

HOUSING PROGRAM APPLICATION Rehab Loan/Grant

Applicant(s) Full Name:					
Owner:					
Present Address:		Co	ounty:		
Do you own the home where rehab work is needed: Yes No					
Have you had work done on your house by City in the past: Yes No					
What type of rehab work is nee	ded at your reside	ence: 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 Employe	r:				
Position/Title:					

Gross Monthly Income

Monthly Housing Expense

Income:	Mortgage:		
SSI:	Hazard Insurance:		
551:	Do you have Homeowner's Insurance: Yes No		
	Real Estate Taxes:		
Child Support:	Have you paid your property taxes: Yes No		
Net rental:	Mortgage Ins:		
Other:	Utilities: (Attach copy of recent bill)		
TOTAL:	TOTAL:		

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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 be shared with other funding agencies providing assistance on this project.

Borrower's Name

Borrower's Name



Date

Date