

COMMUNITY DEVELOPMENT APPLICATION FOR:

CDBG REHABILITATION PROGRAM

WHAT YOU NEED TO PROVIDE WHEN YOU TURN IN YOUR APPLICATION:

- _____ **Last two(2) year's Federal Income Tax Returns (please include W2'S)**
- _____ If self-employed, copies of year-to-date profit and loss statement for last two years.
- _____ Copies of most recent pay stubs (at least 4)
- _____ Copy of divorce decrees and agreements, if applicable
- _____ Copies of checks or other proof of receipt of child support or alimony for past 12 months
- _____ Copies of bank statements for the last three months on all saving and checking accounts
- _____ Copies of latest brokerage account statement
- _____ Printout/proof that current property taxes have been paid
- _____ Copies of all outstanding debts, that would apply to the verification of this application
- _____ Copy of bankruptcy discharge of debtor notice and all related schedules, if applicable

YOU MUST SUPPLY ALL OF THE REQUIRED INFORMATION IN ORDER TO PARTICIPATE IN THE PROGRAM.

PLEASE MAIL OR PRESENT THIS INFORMATION ALONG WITH THE APPLICATION TO:

**CAREY SNEDDEN/GRANT MANAGER
COMMUNITY DEVELOPMENT
109 E. OLIVE
BLOOMINGTON IL 61701
(309) 434-2345**

COMMUNITY DEVELOPMENTS APPLICATION FOR ASSISTANCE

The applicant(s) understands that this pre-qualification application is a screening document to insure that potential applicants meet the minimum requirements. This pre-qualification does not guarantee that the applicant has or will qualify for financial assistance.

A. APPLICANT INFORMATION **Date Received:** _____

PLEASE INDICATE WHICH PROGRAM YOU ARE APPLYING FOR:

Community Developments Rehabilitation Program

Applicant's Name: _____
(Last) (First) (Middle Initial)

 (Address,

 City, State, Zip)

 Social Security Number Home Phone Number Work Phone Number

Marital Status Married Separated Unmarried (Includes Single, Divorced, Widowed)

Number of Dependents: _____

Current Employer:

 (Complete Name)

 (Address, City, State Zip)

Date of Employment: _____
(From) (To)

If employed in current position less than two (2) years or if currently employed in more than one position, please complete the following:

Employer

 (Complete Name)

 (Address, City, State, Zip)

Date of Employment: _____
(From) (To)

Gross Income:

(Check One)
 Annual \$ _____
 Monthly \$ _____
 Weekly \$ _____
 Hourly \$ _____

Weekly Hours: _____
 Type of Work: _____

Gross Income:

(Check One)
 Annual \$ _____
 Monthly \$ _____
 Weekly \$ _____
 Hourly \$ _____

Weekly Hours: _____
 Type of Work: _____

COMMUNITY DEVELOPMENTS APPLICATION FOR ASSISTANCE

APPLICANT PLEASE FILL OUT

DECLARATIONS:

- 01) Have you declared bankruptcy in the past 7 years? Yes No
- 02) Are there any outstanding judgments against you? Yes No
- 03) Are you presently delinquent or in default on any Federal Debt? Yes No
- 04) Are you a co-maker or endorser on a note? Yes No
- 05) Have you ever been obligated on a home loan /home improvement loan which resulted in foreclosure, deed in lieu of foreclosure or judgment? Yes No
- 06) Are you a party to a lawsuit? Yes No
- 07) Are you obligated to pay alimony, child support or separate maintenance? Yes No
- 08) Are you a permanent resident alien? Yes No
- 09) Are you a U.S. Citizen? Yes No
- 10) Do you intend to occupy the property as you primary residence? Yes No

CO-APPLICANT PLEASE FILL OUT

DECLARATIONS:

- 01) Have you declared bankruptcy in the past 7 years? Yes No
- 02) Are there any outstanding judgments against you? Yes No
- 03) Are you presently delinquent or in default on any Federal Debt? Yes No
- 04) Are you a co-maker or endorser on a note? Yes No
- 05) Have you ever been obligated on a home loan /home improvement loan which resulted in foreclosure, deed in lieu of foreclosure or judgment? Yes No
- 06) Are you a party to a lawsuit? Yes No
- 07) Are you obligated to pay alimony, child support or separate maintenance? Yes No
- 08) Are you a permanent resident alien? Yes No
- 09) Are you a U.S. Citizen? Yes No
- 10) Do you intend to occupy the property as you primary residence? Yes No

