Commerce City Housing Authority Housing Rehabilitation Program 7887 E. 60th Avenue

Commerce City, CO 80022-4199

INTERVIEW DATE:

] Asian AND Caucasian

AND Caucasian

] Black/African American

Sex: [] Male [] Female

303.289.3696



Sex: [] Male [] Female

[] Black/African American

AND Caucasian

LOAN APPLICATION

CENSUS TRACT:

PLEASE PRINT OR TYPE **CO-BORROWER BORROWER** Name: Name: No. of Years ____ Present Address No. of Years _____ Present Address Street:_ Street: City/State/ZIP___ City/State/ZIP___ Former Address Former Address Street: Street:_ City/State/ZIP___ City/State/ZIP Years at Former Address_____ []Own []Rent Years at Former Address____ []Own []Rent Name and Address of Current Employer: Name and Address of Current Employer: Position/Title: Position/Title:___ [] Self Employed [] Self Employed Years on the job: ___ Years on the job: ____ Social Security Number:____ Social Security Number:___ Home Phone: Home Phone: Work Phone: Work Phone: Cell Phone:__ Cell Phone:_ Date of Birth: Date of Birth: [] Married [] Separated [] Separated [] Married Marital Status: Marital Status: [] Unmarried (include Single, Divorced or Widowed) [] Unmarried (include Single, Divorced or Widowed) Nearest Relative not living with you: Nearest Relative not living with you: Name: Street: Street: City/State/ZIP:__ City/State/ZIP: Relationship: Relationship:___ **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 and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this lender is required to note race, ethnicity and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. Borrower: [] I do not wish to furnish this information. Co-Borrower: [] I do not wish to furnish this information. Race: [] American Indian or Alaskan Native AND Alaskan Native Alaskan Native AND Alaskan Native Black/African American Native Hawaiian or other Black/African American Native Hawaiian or other Pacific Islander [] Other (specify) ___ Pacific Islander [] Other (specify) ___] Black/African American l Black/African American 1 Caucasian 1 Caucasian 1 Asian 1 Asian] American Indian or Ethnicity: [] Hispanic] American Indian or Ethnicity: [] Hispanic Alaskan Native AND Alaskan Native AND [] Non-Hispanic [] Non-Hispanic Caucasian Caucasian] Asian AND Caucasian

GROSS MONTHLY INCOME

| Base Empl. Income\$ Co-Borro | | First Mortgage Second Mortgage | \$ | | |
|---|---------------------------------|--|-----------------|--|--|
| Overtime | · | Other | | | |
| Bonuses | | Homeowners Insurance Real Estate Taxes | | | |
| Dividends/Interest | | Association Dues | | | |
| Net Rental Income Child Spt/Alimony | | Other | | | |
| Social Security/SSI | | | | | |
| Veterans Benefits | | Total Monthly Payment | \$ | | |
| Retirement/Pension | | Utilities: Water/Sewer | | | |
| TANF/OAP | | Gas/Electric Trash | | | |
| Other | | TOTAL | \$ | | |
| | | | | | |
| TOTAL \$ \$ | \$ | CREDITOR INFORMATION Show names of creditors for installment d | ebts (include | | |
| | | "revolving" charge accounts) | cots (morado | | |
| BANKING INFORMATION | | - | | | |
| Show names of institutions for checking and savin | igs accounts | 1. Company | | | |
| 1 | \$ | Pmt \$ Unpaid Balance S | 6 | | |
| | [] Checking | Supara Barance (| | | |
| Address | | Months left to pay: | | | |
| City. | [] Other | 2.6 | | | |
| City | | 2. Company | | | |
| Account No. | _ | Pmt \$ Unpaid Balance S | S | | |
| 2 | | Months left to pay: | | | |
| Address | [] Checking _ [] Savings | 3. Company | | | |
| City | [] Other | Pmt \$ Unpaid Balance S | | | |
| Account No. | | • | · | | |
| | | Months left to pay: | | | |
| 3 | [] Checking | 4. Company | | | |
| Address | _ [] Savings [] Other | Pmt \$ Unpaid Balance S | 5 | | |
| City | | Months left to pay: | | | |
| Account No. | | 5. Company | | | |
| MORTGAGE /REAL ESTATE LOANS | | Pmt \$ Unpaid Balance S | 5 | | |
| 1 | _ Monthly Pmt | Months left to pay: | | | |
| Address | [] PITI or [] PI | | creditors) | | |
| | Est. Balance | (Attach sheet for additional creditors) | | | |
| City | | AUTOMOBILE LOANS | | | |
| Loan No | _ | | | | |
| 2 | Monthly Pmt [] PITI or [] PI | 1. Company | | | |
| Address | \$ | Pmt \$ Unpaid Balance \$ | | | |
| City | Est. Balance | Months left to pay: | | | |
| Loan No | _ | 2. Company | | | |
| 3 | _ Monthly Pmt | Pmt \$ Unpaid Balance \$ | | | |
| Address | [] PITI or [] PI | Months left to pay: | | | |
| | Est. Balance | | | | |
| City | | ALIMONY/CHILD SUPPORT PA | YMENTS | | |
| Loan No | _ | Owed to: | | | |
| | | Monthly Pmt: \$ Months lef | t to pay: | | |
| T YOU | OF DDEVIOUS OP | EDIT DESEDENCES | | | |
| | OF PREVIOUS CRI | EDIT REFERENCES | | | |
| ditor's Name & Address | | Acct. No. | Highest Balance | | |
| | | \$ | | | |
| | | \$ | | | |
| | | • | | | |
| | | 4 | | | |

