Housing & Neighborhoods, Community & Small Business Development

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421 Fayetteville Street, Suite 1200

P.O. Box 590 Raleigh, NC 27602

**Housing Rehabilitation Loan Application**

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| **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: □ Married □ Separated □ Head of Household****□ Unmarried (include single, divorced, widowed)** |
| **Age:** |
| **Co‐Applicants Name:** | **Social Security Number:** | **Date of Birth** | **Marital Status: □ Married □ Separated****□ Unmarried (include single, divorced, widowed)** |
| **Age:** |

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| **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** |
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| **\*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:** □ Self Employed | **Years on Job:** | **Name & Address of Employer:** □ Self Employed | **Years on Job:** |
| **Years Employed in this field:** | **Year Employed in this field:** |
| **Position/Title/Type of Business:** | **Position/Title/Type of Business:** |
| **Phone:** | **Phone:** |
| **Monthly Income:** | **Yearly Income:** | **Monthly Income:** | **Yearly Income:** |
| **V. Income (\*Please indicate other sources of income and amounts)** |
|  |  | **Social Security $** |  |  | **Social Security $** |
|  |  | **Pension $** |  |  | **Pension $** |
|  |  | **Child Support $** |  |  | **Child Support $** |
|  |  | **Other $** |  |  | **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** |
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| **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** |  | **NO** |  |
| **Are you directly related to or regularly conduct business with an employee or elected official of the City of Raleigh?** | **YES** |  | **NO** |  |
| **Are your property taxes current?** | **YES** |  | **NO** |  |
| **Have you ever received aid from this agency before?** | **YES** |  | **NO** |  |
| **Name and phone number of nearest relative or friend NOT living with you.**   | **YES** |  | **NO** |  |
| **Repairs needed (Circle) Roof Heating/Air Windows Floors Plumbing Paint Electrical Housing Code Safety Concerns****Other**  | **YES** |  | **NO** |  |
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| **VII. Assets and Liabilities** |  |
| **Do you pay child support or alimony: (Please Circle)****How much? Court Ordered?** | **YES****YES** |  | **NO****NO** |  |
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| **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: Yes No** |

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| **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:****I do not wish to furnish this information American Indian or Alaskan Native Hispanic****Asian or Pacific Islander Other (specify ) White not of Hispanic origin Black not of Hispanic origin****Sex:****Male - Head of Household****Female - Head of Household** | **Race/National Origin:****I do not wish to furnish this information American Indian or Alaskan Native Hispanic****Asian or Pacific Islander Other (specify ) White not of Hispanic origin Black not of Hispanic origin****Sex:****Male - Head of Household****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 though 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** |
| Last two years income tax returns (Federal and State Income tax returnswith all attached schedules) including W2’s for each year. | Last two statements from checking and/or savings accounts | Most recent mortgage statement indicating current payment amountand principal balance for each outstanding mortgage |
| If employed, pay stubs covering last two months from all places of employment | Most recent award letter or benefits statement (such as social security, public assistance, child support, retirement or disability benefits) | Evidence of homeowner’s insurance |
| If self‐employed ‐ income tax returns for business. |
| Copy of Power of Attorney, if applicable |
| **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** |

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| **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** |