

HOUSING REHABILITATION LOAN PROGRAM APPLICATION



Equal Housing
Opportunity

APPLICANT(S) _____
 PROPERTY ADDRESS _____
 MAILING ADDRESS (IF DIFFERENT) _____ PHONE _____

HOUSEHOLD MEMBERS NAME	AGE	HOUSEHOLD MEMBERS NAME	AGE
1.		5.	
2.		6.	
3.		7.	
4.		8.	

PROPERTY INFORMATION

TAX ACCT# _____ FIRE INSURANCE COMPANY/AMOUNT _____
 LENDER _____ AGE OF STRUCTURE _____
 ASSESSED VALUE _____ PROPOSED REHABILITATION WORK _____
 FIRST MORTGAGE/LIEN _____
 SECOND MORTGAGE _____
 OTHER LIENS/JUDGEMENTS _____
 TOTAL LIENS _____

ANNUAL HOUSEHOLD INCOME (Members 18 and older)

INCOME SOURCE	APPLICANT	CO-APPLICANT	OTHER	VERIFICATION
WAGES				
SOCIAL SECURITY				
UNEMPLOYMENT				
WELFARE				
PENSION				
CHILD SUPPORT/ALIMONY				
INTEREST/DIVIDENDS				
OTHER				
TOTAL				
TOTAL HOUSEHOLD INCOME				

Head of Household

Racial/Ethnic _____ Gender _____ Household Income is below HUD income limits _____
 ___ White, not Hispanic ___ Female ___ yes ___ no _____
 ___ Black, not Hispanic ___ Male _____ approved by: _____
 ___ Hispanic
 ___ Asian or Pacific Islander
 ___ American Indian/ Alaskan Native

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

THE APPLICANT CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF THE APPLICANT'S KNOWLEDGE AND BELIEF.

DATE SIGNATURE

DATE SIGNATURE

IMPORTANT: PLEASE INCLUDE A COPY OF YOUR MOST RECENT FEDERAL TAX RETURN.

RETURN TO: CHARLIE AMBERSON
 MID-WILLAMETTE VALLEY COUNCIL OF GOVERNMENTS
 105 HIGH STREET SE
 SALEM, OR 97301 PHONE: (503) 588-6177
 NMLS 342460