MONTHLY HOUSING EXPENSES

| If a "yes" answer is given to a question in this section, explain on a | n attached sheet. | Borrower Yes or No | Co-Borrower Yes or No | |
|---|--------------------|-----------------------|--------------------------|-----|
| Do you have any outstanding judgements? Have you declared bankruptcy in the last 7 years? Have you had property foreclosed upon or give title or deed in lieu Are you a co-maker or endorser on a note for someone else? Are you a party in a law suit? | thereof? | | | |
| List all persons living in the Borrower's household (list additional n | nembers on a separ | rate sheet). | | |
| Name | Relationship (| to Borrow | Sex | Age |
| 1, | | | | |
| 2 | | | | |
| 3. 4. | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| SUBJECT PROPERTY | | | | |
| Property Address: | | No. of Units | Year Built | |
| Legal Description (as shown on deed) | | | | |
| Homeowner's Insurance Carrier: | | Agent | | |
| Mailing Address | | | | |
| Policy Number | Pl | none | | |
| Amount of Coverage on Dwelling \$ | | | | |
| What amount are you requesting to borrow? | \$ | | | |
| What amount do you feel you can pay monthly for this loan? | \$ | | | |
| Estimated current value of the property | \$ | | | |
| What types of home improvements or repairs are you planning to co | omplete? | | | |
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AGREEMENT

The undersigned applies for the loan indicated pursuant to the Commerce City Housing Authority's (CCHA) Housing Rehabilitation Program (the Program) to be secured by a deed of trust on the property described herein, and represents that the property will not be used for any illegal or restricted purposes.

The undersigned understand that this application will cause a physical inspection of the property. The inspection is intended to reveal conditions that might be considered imminent hazards and the undersigned agree to correct those hazards with the proceeds of this loan.

The undersigned understand that the proceeds of the loan can only be used to improve the conditions of the property and the property will meet or exceed the Housing Quality Standards as defined by the United States Department of Housing and Urban Development (HUD) if applicable.

The undersigned understand that fees and costs incurred in processing the loan (filing, credit check, title insurance, appraisal, etc.) will be incorporated as part of the principal unless they are paid prior to closing.

The undersigned certify that all statements made in this application, and all information furnished in support of this application, are true and complete and are made for the purpose of obtaining a rehabilitation loan. Verification may be obtained from any source named in this application. The lender will retain the original of this application, even if the loan is not approved.

The undersigned agree to notify the Program, if the loan is approved, if there are any changes in their promissory notes underlying the prior existing mortgages listed on this application.

The undersigned understand that the Program may collect nonpublic personal information from the following sources: 1) information received from your applications or other forms (e.g. name, address, social security number, income, assets and liabilities); 2) information about your transactions with us or others (e.g. account balances, payment history, credit history, parties to a transaction and transaction frequency); and 3) information from a consumer reporting agency (also known as a credit history).

This information and any other nonpublic personal information will be kept in complete confidentiality within the Program and will not be disclosed to third parties not affiliated with the Program except to government entities or other parties when required by law or the loan process. We will **NOT** sell or provide our client lists to telemarketing or independent direct mail companies.

The undersigned $[\]$ intend or $[\]$ do not intend to occupy the property as their primary residence.

The undersigned understand that their names, address, phone numbers and contractor selected may be given to future Housing Rehabilitation loan applicants as references on that contractor. The undersigned is under no obligation to furnish any information to any inquiries. The undersigned understand it is **their** responsibility to check contractor references. Past participation by a contractor in the Program is **NOT** an endorsement of a contractor by the Program or the Commerce City Housing Authority.

The undersigned agree to allow photographs of the interior and exterior of their home before, during and after rehabilitation. No name, address or confidential information will be used with the photographs without the undersigned's consent.

The undersigned understand that it is a federal crime punishable by a fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1014.

The undersigned acknowledge receipt of the EPA "Protect Your Family From Lead In Your Home" booklet and also the HUD "Lead-Based Paint: A Threat to Your Children" flyer and acknowledge having been instructed to read both before any construction begins.

| Borrower's Signature | | | | Co-Borrower's Signature | | | | |
|----------------------|-------|--------|----------|-------------------------|---------|--------|--------|--|
| Date | | | | Date | | | | |
| | | | | am Use Only | | | | |
| 30% | 50% | 80% | Deferred | Pass-Thru | Blended | Sp Pmt | HseRpl | |
| Estimated Equity | y: \$ | : \$ I | | Funding Sources: | | | | |
| Comments: | | | | | | | | |
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