

OWNER-OCCUPIED HOUSING REHABILITATION PRE-APPLICATION

DATE: _____

Applicant: _____ SSN: _____ <small style="margin-left: 100px;">First</small> <small style="margin-left: 150px;">Middle</small> <small style="margin-left: 150px;">Last</small>		
Date of Birth: _____ Home Phone #: (____) ____-____ <small style="margin-left: 100px;">Month</small> <small style="margin-left: 150px;">Day</small> <small style="margin-left: 150px;">Year</small>		
<input type="checkbox"/> 62 Years or Older <input type="checkbox"/> Female Head of Household <input type="checkbox"/> Disabled Work Phone #: (____) ____-____		
<input type="checkbox"/> 62 Years or Older <input type="checkbox"/> Female Head of Household <input type="checkbox"/> Disabled Cell Phone #: (____) ____-____		
Co-Applicant: _____ SSN: _____ <small style="margin-left: 100px;">First</small> <small style="margin-left: 150px;">Middle</small> <small style="margin-left: 150px;">Last</small>		
Date of Birth: _____ Work Phone #: (____) ____-____ <small style="margin-left: 100px;">Month</small> <small style="margin-left: 150px;">Day</small> <small style="margin-left: 150px;">Year</small>		
<input type="checkbox"/> 62 Years or Older <input type="checkbox"/> Female Head of Household <input type="checkbox"/> Disabled Cell Phone #: (____) ____-____		
Street Address: _____ Home is <input type="checkbox"/> in City Limits <input type="checkbox"/> Rural		
Mailing Address: _____		
City, State, Zip: _____ County: _____		

1. If you are interested in applying for a low-interest loan/forgivable loan in order to rehabilitate or improve your home, please fill out the following questions. Please refer to the income guideline table below to estimate whether, within the last twelve months, the total income, including Social Security, of all members of your family was above or below the dollar figure shown for your family size. Please circle either ABOVE or BELOW in the column that represents your household size. (An unrelated person living in your household should be considered a separate, one-person family.) Please mark the response that is most applicable.

Circle number in row 1 below that represents how many people live in your household. Then, circle either ABOVE or BELOW, within that column to represent your household gross income:

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
ABOVE	ABOVE	ABOVE	ABOVE	ABOVE	ABOVE	ABOVE	ABOVE
\$39,200	\$44,800	\$50,400	\$56,000	\$60,500	\$65,000	\$69,450	\$73,950
BELOW	BELOW	BELOW	BELOW	BELOW	BELOW	BELOW	BELOW

Income Thresholds Effective 4-24-19

Please complete the back side of this pre-application also.

2. Homeowner pays 50% or more of income on housing costs (includes mortgage, taxes, insurance & utilities): Yes No
3. Home size in sq. feet: < 1000 1000-2000 2000+ Unknown
4. Number of Bedrooms: 1 2 3 4 5+
5. Number of bathrooms: 0 1 2 3 4+
6. Extent to which home is in need of repair: Severe Major Moderate Minimal
7. Is your home in need of any improvements to make it handicap accessible? Yes No

If yes, please describe: _____

8. Please list the major deficiencies of your property that you wish to repair:

1. _____ 2. _____
 3. _____ 4. _____

9. Information for Government Monitoring Purposes

The following information is requested 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, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate on the basis of this information, whether you choose to furnish it. **If you furnish the information, please provide both ethnicity and race.** For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

BORROWER	CO-BORROWER
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native & Black African American <input type="checkbox"/> Other Multi-Racial	Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native & Black African American <input type="checkbox"/> Other Multi-Racial
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male