

HOUSING PROGRAM APPLICATION Rehab Loan/Grant

Applicant(s) Full Name:				
Owner:Email:				
Present Address:	County:			
Do you own the home where rehab work is need	eded: Yes No			
Have you had work done on your house by Cit	ty in the past: Yes No			
What type of rehab work is needed at your resi	idence: Roof Electrical Heating Plumbing			
Other: Marital Status: (circle one)				
Single Married Separated	Divorced Widow			
Home Telephone:	Cell Phone:			
Number of Dependents: Ages:	Total Persons in Household:			
Name and Address of Employer:				
Position/Title:				
Gross Monthly Income Attach proof of income and most recent bar	Monthly Housing Expense			
Income:	Mortgage:			
SSI:	Hazard Insurance:			
Child Support:	Do you have Homeowner's Insurance: Yes No Real Estate Taxes: Have you paid your property taxes: Yes No			
Net rental:	Mortgage Ins:			
Other:	Utilities: (Attach copy of recent bill)			
TOTAL:	TOTAL:			

Agreement: The undersigned applies for the loan/grant indicated in this application to be secured by a first mortgage or deed of trust on the property described herein, and represents that the property will not be used for any illegal or restricted purpose and that all statements made in this application are true and are made for the purpose of obtaining the loan. The information reported herein may be disseminated to others for the purpose of verification or other purposes consistent with the North Carolina Freedom of Information Act. All information is maintained, used or disseminated in accordance with the North Carolina Privacy Protection Act. The applicant may refuse to supply information requested by this form, however, such refusal will result in the lender's inability to process the loan application. The lender will retain the original or a copy of this application, even if the loan is not granted.

Any person who knowingly makes a false statement or misrepresentation in this application or causes such false statement or misrepresentation to be made shall be subject to a fine of not more than \$5,000 or by imprisonment for not more than 2 years, or both under provision of the United States Criminal Code.

This application may	v be shared with	other funding agencies	providing assistance	on this project.
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Borrower's Name	Date
Borrower's Name	Date