COMMUNITY DEVELOPMENTS APPLICATION FOR ASSISTANCE

ASSETS AND LIABILITIES

CHECKING/SAVINGS ACCTS.				LIABILITIES: Who You Owe		
Name & Address		Checking		Name & Address		
Acct.#		Bal.\$		Acct.#	Payment	Balance
Name & Address		Checking		Name & Address		
Acct.#		Bal.\$		Acct.#	Payment	Balance
Name & Address		Savings		Name & Address		
Acct.#		Bal.\$		Acct.#	Payment	Balance
Name & Address		Savings		Name & Address		
Acct.#		Bal.\$		Acct.#	Payment	Balance
Securities/Stocks/Bonds				Name & Address		
Name & Address						
Acct.#		Bal.\$		Acct.#	Payment	Balance
Name & Address		Other Assets		Homeowners Property Insurance:		
				Agents Name: _____		
				Company: _____		
				Address: _____		
Acct.#		Bal.\$		Phone: _____		
AUTOMOBILES				MORTGAGE INFORMATION		
				Mortgagors Name and Address:		
_____	_____	_____	_____	_____	_____	_____
Make	Model	Year	Value	Acct.#	Payment	Balance
				2nd Mortgagors Name and Address		
_____	_____	_____	_____	_____	_____	_____
Make	Model	Year	Value	Acct.#	Payment	Balance

COMMUNITY DEVELOPMENTS APPLICATION FOR ASSISTANCE

HOUSEHOLD INFORMATION (Complete for each person who is living in the household other than the applicant(s))					
Name:	Relationship:	Age:	Sex:	Employment Status:	Social Security #:
HOUSEHOLD INCOME: Income received in the last twelve (12) months					
	Applicant		Co-Applicant		Other Adults
Total Earnings					
Over Time					
Commission					
Bonuses					
Social Security					
AFDC					
Child Support/ Alimony					
Rental Income					
Pension					
Interest/Dividends					
Other					
TOTAL INCOME					
FUTURE INCOME					

COMMUNITY DEVELOPMENTS APPLICATION FOR ASSISTANCE

SIGNATURES

The applicant(s) understands that this application is a screening document to insure that applicants meet the minimum requirements. This pre-qualification does not guarantee that the applicant has or will qualify for financial assistance.

Applicants Signature

Date

Co-Applicants Signature

Date

IMPORTANT - READ BEFORE SIGNING:

I/We certify that the above statements are true, accurate, and complete to the best of my/our knowledge and belief. I/We hereby authorize the City of Bloomington to verify the information contained in the above statements from any source whatsoever and hereby authorize and direct the release of such information. I/We hereby authorize photocopies of this form to be valid as the original.

Applicants Signature

Date

Co-Applicants Signature

Date

PENALTY FOR FALSE OR FRAUDULENT STATEMENTS: 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 documents 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 5 years or both.

EQUAL CREDIT OPPORTUNITY ACT

You are hereby provided the following "Equal Credit Opportunity Act": notice as prescribed under Section 202.4(d):
"The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex marital status, age (provided that the applicant has the capacity to enter into a binding contract; because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the Federal Home Loan Bank Board, 111 E. Wacker Drive, Chicago, Illinois."

NOTICE TO APPLICANTS/RIGHT TO FINANCIAL PRIVACY ACT CERTIFICATION

This is notice to you as required by the "Right to Financial Privacy Act of 1978" that the Department of Housing and Urban Development (HUD) has a right of access to financial records held by any financial institution in connection with the consideration or administration of all rehabilitation loans for which you have applied. Financial records involving your transactions will be available to HUD without further notice or authorization but will not be disclosed or released to another Government Agency or Department without your consent, except as required or permitted by law.

Applicant's Signature

Date

Co-Applicant's Signature

Date

COMMUNITY DEVELOPMENTS APPLICATION FOR ASSISTANCE

APPLICANT DEMOGRAPHIC PROFILE

The following information is required by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname.

NAME OF APPLICANT: _____
Last First MI

APPLICANT(S) ADDRESS: _____

1. **Head of Household (Check all that apply):**

- | | |
|--|--|
| <input type="checkbox"/> Single | <input type="checkbox"/> Female Head of Household |
| <input type="checkbox"/> Married | <input type="checkbox"/> Male Head of Household |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Displaced Homemaker: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Single Parent with Children | <input type="checkbox"/> Two Parents with Children |

2. **Race:**

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Native American | |

3. **Number of Dependents** _____ **Total Number of Household Members** _____
- | | |
|------------------------|------------------------|
| Age of Dependent _____ | Sex of Dependent _____ |
| Age of Dependent _____ | Sex of Dependent _____ |
| Age of Dependent _____ | Sex of Dependent _____ |
| Age of Dependent _____ | Sex of Dependent _____ |
| Age of Dependent _____ | Sex of Dependent _____ |

The undersigned certifies that the information provided is correct to the best of their knowledge:

Applicant _____

Co-Applicant _____

HOW DID YOU HEAR ABOUT THIS PROGRAM?

