

CITY OF KENTWOOD HOUSING COMMISSION
HOME REHABILITATION LOAN APPLICATION

APPLICANT NAME & ADDRESS

Telephone Number: _____

Years At This Address: _____

Social Security Numbers:

Applicant: _____

Spouse: _____

PERSONS LIVING IN HOUSEHOLD

Name	Relationship	Age

LOANS OR DEBTS (Except Shelter Costs)

Name of Bank, Company, or Person	Original Debt	Unpaid Balance	Monthly Payment
TOTAL			

FOR OFFICE USE ONLY		
APPLICATION NUMBER		
TYPE OF LOAN (circle one)		
Installment/Deferred		

Applicant's Employer (Name & Address)

Length of Employment (yrs.): _____

Spouse's Employer (Name & Address)

Length of Employment (yrs.): _____

INCOME OF HOUSEHOLD

Source	Amount
Applicant	
Spouse	
Other Household Member	
Pensions	
Public Assistance	
Social Security	
Other Income	
Total Annual Income	
Allowable Household Income	

ASSETS

A) Cash On Hand	
B) Savings	
C) Marketable Securities/Bonds	
D) Equity In Other Real Estate	
1) Market Value	
2) Unpaid Balance	
3) Equity (line 1 minus line 2)	
E) All Other Assets	
F) Total Assets (A+B+C+D3+E)	
G) Unpaid bills (food, medical, etc; do not include personal property)	
H) Net Assets (line F minus line G)	
I) Dollar amount of equity in home	

PRESENT ANNUAL SHELTER COSTS

Payments (Principal & Interest)	
Mortgage Insurance Premium	
Homeowners Insurance Premium	
Real Property Taxes	
Special Annual Assessments	
Heat and Utilities (Monthly x 12)	
Annual Maintenance & Repairs	
Total Annual Shelter Costs	
Shelter Costs As Percent Of Income	

Name & Address of Mortgagee or Land Contract Holder:

Name & Address of Homeowners Insurance Company:

PLEASE PROVIDE WITH APPLICATION:

- 1) Copy of Deed, Land Contract or Mortgage
- 2) Income Information (W-2, Check Stubs, etc.)
- 3) Copy of Homeowners Insurance
- 4) List of Requested Repairs

FOR OFFICE USE ONLY	
APPLICANT QUALIFIES FOR ASSISTANCE?	
Yes/No	
Amount of Assistance Applied For	
Deferred Loan Amount	
Installment Loan Amount	
Rehabilitation Estimate	

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec. 1001, provides: "Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies.. or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined not more than \$10,000 or imprisoned not more than five years or both.

CERTIFICATION OF APPLICANT(S)

The Applicant certifies that all the information in this application and all information furnished in support of this application is given for the purpose of obtaining home repair assistance and is true and complete to the best of the Applicant's knowledge and belief. The Applicant further certifies that he/she is the owner of the property described in this application and that the home repair assistance will be used only for the work and materials necessary to meet the City of Kentwood Housing Commission Program Standards, as applicable, which are prescribed for the property described in this application. If the Approving Officer determines that the home repair proceeds will not or cannot be used for the purposes described herein, the Applicant agrees that the proceeds shall be returned forthwith, in full, to the City of Kentwood Housing Commission and acknowledges that, with respect to such proceeds so returned, he/she shall have no further interest, right, or claim.

The Applicant covenants and agrees that he/she will comply with all requirements imposed by or pursuant to regulations of the Secretary of Housing and Urban Development effectuation Title VI of the Civil Rights Act of 1964 (78 Stat. 252). The Applicant agrees not to discriminate upon the basis of race, color, creed, or national origin in the sale, lease, rental, use, or occupancy of the real property rehabilitated with home repair assistance. The United States shall be deemed to be a beneficiary of these provisions both for and in its own right and also for the purpose of protecting the interests of the community and other parties, public and private, in whose favor or for whose benefit these provisions have been provided and shall have the right, in the event of any breach of these provisions, to force the curing of such breach. Also, I/We hereby certify that I/We have not filed bankruptcy, either Chapter 7 or Chapter 13, within the past five years.

Date

Signature of Applicant

RELEASE OF INFORMATION (APPLICANT TO COMPLETE)

The undersigned has applied for Home repair assistance from the City of Kentwood Housing Commission Program and authorized the City to obtain verifications from any source named in this application.

Date

Signature of Applicant(s)

Signature of Applicant(s)

FOR OFFICE USE ONLY

RECOMMEND APPROVAL OF APPLICATION

The undersigned has examined this application for home repair assistance including supporting data and finds that the application meets the requirements of the City of Kentwood Housing Commission and satisfies the rules and regulations of their Rehabilitation Program. Accordingly, the undersigned has recommended approval of the application for financial assistance in the amount of \$_____.

Date

Signature

Title