



Housing & Neighborhoods, Community Development
 421 Fayetteville Street, Suite 1200
 P.O. Box 590
 Raleigh, NC 27602

Housing Rehabilitation Loan Application

I. Property Information

Property Address (Street, City, State & Zip): _____

Number of Bedrooms: _____

II. Applicant/Co-Applicant Information

Applicants Name:	Social Security Number:	Date of Birth	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Head of Household <input type="checkbox"/> Unmarried (include single, divorced, widowed)
		Age:	
Co-Applicants Name:	Social Security Number:	Date of Birth	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (include single, divorced, widowed)
		Age:	

Present Address (Street, City, State & Zip): Rent Own

Applicant Phone Number: _____

Co-Applicant Phone Number: _____

Applicant Preferred Pronoun: _____

Co-Applicant Preferred Pronoun: _____

Number of people in household: _____

Disabled: Yes No

Elderly: Yes No

III. Other Household Member Information

Name	Social Security Number	Birthdate	Relationship	Receives Income? YES or NO

*If household member receives income, please fill out section V.

IV. Employment Information (If not Employed skip to section V)

Applicant			Co-Applicant		
Name & Address of Employer: <input type="checkbox"/> Self Employed	Years on Job:	Years Employed in this field:	Name & Address of Employer: <input type="checkbox"/> Self Employed	Years on Job:	Year Employed in this field:
Position/Title/Type of Business:	Phone:		Position/Title/Type of Business:	Phone:	
Monthly Income:	Yearly Income:		Monthly Income:	Yearly Income:	

V. Income (*Please indicate other sources of income and amounts)

	Source of Income	Amount		Source of Income	Amount
<input type="checkbox"/>	Social Security	\$ _____	<input type="checkbox"/>	Social Security	\$ _____
<input type="checkbox"/>	Pension	\$ _____	<input type="checkbox"/>	Pension	\$ _____
<input type="checkbox"/>	Child Support	\$ _____	<input type="checkbox"/>	Child Support	\$ _____
<input type="checkbox"/>	Other _____	\$ _____	<input type="checkbox"/>	Other _____	\$ _____

*Provide Income Information for all members of the household OVER the age of 18.

Name	Employer or source of income	# of Years	Annual Income

VI. General

*Please circle Yes or No below or provide additional information as needed

	App	Co-App
Do you intend to occupy the property to be rehabilitated after the work is complete?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you directly related to or regularly conduct business with an employee or elected official of the City of Raleigh?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are your property taxes current?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever received aid from this agency before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name and phone number of nearest relative or friend NOT living with you. _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Repairs needed (Circle) Roof Heating/Air Windows Floors Plumbing Paint Electrical Housing Code Safety Concerns Other _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>

VII. Assets and Liabilities

Do you pay child support or alimony: (Please Circle) _____ How much? _____ Court Ordered? _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have any of the following? (Please Circle) Stocks Bonds Mutual Funds CD's Money Markets IRA 401K Pension/Retirement Rental Property Other: _____		
Do you have (Indicate amounts in Accounts)? Checking _____ Saving _____		
Redevelopment Area: <input type="checkbox"/> Yes <input type="checkbox"/> No		

(Continued on reverse side)

VIII. Information for Government Monitoring Purposes

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lenders compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that the Lender may neither discriminate on basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation and surname. If you do not wish to furnish the information, please check the box. (Lender must review the above material to assure that the disclosure satisfies all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for.)

Applicant	Co-Applicant
Race/National Origin: <input type="checkbox"/> I do not wish to furnish this information <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other (specify _____) <input type="checkbox"/> White not of Hispanic origin <input type="checkbox"/> Black not of Hispanic origin Sex: <input type="checkbox"/> Male - Head of Household <input type="checkbox"/> Female - Head of Household	Race/National Origin: <input type="checkbox"/> I do not wish to furnish this information <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other (specify _____) <input type="checkbox"/> White not of Hispanic origin <input type="checkbox"/> Black not of Hispanic origin Sex: <input type="checkbox"/> Male - Head of Household <input type="checkbox"/> Female - Head of Household

IX. Authorization & Disclosures

The applicant(s) certify that all information in the application and all information furnished in support of this application is true and complete to the best of the borrower(s) knowledge and belief. Also by signing this document the applicant(s) authorize the City of Raleigh's Community Development Division or its assigns to obtain a Credit Report through an authorized credit reporting bureau.

By signing below, the applicant(s) understands the City's Relocation Policy, which states "The City does not provide assistance to homeowners who are required to temporarily move during the renovation of their homes since participation in homeowner rehabilitation programs is voluntary and does not involve permanent displacement."

Additional Documents needed with Application

<input type="checkbox"/> Last <u>two years</u> income tax returns (Federal and State Income tax returns with all attached schedules) including W2's for each year.	<input type="checkbox"/> Last two statements from checking and/or savings accounts	<input type="checkbox"/> Most recent mortgage statement indicating current payment amount and principal balance for each outstanding mortgage
<input type="checkbox"/> If employed, pay stubs covering <u>last two months</u> from all places of employment	<input type="checkbox"/> Most recent award letter or benefits statement (such as social security, public assistance, child support, retirement or disability benefits)	<input type="checkbox"/> Evidence of homeowner's insurance
<input type="checkbox"/> Copy of Power of Attorney, if applicable		<input type="checkbox"/> If self-employed - income tax returns for business.

Tax Return/Income Affidavit

I am unable to provide the City with these copies because:

_____ I am not required to file a return.

I certify that the source(s) of income for the total household is/are:

_____ Monthly benefits received from Social Security, Supplemental Insurance (SSI), Retirement, Pension, Etc.; and/or

_____ Employment

Both applicants must sign this application in order to be processed.

Applicant

Date

Co-Applicant

Date

To be completed by Interviewer

This application was taken by:
 Face-to-Face Interview
 By mail
 By Telephone

Interviewer(s) Name (Print or Type)

Interviewer(s) Signature