

# HOUSING REHABILITATION LOAN PROGRAM APPLICATION



APPLICANT(S) \_\_\_\_\_  
 PROPERTY ADDRESS \_\_\_\_\_  
 MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_

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 \_\_\_\_\_  
 ASSESSED VALUE \_\_\_\_\_ AGE OF STRUCTURE \_\_\_\_\_  
 FIRST MORTGAGE/LIEN \_\_\_\_\_ PROPOSED REHABILITATION WORK \_\_\_\_\_  
 SECOND MORTGAGE \_\_\_\_\_  
 OTHER LIENS/JUDGMENTS \_\_\_\_\_  
 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

RACE/ETHNICITY  
 WHITE, NOT HISPANIC  
 BLACK, NOT HISPANIC  
 HISPANIC  
 ASIAN OR PACIFIC ISLANDER  
 AMERICAN INDIAN/ ALASKAN NATIVE

GENDER  
 FEMALE  
 MALE

HOUSEHOLD INCOME BELOW HUD INCOME LIMITS  
 YES  
 NO

APPROVED BY: \_\_\_\_\_

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**

## RETURN TO:

MID-WILLAMETTE VALLEY COUNCIL OF GOVERNMENTS  
 100 HIGH ST SE, SUITE 200  
 SALEM, OREGON 97301  
 PHONE: 503.588.1640