- | | | | |
|--|-----------------------------------|--|--|
| <input type="checkbox"/> News Paper | <input type="checkbox"/> Radio | <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Lender/Realtor |
| <input type="checkbox"/> Affordable Housing Fair | <input type="checkbox"/> Brochure | <input type="checkbox"/> Neighborhood Assoc. | <input type="checkbox"/> Social Service Agency |
| <input type="checkbox"/> Other: _____ | | | |

For Office Use Only

HUD Project/Account# _____	Block Group# _____
Project Area: _____	Low/Mod% _____
Census Tract# _____	
ANNUAL GROSS INCOME _____	TOTAL LOAN AMOUNT _____
REHAB AMOUNT _____	CLOSING DATE _____ #YEARS 5 OR 10 _____

- | | | |
|-----------------------|---------------------|----------------------|
| Extremely Low
<30% | Very Low
31%-51% | Low (MFI)
51%-80% |
|-----------------------|---------------------|----------------------|

SELF-HELP RESTRICTION

COMMUNITY DEVELOPMENTS APPLICATION FOR ASSISTANCE

FOR CDBG APPLICANTS ONLY

_____ I/We freely and willingly **CHOOSE** to perform work (self-help) or act as a subcontractor or as a general contractor on the renovation of my property.

_____ I/We **DO NOT CHOOSE** to perform work (self-Help) or act as a subcontractor as a general contractor on the renovation of my property.

I further understand that if I choose to work (self-help) or act as a subcontractor or as a general contractor on the renovation of my property that this option is only available with permission of the Program Manager's of Community Development.

As borrower/contractor for a rehabilitation loan from the City of Bloomington, Community Development, I acknowledge and accept the following restrictions:

1. The rehabilitation loan amount will not include funds to pay the borrower or family members, whether they act as laborers, subcontractors, or general contractors for any labor they complete with regard to their rehabilitation loan.
2. Disbursements from the rehabilitation escrow account may be made only for per-approved specified materials and equipment, and will be made only AFTER proper installation and approval by Building Safety Division and/or Community Development Division.
3. No compensation allowance will be made to the borrower for loan proceeds for his/her performance of the function of subcontractor or general contractor.
4. Rehabilitation loan funds can be utilized for subcontractor (non-family, independent). A written contract between the borrower and each subcontractor is required and shall be reviewed and approved by the City of Bloomington prior to loan approval. During the progress of the work of each subcontractor, a percentage of payment will be retained. However, upon satisfactory completion of an individual subcontract, the entire amount due may be released.
5. The borrower/contractor will complete his/her portion of rehabilitation within a reasonable time schedule as outlined in the proceeding order and agreement.
6. The borrower/contractor agrees to allow the City of Bloomington to prepare bid specifications, obtain cost estimate, increase the rehabilitation loan amount accordingly and complete rehabilitation with other contractors in the event that borrower/contractor is unable to or unwilling to accomplish the rehabilitation as specified.
7. This restriction applies equally to the borrower who is either a nonprofessional subcontractor, nonprofessional general contractor, a recognized subcontractor or recognized general contractor for the types and level of proposed construction.

Applicants Signature

Co-Applicant Signature

COMMUNITY DEVELOPMENTS APPLICATION FOR ASSISTANCE

AUTHORIZATION TO RELEASE INFORMATION

Program Administrator (Sponsor) Name: COMMUNITY DEVELOPMENT, CITY OF BLOOMINGTON

Program Administrator (Sponsor) Address: 109 E. Olive, Bloomington, IL 61701

I hereby authorize the above Sponsor to verify my bank accounts, employment records, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make other inquiries pertaining to my qualification for financial assistance from City of Bloomington, Community Development Division. The Sponsor may make copies of this letter for distribution to any party with which I have a financial or credit relationship and such party may rely on such copy as if the same were an original.

PRIVACY ACT NOTICE: All information collected by Sponsor or its assignees shall be used in determining whether I qualify for assistance. Such information will not be disclosed outside Sponsors except as required and permitted by law. I understand that I do not have to provide any such information, but that failure to do so may cause my application for approval as a prospective borrower to be delayed or rejected.

Applicant Signature

Date

Applicant Name (Print)

Co-Applicant Signature

Date

Co-Applicant Name (Print)