



HOUSING REHABILITATION LOAN PROGRAM

APPLICATION

Please complete the attached application and submit the required documents to the Community Development and Housing Office, 216 N Broadway, Suite G. The following documents are required in addition to the completed application:

- Property deed or contract of sale
- Most recent property tax receipt
- Most recent county appraisal value
- Current property insurance policy
- Most recent balance of mortgage and monthly mortgage payment amount on bank letterhead
- A current (within 30 days) copy of a credit report
- Proof of income, for example, copies of current check stubs or last year's tax return (accepted only if currently employed by the same employer).
- Completed loan application documents
- Three bids from contractors for the rehabilitation work

If you have any questions regarding the required documents, contact DeAnna at deanna.goering@pittks.org, or by phone at 620-230-5551.

Date Application Received

By: _____
Agency Representative

HOUSING REHABILITATION LOAN PROGRAM APPLICATION

Amount of Loan: \$		Maximum Desired Payment: \$	
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Check one:

Joint Credit: The applicant and co-applicant will both be obligated to repay the loan and credit information will be reported in the name of each of you. You must provide information about the co-applicant on this application.

Individual Credit: The applicant alone will be obligated to repay the loan and credit information will be reported in the applicant's name only. If you are relying on the income of another person to establish your creditworthiness, you must provide information about that person in the co-applicant section of this application and have that person sign this application.

This loan is to be secured.

Household Information

Applicant

Name:		<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Separated
Address:		City, ST, Zip:		
Previous Address (if less than 5 years at current address)				
Previous Address:		City, ST, Zip:		
Home Phone:		Work Phone:		
Date of Birth:		# of Dependents:		
SSN:		DL State:		DL Number:
Present Employer:				
Position:		Years Employed:		
Previous Employer:				
Position:		Years Employed:		
Nearest Relative not Living with You:				
Address:		City, ST, Zip:		
Phone:		Relationship:		

Co-Applicant

Name:		<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Separated
Address:		City, ST, Zip:		
Relationship to Applicant:				
Previous Address (if less than 5 years at current address)				
Previous Address:		City, ST, Zip:		
Home Phone:		Work Phone:		
Date of Birth:		# of Dependents:		
SSN:		DL State:		DL Number:
Present Employer:				
Position:		Years Employed:		
Previous Employer:				
Position:		Years Employed:		
Nearest Relative not Living with You:				
Address:		City, ST, Zip:		
Phone:		Relationship:		

List all other household members:

Name	Relationship	Age

Monthly Income Information

List all income received by you or any other household member:

Check all that apply:	Amount per Month	Source	Received By
<input type="checkbox"/> Wages/Salary:	\$		
<input type="checkbox"/> Unemployment Benefits:	\$		
<input type="checkbox"/> Worker’s Compensation:	\$		
<input type="checkbox"/> Child Care Business:	\$		
<input type="checkbox"/> Net Business Income:	\$		
<input type="checkbox"/> Rental Property Income:	\$		
<input type="checkbox"/> Odd Jobs:	\$		
<input type="checkbox"/> Social Security:	\$		
<input type="checkbox"/> SSI/SSDI:	\$		
<input type="checkbox"/> Pension or Trust Funds:	\$		
<input type="checkbox"/> Military Pay/VA Benefits:	\$		
<input type="checkbox"/> TANF (DCF):	\$		
<input type="checkbox"/> General Assistance (DCF):	\$		
<input type="checkbox"/> Child Support or Alimony:	\$		
<input type="checkbox"/> Student Financial Aid:	\$		
<input type="checkbox"/> Regular Contributions/Gifts:	\$		
<input type="checkbox"/> Other Income:	\$		
<input type="checkbox"/> No Benefits or Income:	\$		
Total Monthly Income:	\$		

Monthly Housing Expenses

Mortgage Payment:		Gas Service:	
Homeowner’s Insurance:		Electric Service:	
Property Taxes:		Water Service:	
Maintenance:		Trash Service:	

Present Creditors

List all debts, including mortgage, auto loans, credit cards, revolving credit, finance companies, department store credit, child support, etc.

Creditor	Balance	Monthly Payment	Credit Limit	Date Opened	Purpose/Collateral

Items in Need of Repair

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

I/We represent that the information contained in this application is true and correct and understand that the City of Pittsburg will rely on the truth of the foregoing statements. The City of Pittsburg is authorized to obtain additional information from any credit bureau, the sources listed on the application, or any other person or entity.

Signature of Applicant

Date

Signature of Co-Applicant

Date