

# Housing Rehabilitation Revolving Loan Fund Application



## 1. APPLICANT INFORMATION

ADDRESS OF RESIDENCE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

### Applicant

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Gross Monthly Income: \$ \_\_\_\_\_

Additional Source of Income: \_\_\_\_\_

Monthly Amount: \$ \_\_\_\_\_

### Co-Applicant

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Gross Monthly Income: \$ \_\_\_\_\_

Additional Source of Income: \_\_\_\_\_

Monthly Amount: \$ \_\_\_\_\_

## 2. HOUSEHOLD COMPOSITION

\_\_\_\_\_ Total # of Persons Living at Residence

\_\_\_\_\_ # Age 18 and older

\_\_\_\_\_ # Age 17 or younger

GROSS MONTHLY INCOME OF HOUSEHOLDERS OVER 18 (not including Applicant or Co-Applicant)

Name: \_\_\_\_\_

Monthly Income: \$ \_\_\_\_\_

Source: \_\_\_\_\_

Name: \_\_\_\_\_

Monthly Income: \$ \_\_\_\_\_

Source: \_\_\_\_\_

## 3. HOME OWNERSHIP INFORMATION

_____ Mortgage Financial Institution	\$ _____ Current Balance	\$ _____ Monthly Payment
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_____ Mortgage Financial Institution	\$ _____ Current Balance	\$ _____ Monthly Payment
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## 4. FINANCIAL INFORMATION

Checking Account Financial Institution: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

Savings Account Financial Institution: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

Additional Account Financial Institution: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

Additional Account Financial Institution: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

## 5. OTHER DEBTS

### Loans

_____	\$ _____	_____	\$ _____
Financial Institution	Current Balance	Purpose	Monthly Payment
_____	\$ _____	_____	\$ _____
Financial Institution	Current Balance	Purpose	Monthly Payment

### Credit Cards

_____	\$ _____	\$ _____
Credit Card	Current Balance	Monthly Payment
_____	\$ _____	\$ _____
Credit Card	Current Balance	Monthly Payment

### Additional Debts

_____	\$ _____	_____	\$ _____
Debtor	Current Balance	Purpose	Monthly Payment
_____	\$ _____	_____	\$ _____
Debtor	Current Balance	Purpose	Monthly Payment

## 6. LOAN REQUEST INFORMATION

Describe the Nature of the Improvements: \_\_\_\_\_  
\_\_\_\_\_

Cost Estimate #1: \$ \_\_\_\_\_ Contractor: \_\_\_\_\_

Cost Estimate #2: \$ \_\_\_\_\_ Contractor: \_\_\_\_\_

## 7. APPLICATION SIGNATURES AND REQUIRED ATTACHMENTS

I/We certify that the information given in this application is true and correct to the best of my/our knowledge. I/We understand that an intentional misrepresentation of information may disqualify me/us from obtaining assistance under the Housing Rehabilitation program. I/We authorize the City of Algona to keep this application whether approved or not. I/We authorize the City of Algona to check my/our credit and employment history, to have a consumer credit report prepared on me/us for the purposes of evaluation this application and to answer questions about my/our credit record. I/We understand that I/We must update credit information at your request or if my/our financial condition changes. I/We agree to the terms of the program as defined in the Housing Rehabilitation Program Administrative Guidelines.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

**Applications must include the following attachments, or they will not be processed.**

- Copy of most recent income tax statements (for all persons in household age 18+)
- Pay stubs from past month, letters from employers, or federal award letters to verify income (for all persons in household age 18+)
- Bids/cost estimates from two contractors and/or suppliers
- Copy of a credit report from a national credit bureau