



# PLANNING AND BUILDING DEPARTMENT

2850 Fairlane Court, Building C, Placerville, CA 95667

## CALDOR FIRE GRIZZLY FLATS HOMEOWNER REBUILD PROGRAM

The Grizzly Flats Homeowner Rebuild Program (HRP) provides up to \$73,318 in forgivable financial assistance to select homeowners in the Grizzly Flats area whose primary residences were damaged or destroyed by the Caldor Fire. These funds are intended to leverage donated resources (labor and materials) for the complete repair, rehabilitation, or reconstruction of these primary residences to help displaced residents safely return to permanent homes.

Homeowners must complete all sections of the application and attach the required documentation listed in the checklist. Incomplete applications may result in delays or denial of assistance.

This application will be used for internal purposes only and will not be made available to the public unless required in response to a request under the Public Records Act, in which case, any personal or other identifying information will be redacted to the extent allowed under the Public Records Act.

Completed applications may be submitted online, by email, or by mail. Please ensure all required documents in the checklist are included before submission

### **Email Submissions:**

Send your completed application and attachments to: [housing@edcgov.us](mailto:housing@edcgov.us)

### **Mail/Drop-Off Submissions:**

Mail or drop-off your completed application and attachments to:  
Planning and Building Department  
Affordable Housing Unit  
2850 Fairlane Court, Building C  
Placerville, CA 95667

**APPLICANT INFORMATION**

Applicant Full Name:

Date of Birth:

Phone:

Property Address:

Alt. Phone:

City:

State:

ZIP Code:

Mailing Address (if different):

City:

State:

ZIP Code:

Email Address:

**CO-APPLICANT INFORMATION (OVER 18)**

Co-Applicant Full Name:

Date of Birth:

Phone:

Alt. Phone:

Property Address:

City:

State:

ZIP Code:

Mailing Address (if different):

City:

State:

ZIP Code:

Email Address:

**PROPERTY INFORMATION**

Assessor's Parcel Number(s):

**INSURANCE INFORMATION (IF APPLICABLE)**

Did you have home insurance at the time of the disaster?

Yes

No

Insurance Provider:

Policy Number:

Insurance payout received:

## ELIGIBILITY

Participants must have an issued building permit for the new dwelling. Permit # \_\_\_\_\_

Have you received financial assistance for home repairs related to the Caldor Fire?  
*Select all that apply and specify amount*

- Homeowners Insurance: \_\_\_\_\_
- Small Business Administration (SBA): \_\_\_\_\_
- Other (please specify and provide amount): \_\_\_\_\_

Was the destroyed home your primary residence on the date of the disaster event that damaged the home?

Yes  
No

Do you have a mortgage secured by the destroyed home?

Yes  
No

If yes, are you up to date on your mortgage payments?

Yes  
No

Does the property have any liens attached?

If yes, list all lien holders:

Yes  
No

Has the property been foreclosed on, or is it in the process of foreclosure?

Yes  
No

Are you up to date on your property tax payments for the damaged home?

Yes  
No

## DOCUMENT CHECKLIST

- Complete and sign application
- Valid photo ID for Applicant and Co-Applicant
- Insurance policy / claim information
- Copies of mortgage documents and proof of mortgage payments, if applicable
- Copies of any liens on the property, if applicable
- Proof of property tax payment

Copy of approved site plan for rebuild

Project budget

- Total Costs
  - Structure (Title 25 structure is \$146,634) \$ \_\_\_\_\_
  - Other \_\_\_\_\_ \$ \_\_\_\_\_
- Total Available Funds
  - HomeAid minimum donation \$73,317
  - Participant contribution (private funds) \$ \_\_\_\_\_
  - Other contributions \$ \_\_\_\_\_
- Homeowner Rebuild Program Request (Total Costs - Total Available Funds) \$ \_\_\_\_\_

Documentation from nonprofit showing approved participation in their program and financial commitment (minimum value of all donated labor and materials)

I/We certify that the information provided on this application is true and correct to the best of my/our knowledge. I/We am/are aware that there are penalties for willfully and knowingly providing false information on an application for financial assistance. I/We understand that the information on this application is subject to verification, and I/we attest that I/we can provide verification for the information stated on this form. Penalties for falsifying information may include immediate repayment of all fees awarded and/or prosecution under state law. I/We understand that the County will keep this information on file whether or not I/we are eligible for this financial assistance.

**I/We declare and attest under penalty of perjury that, to the best of my/our knowledge and belief, the statements made herein are correct, complete, and true.**

Applicant's Signature:	Date:	Print Name:
Co-Applicant's Signature:	Date:	Print Name:

**FOR OFFICE USE ONLY**

Reviewed By:  
Date:

Application Complete:

Notes:

Eligibility Verified:

Notes:

Disaster Permit # Associated with Application:

Permit #:

Approved:   
Amount Approved

Denied:   
Reason:

Director Signature:  
Date: