City of Bloomington
Housing & Neighborhood Development
Department

Showers City Hall, Room 130
401 N. Morton Street
P.O. Box 100
Bloomington, IN 47402
(812) 349-3401

Owner-Occupied Rehabilitation Application

Checklist:

- o Completed application, signature(s), and dated
- o Authority to Verify Credit Information signature(s), social security number, and dated.
- o Verification of Mortgage or Loan, completed Part I and Part II
- o Verification of Employment, completed Part I and Part II
- o Verification of Deposits, completed Part I and Part II
- o Verification of Public Assistance, completed Part I and Part II
- o Copy of Deed
- o Copy of Homeowners Insurance Policy
- o Tax forms from past year, both Federal and State with all attachments
- o Last two months payroll check stubs from each applicant
- o Most recent bank statement from all bank accounts
- o Proof of mortgage
- o Current electric bill
- o Current gas bill

Owner-Occupied Rehabilitation Loan Application

The information collected below will be used to determine whether you qualify as a borrower under the Owner-Occupied Rehabilitation Loan Program. It will not be disclosed outside of the Housing and Neighborhood Development Department without your consent except to those persons or entities for the verifications attached to this application, and as required and permitted by law. You do not have to provide information, but if you do not, your application for a loan may be delayed or rejected.

Applicant Information:		
Applicant's Name (Last) (First) (MI)		Home Phone ( )
Address (include Zip Code):		Number of Years Owned :
Name and Address of Employer:		Self-Employed? o Yes o No
Business Phone No. ( )	No. of Yrs. on Job:	Yrs. in this line of work:
Name and Address of Previous Employer (if less than 2 yrs.)	No. of Yrs. on Job	Business Phone: ( )
Co-Applicant Information:		
Applicant's Name (Last) (First) (MI)		Home Phone ( )
Address (include Zip Code):		Number of Years Owned :
Name and Address of Employer:		Self-Employed? o Yes o No
Business Phone No. ( )	No. of Yrs. on Job:	Yrs. in this line of work:
Name and Address of Previous Employer (if less than 2 yrs.)	No. of Yrs. on Job	Business Phone: ( )

Household Members:

Name	Age	Race	Social Security No.

For Official Use Only:

Assigned to: _____
Action taken: _____ Approved _____ Provisionally Approved _____Rejected
Comments: _____

Annual Income:				
Source	Applicant	Co-Applicant	Other Household Member 18 or Older	Total
Salary				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest and/or Dividends				
Net Income from Businesses				
Net Rental Income				
Social Security				
Pensions, Retirement Funds, etc.				
Unemployment Benefits				
Workers Compensation, etc.				
Alimony, Child Support				
Welfare Payments				
Other				
Total				
Assets:				
Type	Cash Value	Annual Income from Assets	Bank Name	Account No.
Checking Account(s)				
Savings Account(s)				
Stocks				
Life Insurance				
Other: (Describe)				
Home:				
Estimated Value:				
Mortgage Balance:				

Liabilities: (List outstanding obligations (your debts) including auto loans, credit cards, charge accounts, credit union loans, personal loans, real estate loans (except the house you live in), and all other loans.)

Type	Creditor's Name	Monthly Payment	Unpaid Balance	Due Date

Monthly Alimony $ _____ Monthly Child Support $ _____ Monthly Child Care $ _____

Do you have deferred student loans? o Yes o No Amount: $_____

When does the deferral period end: _____

(Month/Year)

If a "Yes" answer is given to any question below please explain on attached sheet:

1. Do you have any outstanding unpaid judgements? o Yes o No Amount $ _____
2. In the past 7 years, have you declared bankruptcy? o Yes o No
3. Are you a party to a lawsuit? o Yes o No

Date of home purchase: _____ Amount owed on mortgage: $ _____

Monthly Housing Expense:

Item	Monthly Payment	Unpaid Principal Balance	Balloon Payment o Yes o No	Amount Balloon $ _____	Date Due
a. First Mortgage (P&I)	$	$	Describe any special circumstances relative to your housing or its financing:		
b. Other financing secured by property:	$	$			
c. Hazard & Flood Insurance	$	$			
d. Real Estate Taxes	$	$			
e. Other (specify)	$	$			
f. Water	$	$			
g. Gas	$	$			
h. Electric	$	$			
i. Total	$	$			

The information provided above is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification.

_____ _____

Applicant Date

_____ _____

Co-Applicant Date

Authority to Verify Credit Information

This is your authority to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make any other inquiries pertaining to my qualification for a mortgage loan from you. You may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected.

_____		_____
Applicant	Date	Social Security Number
_____		_____
Co-Applicant	Date	Social Security Number

Verification of Mortgage or Loan

The applicant identified below has applied for an Owner-Occupied Rehabilitation Loan. The applicant has authorized Housing and Neighborhood Development, City of Bloomington, to obtain verification of the status of this mortgage/loan on the property from you. This information will be kept strictly confidential and is for use by this Department and the US Department of Housing and Urban Development. Please furnish the information requested below and return it to HAND in the enclosed self-addressed, stamped envelope. If you have any questions, please call Dan Niederman at 812-349-3512. Thank you for your cooperation.

Part I. Applicant Information (To be completed by applicant)

Name of Applicant: _____

Address of Applicant: _____

_____

Mortgage/Loan Acct. #: _____

Part II. Lender Information (To be completed by applicant)

Name of Lender: _____

Address of Lender: _____

_____

Part III. Mortgage/Loan Information (To be completed by lender)

Date of Mortgage/Loan: _____ Original Principal Amount: _____

Date of Maturity: _____ Current Principal Amount: _____

Monthly Payment:

Principal and Interest: _____

Mortgage Insurance: _____

Real Estate Tax Escrow: _____

Hazard Insurance Escrow: _____

Other (_____): _____

Total Monthly Payment: _____

Are the payments current? _____. If no, amount in arrears: $_____ and period of arrears: _____.

Prepayment penalty: $ _____

Completed by:

Name: _____

Title: _____

Signature: _____

Date: _____

Tele. No.: _____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Verification of Employment

The applicant identified below has applied for loan through the Housing and Neighborhood Development Department, City of Bloomington. The individual has authorized your release of the required information. The information you provide will be used only for the purposes of determining eligibility for the loan. We are required to complete our verification process in a short time period and would appreciate your prompt response. A self-addressed envelope has been included for your convenience. If you have any questions, please feel free to contact Dan Niederman, Program Manager at 812-349-3512. Thank you.

Part I. Applicant Information (To be completed by applicant)

Name of Applicant _____

Address of Applicant _____

_____

Part II. Employer Information (To be completed by applicant)

Name of Employer _____

Address of Employer _____

_____

Part III. Employment Information (To be completed by employer)

1. Date of Employment: _____ Position/Occupation: _____
2. Date of Termination (if applicable): _____
3. Current Rate of Regular Pay $_____ per _____ (hour, week, month, year, etc.)
4. Current Rate of Overtime Pay $_____ per _____ (hour, week, month, year, etc.)
5. Do you anticipate any change in the employee rate of pay in the near future?
   o Yes o No. If yes: Revised Rate _____ Effective Date _____
6. Number of hours/weeks employee normally works _____
7. Do you anticipate any change in the number of hours the employee works: o Yes o No
   If yes, explain under #14 below.
8. Anticipated average amount of overtime/week _____
9. Gross **annual** earnings you anticipate for this employee for the next twelve months.
   (Gross amount including all tips, bonuses, overtime, commissions) $_____
10. Does this employee receive vacation with pay? o Yes o No
11. Does this employee receive sick leave pay? o Yes o No
12. If the employee's work is seasonal or sporadic, indicate lay-off periods: _____
13. Does this employee receive an earned income tax credit? o Yes o No
14. Additional Comments:_____

    _____

Completed by:

Name: _____

Title: _____

Signature: _____

Date: _____

Tele. No.: _____

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Verification of Employment

The applicant identified below has applied for loan through the Housing and Neighborhood Development Department, City of Bloomington. The individual has authorized your release of the required information. The information you provide will be used only for the purposes of determining eligibility for the loan. We are required to complete our verification process in a short time period and would appreciate your prompt response. A self-addressed envelope has been included for your convenience. If you have any questions, please feel free to contact Dan Niederman, Program Manager at 812-349-3512. Thank you.

Part I. Applicant Information (To be completed by applicant)

Name of Applicant _____

Address of Applicant _____

_____

Part II. Employer Information (To be completed by applicant)

Name of Employer _____

Address of Employer _____

_____

Part III. Employment Information (To be completed by employer)

1. Date of Employment: _____ Position/Occupation: _____

10. Date of Termination (if applicable): _____

11. Current Rate of Regular Pay $_____ per _____ (hour, week, month, year, etc.)

12. Current Rate of Overtime Pay $_____ per _____ (hour, week, month, year, etc.)

13. Do you anticipate any change in the employee rate of pay in the near future?
o Yes o No. If yes: Revised Rate _____ Effective Date _____

14. Number of hours/weeks employee normally works _____

15. Do you anticipate any change in the number of hours the employee works: o Yes o No
If yes, explain under #14 below.

16. Anticipated average amount of overtime/week _____

17. Gross **annual** earnings you anticipate for this employee for the next twelve months.
(Gross amount including all tips, bonuses, overtime, commissions) $_____

10. Does this employee receive vacation with pay? o Yes o No

11. Does this employee receive sick leave pay? o Yes o No

13. If the employee's work is seasonal or sporadic, indicate lay-off periods: _____

13. Does this employee receive an earned income tax credit? o Yes o No

15. Additional Comments:_____

_____

Completed by: Name: _____

Title: _____

Signature: _____

Date: _____

Tele. No.: _____

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Verification of Deposits

The applicant identified below has applied for a loan with the Housing and Neighborhood Development Department, City of Bloomington. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. A self-addressed envelope has been included for your convenience. If you have any questions, please feel free to contact Dan Niederman, Program Manager, at 812-349-3512. Thank you.

Part I. Applicant Information (To be completed by applicant)

Name of Applicant: _____ SSN:_____

Address of Applicant: _____

_____

Part II. Bank Information (To be completed by applicant)

Name of Bank: _____

Address of Bank: _____

_____

Part III. Deposit Information (To be completed by institution)

Checking Account

Account Number(s)	Average 6-Month Balance ($)
	$
	$

Is this an interest bearing account? o Yes o No

If yes, annual interest rate _____%

Savings Account

Account Number(s)	Present Account Balance(s)	Annual Interest Rate	Withdrawal Penalty
	$	%	
	$	%	

Certificate of Deposit

Account Number(s)	Present Account Balance(s)	Annual Interest Rate	Withdrawal Penalty
	$	%	
	$	%	

Trust

Value of Trust Fund Administered: $ _____

Anticipated Amount of Income to be Earned by Trust over next 12 Months: $ _____

Completed by: Name: _____

Title: _____

Signature: _____

Date: _____

Tele. No.: _____

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Verification of Deposits

The applicant identified below has applied for a loan with the Housing and Neighborhood Development Department, City of Bloomington. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. A self-addressed envelope has been included for your convenience. If you have any questions, please feel free to contact Dan Niederman, Program Manager, at 812-349-3512. Thank you.

Part I. Applicant Information (To be completed by applicant)

Name of Applicant: _____ SSN:_____

Address of Applicant: _____

_____

Part II. Bank Information (To be completed by applicant)

Name of Bank: _____

Address of Bank: _____

_____

Part III. Deposit Information (To be completed by institution)

Checking Account

Account Number(s)	Average 6-Month Balance ($)
	$
	$

Is this an interest bearing account? o Yes o No

If yes, annual interest rate _____%

Savings Account

Account Number(s)	Present Account Balance(s)	Annual Interest Rate	Withdrawal Penalty
	$	%	
	$	%	

Certificate of Deposit

Account Number(s)	Present Account Balance(s)	Annual Interest Rate	Withdrawal Penalty
	$	%	
	$	%	

Trust

Value of Trust Fund Administered: $ _____

Anticipated Amount of Income to be Earned by Trust over next 12 Months: $ _____

Completed by: Name: _____

Title: _____

Signature: _____

Date: _____

Tele. No.: _____

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Verification of Public Assistance

The applicant identified below has applied for a loan through the Housing and Neighborhood Development Department, City of Bloomington. The individual has authorized your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for this loan. We are required to complete our verification process in a short time period and would appreciate your prompt response. A self-addressed envelope has been included for your convenience. If you have any questions, please feel free to contact Dan Niederman, Program Manager, at 812-349-3512. Thank you.

Part I. Applicant Information (To be completed by applicant)

Name of Applicant: _____ SSN:_____

Address of Applicant: _____

_____

Part II. Agency Information (To be completed by applicant)

Name of Source: _____

Address of Source: _____

_____

Part III. Public Assistance Information (To be completed by Agency)

Client Name: _____ Client No.: _____

Monthly Payments from this Agency:

AFDC $_____

General Assistance $_____

Other (Specify) _____ $_____

_____ $_____

Total Amount Received Monthly: $_____

Start Date: _____

Closing Date: _____

Do you expect any change in payments in the near future? o Yes o No

If yes, please explain.

Additional Comments: (e.g., any special situations, etc.)

Completed by: Name: _____

Title: _____

Signature: _____

Date: _____

Tele. No.: _____

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