

COLLEGE STATION COMMUNITY DEVELOPMENT APPLICATION FOR HOUSING REHABILITATION PROGRAM OR HOUSING RECONSTRUCTION LOAN PROGRAM

1.	<u>R(</u>	<u>)KK</u>	<u>OWER</u>	:

Name	Address				City	Zip	
Social Security #	Driver's License #						
Home Phone	C	ell Phone	E-	E-Mail Address			
Rent	Own		_ Number of Years_		_ Amoun	t of Rent \$	
Unmarried	Married	Separa	itedWi	dowed	Femal	e Headed Household	
Name of Employer_			Ac	ldress			
Position			Years on Job		Work Pho	one	
Salary: \$	per hour	Hours work	ked weekly:	OR A	nnual Sala	ry: \$	
2. CO-BORRO	<u>OWER</u> :						
Name		Addres	S		City	Zip	
Social Security #			Driver's I	License #			
Home Phone	C	ell Phone	E-	Mail Address	<u> </u>		
Rent	Own		_ Number of Years		_ Amour	nt of Rent \$	
Unmarried	_Married	Separa	itedWi	dowed	Femal	e Headed Household	
Name of Employer_			Ac	ldress			
Position			Years on Job		Work Pho	one	
Salary: \$	per hour	Hours work	ked weekly:	OR A	nnual Sala	ry: \$	
3. HOUSEHO	LD INFORM	IATION: Li	st all persons living i	n your house	hold, inclu	nding yourself first.	
Last Name	Fir	st Name	Relationship	Date of Birth	Sex	Social Security Number	

Household Member	Type of Handicap	Special Housing Needs

INFORMATION ABOUT YOUR HOME: Complete the information below as fully as possible. It is essential for our record keeping and it may affect what kind of work is done on your house.

Year Constructed	Number of Years You Have Lived There	Number of Bedrooms	Number of Bathrooms

6. <u>ADDITIONAL INFORMATION ABOUT YOUR HOME</u>:

Have your ever submitted an application in the past to this office for rehabilitation assistance?
If yes, did this office provide you housing rehabilitation assistance?
If not, please explain why:
If yes, what year were the repairs made? How much of the project cost did you pay?
What was the cost of the project? Who was the contractor for the project?
What repairs does your house need now?
What emergency repairs (life or health threatening) are needed?
Would you be able to make these repairs if supplies and materials were furnished?
7. MORTGAGE AND OWNERSHIP:
If you have a mortgage or lien in place, we need a copy of the payment voucher or monthly statement.
First mortgage amount?How much is still owed?
What is the name, address, phone, and account number for your lender?
Second mortgage amount? Monthly payment amount? How much is still owed?
What is the name, address, phone, and account number for your lender?
Are there any other liens on your property? If yes, give holder, amount still owed, and monthly payments:
Do you share title to your property with your spouse, other relatives, or any other individuals?
If yes, please give the names of all other owners:

Name		Source of Income		Annual Amount Received	
Name		Source of Income		Annual Amount Received	
9. <u>ASSETS</u> : List all assets for a gas or oil royalties, rental income, cash	•				
Name		Type of Asset		Value of Asset	
0. THESE QUESTIONS APPL	Y TO B	OTH BORROWER &	& CO-BORROWI	E <u>R</u>	
Yes () No * Do you have any ou	tstanding	judgements?			
Yes () No * In the last 7 years, h	ave you d	eclared bankruptcy?			
Yes () No * Have you had real p	roperty fo	preclosed upon or volu	ntarily given real p	roperty back to the seller?	
Yes () No * Are you a co-signer		_	J & 1	1 3	
. , , , ,		er on a note:			
() Yes () No * Are you a party in a					
Yes () No * Are you obligated to	pay alim	ony, child support or s	separate maintenan	ce?	
TO (ATTECH)					
If a "YES" answer is given to any qu	iestion, p	lease explain: (If mo	re room is needed	please attach an extra sheet	
11. LIABILITIES AND DEBTS child support, personal and real estate					
utilities.	ioans, im	ance companies, and a	ny omer monuny i	manciai oongadon, excluding	
		Account #	Monthly Pa	yment Total Owed	
Creditor/Address					

COLLECTION POLICIES FOR CONSUMER DEBTS:

The City of College Station is authorized by law to take any or all of the following actions in the event of any questionable information given.

- Report your name and account information to the credit bureau.
- Assess additional interest and penalty charges for the period of time that payment is not made.
- Assess charges to cover additional administrative costs incurred by the City to service your account.
- Offset amounts owed to you under other City programs.
- Refer your account and application to a private collection agency to collect the amount due.
- Refer your account and application for litigation in the courts.
- Refer your debt and application to the Internal Revenue Service for offset against any amount owed to you as income
 tax refund.
- Report any written off debt to the Internal Revenue Service as taxable income.

All of these actions can and will be used to recover any debts owed when it is determined to be in the interest of the City to do so.

ADDITIONAL INFORMATION:

- 1. You must provide copies of the Social Security Cards for all household members (copy the front and back of each card).
- 2. Borrower and Co-Borrower, if applicable, must present Driver's License when application is presented.
- 3. You must provide a copy of the last two months' paycheck stubs.
- 4. You must provide copies of your last six months bank statements for all accounts (except retirement or pensions).
- 5. If you pay or receive child support or alimony, you must provide a copy of the divorce decree.
- 6. If you are self-employed, an independent contractor, or a commissioned salesperson, you must provide income tax returns and bank deposit statements for the previous two years in addition to your current Verification Of Employment form.
- 7. You must provide a copy of the most recent deed or title report, if available.
- 8. You must provide a copy of Homeowner's Hazard Insurance Policy.
- 9. There is a one time application fee of \$30.

<u>INFORMATION FOR GOVERNMENT MONITORING PURPOSES</u>:

Borrower: (Select one) ☐ American Citizen ☐ U.S. Non-Citizen National ☐ Qualified Alien		Co-Borrower: (Select one) American Citizen U.S. Non-Citizen National Qualified Alien	
1.) Ethnicity (Select one) Is your ethnicity: ☐ Hispanic or Latino or ☐ Not Hispanic or Latino	I [Not Hispanic or Latino	
2.) Race (Select one) Is your race: American Indian or Alaskan Black or African American Native Hawaiian or other Pacific Islander White American Indian or Alaskan & White Asian and White Black or African American & White American Indian or Alaskan & Black or African American Race combination not included in above cate AGREEMENT: The undersigned applies for the loan indicated in property herein, and represents that the property statements made in this application are true and a obtained from any source named in this application is not granted.	gories this application t will not be used fre made for the p	Asian Black or African American Native Hawaiian or other Pacific Islander White American Indian or Alaskan & White Asian and White Black or African American & White American Indian or Alaskan & Black or African American Race combination not included in above or observed by a mortgage or deed of trust of or any illegal or restricted purpose, and that a	categories on the all ay be
<u>CERTIFICATION</u> : Under the penalties of perjury, I/We certify that t form are true, correct and complete.	he Social Securit	y Number(s) and other information provided	on this
I/We fully understand that it is a federal crime pu statements concerning any of the above facts as a			
I have read and I understand the actions the City accordance with the terms and conditions of my a information regarding my income and eligibility. Station to obtain and review any and all information	ngreement. I also for the program.	agree that I have provided accurate and com In addition, I give permission for the City of	plete
offense to make willful t any Department or Agen	false stateme acy of the Un	NG 6. Code makes it a criminal ents or misrepresentations to ited States Government as to s jurisdiction.	
Borrower's Signature	Date (Co-Borrower's Signature	Date