

2019 HOUSING REHABILITATION LOAN APPLICATION



Application No: _____

PERSONAL DATA

Applicant Name: _____ SSN: _____ Birthdate: _____ Age: _____
 Co-Applicant: _____ SSN: _____ Birthdate: _____ Age: _____
 Property Address: _____
 Mailing Address (if different): _____
 Telephone No: _____ (Home) _____ (Work)

DEMOGRAPHIC DATA

The following data will be used to provide aggregate data to the federal government on the use of Community Development Block Grant (CDBG) funds. The data will not be used to evaluate your application for participation in this program and all information will be kept confidential.

Marital status: _____ Racial Identity: _____ Hispanic Not-Hispanic Female Head of House
 Total Number in Household: _____ Number of Dependents: _____ Ages (Male) _____ (Female) _____
 Disabled/Name: _____ Age: _____ Relationship: _____ Disability: _____
 How did you learn of the Program? _____

YOUR HOUSE

Type of Structure _____

Age of structure: _____ Years owned: _____ No. of stories: _____ Approx. square feet: _____
 Name(s) of persons on title: _____
 Located within Flood Zone Coastal Zone Historical Significance Census Tract: _____
 Assessor's Parcel No: _____ Insurance Agent: _____
 Total Assessed Value: \$ _____ Address: _____
 Est. Market Value: \$ _____ Carrier / Policy #: _____
 Debt on Property: \$ _____ Coverage (Dwelling): \$ _____
 Equity in Property: \$ _____ Expiration Date: _____

EMPLOYMENT / INCOME

			Monthly Gross	Annual Gross
Applicant Occupation:	_____	_____ Yrs		
Name of Employer:	_____	_____ Yrs	\$ _____	\$ _____
Other Income:	<input type="checkbox"/> Social Security	<input type="checkbox"/> SSI	<input type="checkbox"/> Disability	\$ _____
	<input type="checkbox"/> Dividends	<input type="checkbox"/> Interest	<input type="checkbox"/> Pension	\$ _____
	Other: _____		\$ _____	\$ _____
		Subtotal:	\$ _____	\$ _____
Co-Applic. Occupation:	_____	_____ Yrs		
Name of Employer:	_____	_____ Yrs	\$ _____	\$ _____
Other Income:	<input type="checkbox"/> Social Security	<input type="checkbox"/> SSI	<input type="checkbox"/> Disability	\$ _____
	<input type="checkbox"/> Dividends	<input type="checkbox"/> Interest	<input type="checkbox"/> Pension	\$ _____
	Other: _____		\$ _____	\$ _____
		Subtotal:	\$ _____	\$ _____
		Total Combined Gross Income:	\$ _____	\$ _____

Rehab Program Eligibility Income Limits (effective 4/24/2019):

Persons	Income	Persons	Income	Persons	Income	Persons	Income
1	<input type="checkbox"/> \$56,450	3	<input type="checkbox"/> \$72,550	5	<input type="checkbox"/> \$87,050	7	<input type="checkbox"/> \$99,950
2	<input type="checkbox"/> \$64,500	4	<input type="checkbox"/> \$80,600	6	<input type="checkbox"/> \$93,500	8	<input type="checkbox"/> \$106,400

MONTHLY HOUSING EXPENSES

	<u>Monthly Pmt</u>	<u>Current Balance</u>
First Mortgage Holder: _____		
Original Loan Amount: \$_____ Interest Rate: _____% ARM <input type="checkbox"/> Fixed <input type="checkbox"/>	\$_____	\$_____
Date of Loan: _____ Maturity: _____ Balloon <input type="checkbox"/>		
Second Mortgage Holder: _____		
Original Loan Amount: \$_____ Interest Rate: _____% ARM <input type="checkbox"/> Fixed <input type="checkbox"/>	\$_____	\$_____
Date of Loan: _____ Maturity: _____ Balloon <input type="checkbox"/>		
Property Taxes for Year ____/____ (Annual: \$_____ divided by 12 =)	\$_____	
Delinquent or Postponed Property Taxes (if any) for Year(s) _____:	\$_____	\$_____
House Insurance (Annual Premium: \$_____ divided by 12 =)	\$_____	
If Applicable: <input type="checkbox"/> Berth Fee <input type="checkbox"/> Pad Space <input type="checkbox"/> HOA Dues	\$_____	\$_____
Subtotal (Housing Expenses):	\$_____	\$_____

OTHER FIXED MONTHLY EXPENSES

	<u>Monthly Pmt</u>	<u>Current Balance</u>
Automobile Loan/Lender: _____	\$_____	\$_____
Automobile Insurance: _____	\$_____	\$_____
Health/Medical Insurance: _____	\$_____	\$_____
Charge Accounts (List): _____	\$_____	\$_____
Other (List): _____	\$_____	\$_____
Subtotal (Other Fixed Monthly Expenses):	\$_____	\$_____

Total Expenses (Housing plus Other Fixed Monthly Expenses):

\$ _____

\$ _____

ASSETS

	<u>Value</u>	
Checking Account: _____	\$_____	(Average monthly bal.)
Savings Account: _____	\$_____	
Stocks and Bonds: _____	\$_____	(Current est. value)
Real Estate Owned: _____	\$_____	(Current market value)
Automobile (Yr / Make): _____	\$_____	(Current market value)
Personal Property: _____	\$_____	
Other Assets (List): _____	\$_____	
Total Value of Assets:	\$_____	

DESCRIPTION OF NEEDED REPAIRS

I certify that all of the foregoing information in this application is true, correct and complete. I hereby grant permission to verify this information.

Applicant _____	Date _____	Co-Applicant _____	Date _____
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Interview Date: _____

Proposed Rehabilitation Loan: \$_____ @ _____% for _____ mo. with payments of \$_____ / month.		
	<u>Before Rehab</u>	<u>After Rehab</u>
Loan-to-Value Ratio: \$_____ / \$_____ = _____%	\$_____ / \$_____ = _____%	\$_____ / \$_____ = _____%
Housing Exp-to-Gross Income: \$_____ / \$_____ = _____%	\$_____ / \$_____ = _____%	\$_____ / \$_____ = _____%
Total Expense-to-Gross Income: \$_____ / \$_____ = _____%	\$_____ / \$_____ = _____%	\$_____ / \$_____ = _____%