



LOAN APPLICATION

Applicant _____

Social Security #: _____

Co-Applicant _____

Social Security #: _____

Property Address _____

Mailing Address (if different): _____

Phone # _____
Home Work Cell Message

Phone # _____
Home Work Cell Message

E-Mail _____

Number of Dependents _____ Ages _____

Nearest Relative not living with you _____
Name *Relationship*

Phone number *Address*

Heard about program from _____

<p>Home Improvement Needs: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Assistance with this application is available by calling (360) 753-8436.

EMPLOYMENT

Applicant's Employer _____

Address _____ Position _____

Supervisor's Name _____ How Long? _____

Telephone _____ **Gross Monthly Salary** _____

Co-Applicant's Employer _____

Address _____ Position _____

Supervisor's Name _____ How Long? _____

Telephone _____ **Gross Monthly Salary** _____

⇒ *Please attach copies of 2 recent paycheck stubs.* ⇐

OTHER INCOME

Rent \$ _____

Social Security \$ _____

Pension \$ _____

Annuity \$ _____

Other \$ _____

Total Monthly
Gross Income \$ _____

Last Year's Total Annual
Gross Income \$ _____

This Year's Projected
Gross Annual Income \$ _____

⇒ *Please attach a copy of your monthly benefit payments.* ⇐

⇒ *Please attach a copy of last year's income tax return with all attachments.* ⇐

ASSETS

Bank _____ \$ _____

Acct. # _____

Marketable Securities \$ _____

Bank _____ \$ _____

Acct. # _____

Other Real Estate (Not residence) \$ _____
(Assessed value minus debt equals equity)

Credit Union _____ \$ _____

Acct. # _____

Other assets excluding home,
car, and personal property. \$ _____

Stocks/Bonds \$ _____

TOTAL ASSETS \$ _____

⇒ *Please attach a copy of most recent bank statement.* ⇐

Have you ever taken bankruptcy? No Yes

Date/s & Details: _____

Have you ever taken previous foreclosures or judgements? No Yes

Date/s & Details: _____

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MONTHLY EXPENSES

Total monthly household expenses: \$ _____

Unusual monthly expenses (i.e., medical) \$ _____

Estimate the monthly amount you are able to commit for repayment of a home rehab loan: \$ _____

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PROPERTY INFORMATION

Tax Parcel Number: _____

Legal Description: _____

Tax Assessed Value: _____

Estimate of Current Market Value: _____

Title/Mortgage Holder: _____

Address: _____

Date Purchased _____ Purchase Price _____

Present Balance _____ Monthly payment amount _____

Year built _____ # of Lots _____

TYPE OF LOAN: Real Estate Conventional FHA VA Personal Contract
Mortgage Loan Loan Other (Specify) _____

List below all liens, mortgages, and owner security interests against the subject property as of the time of the date of this application:

DATE MADE	TO WHOM	FOR WHAT	AMOUNT	LOAN #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

⇨ *Please attach a copy of your deed, mortgage, or real estate contract.* ⇩

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FIRE INSURANCE

Amount of Coverage for Fire \$ _____ Annual Premium: \$ _____

Company: _____ Policy #: _____

Agent: _____

Address: _____

⇒ *Please attach a copy of your homeowner's policy declarations page.* ⇐

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The applicant covenants and agrees that he/she/they will comply with all requirements imposed by or pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964 (78 Stat. 252). The Applicant agrees not to discriminate upon basis of race, color, creed, sex, or national origin in the sale, lease, rental, use or occupancy of the real property rehabilitated with the assistance of the loan.

The City of Olympia 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 interest of the community and other parties, public or 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 maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breach.

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 representation, 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.

NOTICE TO APPLICANTS: This is a notice to you as required by the Right to Financial Privacy Act of 1978 that the Department of Housing and Urban Development has a right of access to financial records held by any financial institution in connection with the consideration or administration of the City of Olympia Rehabilitation Payment loan for which you have applied. Financial records involving your transactions will be available to the Department of Housing and Urban Development 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.

VERIFICATION OF ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION MAY BE OBTAINED FROM ANY SOURCE NAMED HEREIN.

I/We also authorize the taking of pictures before, during, and after the rehabilitation of subject property.

Applicant's Signature Date

Co-Applicant's Signature Date

DEMOGRAPHIC INFORMATION

*The following information is optional.
Your response is strictly confidential and will not affect your application for a home rehabilitation loan.
The US Dept of Housing and Urban Development requires that programs utilizing
rehabilitation funds compile certain information for statistical purposes only.
We request it in order to determine how well we serve all parts of the community and to guard against discrimination.*

APPLICANT

[I choose not to respond: _____]

Ethnicity: *(select only one)*

Hispanic or Latino Not Hispanic or Latino

Race: *(select one or more)*

White American Indian or Alaska Native Asian

Black or African American Native Hawaiian or Other Pacific Islander

Marital Status:

Single Married Divorced Domestic Partner

Handicapped/Disabled:

Yes No

Female Head of Household:

Yes No

Age: _____

CO-APPLICANT

[I choose not to respond: _____]

Ethnicity: *(select only one)*

Hispanic or Latino Not Hispanic or Latino

Race: *(select one or more)*

White American Indian or Alaska Native Asian

Black or African American Native Hawaiian or Other Pacific Islander

Marital Status:

Single Married Divorced Domestic Partner

Handicapped/Disabled:

Yes No

Female Head of Household:

Yes No

Age: _____

Please return this form with your application.

CHECKLIST OF REQUIRED ATTACHMENTS

Please include all of the following document copies.
We will not be able to process your loan without this information.

- 1. Copies of two recent paychecks and/or copies of monthly benefit payments.
- 2. Copy of most recent bank statement.
- 3. Copy of mortgage, deed, or real estate contract.
- 4. Copy of mortgage payment information.
- 5. Copy of homeowner's insurance policy, declarations page.
- 6. Complete copy of last year's income tax return with all attachments.

CHECKLIST OF REQUIRED VERIFICATION FORMS

Please return these signed, dated forms with your application.

Please complete only the top section (*above the dotted line ONLY*) on each Verification Form.

On the "TO" lines: enter the name and mailing address of employer, benefits payer, lender or banker.

On the "RE" line: enter your name and personal identification, loan or account number(s).

If you need more forms (as for 2 jobs, 2 banks), please contact us at (360) 753-8436.

Or, you may make additional copies of any blank form you need.

Be sure to sign and date each form. Your original signature must be on each completed form.

- 7. Authorization for Release of information (Leave "To" Section Blank.)
- 8. Verification of Employment
- 9. Verification of Benefits
- 10. Mortgage Data Verification
- 11. Deposit Accounts of Applicant(s) Verification

<p>If you have any questions about any of the attachments or verification forms; or if you need additional copies of any of the verification forms, please contact us at (360) 753-8436.</p>
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