ No

Has FEMA awarded you a grant?  
☐ Yes  
☐ No

If so, how much? ______________  
FEMA Case Number_____________________

Have you received Disaster Case Management Services?  
☐ Yes  
☐ No

If so, please describe? ________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

Have you received any disaster recovery financial aid or emergency funding related to the Camp Fire?  
☐ Yes  
☐ No

If so, please describe and give amounts? ______________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________
Personal References: (References cannot be related to you)

Name: ___________________________ Relationship: _______________________
Street: ______________________________________________________________________
City/State/Zip Code: ____________________________________________________________
Telephone Number: ______________________________________________________________________

Name: ___________________________ Relationship: _______________________
Street: ______________________________________________________________________
City/State/Zip Code: ____________________________________________________________
Telephone Number: ______________________________________________________________________

Income/Employment Information:

What is the total annual family/household income? ________________________________

Current Employer – Applicant: Start Date ______ End Date ______ Present

Name: ______________________________________________________________________
Time on Job: _______ Annual Gross Wage: $_________ Job Title: __________________
Street: ______________________________________________________________________
City/State/Zip Code: ____________________________________________________________
Telephone Number: ______________________________________________________________________ Part-time or Full-Time (Please Circle)

Current Employer – Co-Applicant: Start Date ______ End Date ______

Name: ______________________________________________________________________
Time on Job: _______ Annual Gross Wage: $_________ Job Title: __________________
Street: ______________________________________________________________________
City/State/Zip Code: ____________________________________________________________
Telephone Number: ______________________________________________________________________ Part-time or Full-Time (Please Circle)
Applicant Last Name____________________

**Secondary Employer:** Start Date ________ End Date ________

Name: ______________________________________________________________________

Time on Job: _______ Annual Gross Wage: $________ Job Title: ______________________

Street: ______________________________________________________________________

City/State/Zip Code: ______________________________________________________________________

Telephone Number: ______________________________ Part-time or Full-Time (Please Circle)

Please complete the following income tables:

<table>
<thead>
<tr>
<th>Type of Income</th>
<th>Applicant</th>
<th>Co-Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Wages</td>
<td></td>
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<tr>
<td>Alimony</td>
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<tr>
<td>Child Support</td>
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<tr>
<td>Pension/Retirement Income</td>
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<tr>
<td>Public Assistance</td>
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<tr>
<td>Self-Employment Income</td>
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<tr>
<td>Dependent SSI Income</td>
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<tr>
<td>Disability Income</td>
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<tr>
<td>Seasonal Employment</td>
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<tr>
<td>Social Security</td>
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<tr>
<td>Food Stamps</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

How many people lived in the home? ________

Please list all household members under the age of 18:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
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<tbody>
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</tbody>
</table>

Please list all household members over the age of 18 and their monthly income:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
<th>School or Employment</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELF</td>
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</tbody>
</table>
Can you document your alimony/child support income (circle one)  Yes  No

If yes, how long will it continue? ________________________________________________

If your child or a family member receives SSI, how many more years will the payments continue? ______________________________________________________________

If you receive disability income, is it for a permanent disability?  Yes  No

Do you have other monies that could be used in the rebuilding process (ie. savings)?  Yes  No
If you answered yes, please explain. __________________________________________________________

Expense/Debt Information: You may be asked to submit proof of your financial obligations (copies of your two most recent bills). Please complete the following current expense tables:

<table>
<thead>
<tr>
<th>Monthly Bill</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Mortgage (s)</td>
<td></td>
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<tr>
<td>Gas and Electric</td>
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<td>Sewerage and Water</td>
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<td>Telephone</td>
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<tr>
<td>Vehicle Insurance</td>
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<tr>
<td>Medical Insurance (doctor, medications…)</td>
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<tr>
<td>Medical Costs</td>
<td></td>
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<tr>
<td>Child Care</td>
<td></td>
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<tr>
<td>Life Insurance</td>
<td></td>
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<tr>
<td>Alimony / Child Support</td>
<td></td>
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<tr>
<td>Retirement Plan</td>
<td></td>
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<tr>
<td>Transportation (gas, public transportation)</td>
<td></td>
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<tr>
<td>Food</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$</strong></td>
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</table>
Please list any revolving and installment debt you have, including credit cards, student loans, car loans, etc.:

<table>
<thead>
<tr>
<th>Creditor</th>
<th>Current Balance</th>
<th>Minimum Monthly Payment</th>
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<tbody>
<tr>
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Total from additional sheets $  
Grand Total $  

Please use additional sheets if necessary.

In the six months prior to the disaster, have you been late paying your bills?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
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</table>

Do you have any court decisions against you?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
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</table>

Have you been declared bankrupt within the past 7 years?

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<thead>
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<th></th>
<th>Yes</th>
<th>No</th>
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</table>

Have you had property foreclosed within the past 7 years?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
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</table>

Are you currently involved in a lawsuit?

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</table>

If you answered “Yes” to any questions above, please explain on a separate page. Answering “Yes” does not automatically disqualify you.

Are you about to receive additional funds (tax refunds, property sales, lawsuit settlements, etc.)?

- Yes
- No

If yes, how much___________ Lump sum or periodic payments? ___________

If yes, Please explain:

________________________________________________________________
I understand that by filing this application, I am authorizing CFLTRG to evaluate my actual need for the replacement of my manufactured home. I understand that the information that I have provided will be kept confidential and used only for the purpose for which I have submitted it. I have answered all the questions on this application truthfully. I understand that if I have not answered truthfully, my application may be denied, and that even if I have already been selected as a beneficiary, I may be disqualified from the program. The original or a copy of this application will be retained by CFLTRG even if the application is not approved.

Applicant Signature:

__________________________________________  

Date

Name of Co-Applicant:

__________________________________________  

Date
Camp Fire Manufactured Home Replacement Project

Authorization and Release Form

To Whom It May Concern:

I/We hereby authorize you to release to the Camp Fire Long Term Recovery Group for verification or re-verification purposes, information concerning the following:

1) Employment history, dates, title(s), income.
2) Banking (checking and savings) accounts, of record including balances for the past two (2) years
3) Loans (opening date, high credit, payment amount, loan balance, and payment history)
4) Any information deemed necessary in connection with a consumer credit report for a real estate transaction
5) Any information concerning previous and/or current rental/mortgage history and status
6) Any information concerning any current or previous income and/or debt

A photographic or carbon copy of this authorization (being a photographic or carbon copy of the signatures undersigned) may be deemed to be the equivalent of the original and may be used as a duplicate original.

__________________________________________  ________________________________
Applicant Signature                          Date

__________________________________________  ________________________________
Co-Applicant Signature                       Date
Camp Fire Manufactured Home Replacement Project

Waiver of Liability

I understand that my work or my dependents’ work as a volunteer on or about the CFLTRG construction site or project could expose me or my dependent to various risks of injury or illness. I understand and assume these risks, and agree not to hold CFLTRG, its agents, employees or volunteers liable for such injury or illness. I further understand that it is the policy of CFLTRG that all worksite volunteers or visitors must meet CFLTRG safety requirements as they are outlined on the Volunteer Information Sheet.

Name

Address

City  State  Zip

Daytime Telephone Number

Signature

Signature of Parent or Guardian if under 18  Date