

Application Cover Sheet

Applicant Name	
Applicant Address	
Date of Application	

Thank you for applying to the City of Irving’s Home Rehabilitation Program. To be considered, your household must meet the income guidelines below and your application must contain all supporting documentation at the time of submittal. Upon submittal, you may be asked to provide additional/clarifying information.

Family Size	Maximum Household Income	Family Size	Maximum Household Income
1	\$46,550	5	\$71,850
2	\$53,200	6	\$77,150
3	\$59,850	7	\$82,500
4	\$66,500	8	\$87,800

At minimum, your application must include:

- Completed Application Form with required signatures
- Valid identification with picture for both the applicant and the co-applicant (Driver’s License, Passport, Resident Alien Card, etc.)
- Proof of Citizenship/Legal Residency for every member of the household (Social Security Cards, Alien cards, Passports)
- Copies of birth certificates for all children under the age of 18 who do not have a valid picture ID
- Copy of last three month’s paycheck stubs for all working member of the household, aged 18 or older
- Verification of any other sources of income for all household members-12 month payment history (Social Security, SSI, Self-Employment, Child Support, Alimony, retirement, rental income, unemployment benefits, etc.)
- Complete copies of your most recent bank statements (six consecutive months of all household checking accounts and two consecutive months of all household savings accounts – all pages)
- Last two years of tax returns, including all attachments, for every working member of the household 18 or older (provide last three years if self-employed)
- Divorce Decree, if applicable
- Copy of Deed of Trust or Release of Lien
- Copy of most recent mortgage statement
- Proof of paid property taxes
- Copy of current Homeowner’s Insurance Declaration Page

Office Use	
Date Received	<input type="checkbox"/> Major Systems <input type="checkbox"/> A/C Repair and Replace <input type="checkbox"/> Homeowner Accessibility



Applicant Information

Please submit an application that is COMPLETE and ACCURATE. Failure to provide complete and accurate information may result in denial of assistance. Only complete applications will be accepted.

Applicant Name <i>(Include Jr. or Sr. if applicable)</i>
Social Security Number
Date of Birth
Primary Phone
Alternate Phone
Email Address
Number of Dependents

Co-Applicant Name <i>(Include Jr. or Sr. if Applicable)</i>
Social Security Number
Date of Birth
Primary Phone
Alternate Phone
Email Address
Number of Dependents

Present Address			
Street Address			
City, State		Zip Code	
<input type="checkbox"/> Own?	Number of Years You Have Owned Your Home		
<input type="checkbox"/> Own Solely?	<input type="checkbox"/> Own Jointly?		
<input type="checkbox"/> Rent?	Number of Years You Have Lived in the Home		

Please Explain the Nature of the Requested Repairs

General Information/ Declarations

To be eligible for assistance, you must meet certain criteria. By checking these boxes, you are declaring that you meet these criteria. In some cases, additional information/documentation may be required for eligibility determination.

- The property is your primary residence.
- You have owned and have resided in the property needing repair for at least three consecutive years, and that property is located within the City of Irving.
- If you have previously filed for bankruptcy, it was discharged at least two years before application.
- You are current on all property taxes.
- You possess Homeowner's Insurance.
- The applicant and co-applicant are permanent legal residents or U.S. citizens.
- You have not refinanced in the last year.
- There are no outstanding judgements against you.
- You have not had property foreclosed upon or given title or deed in lieu thereof in the last seven years.
- You have not directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgement.
- You are not presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee. If you have, please provide documentation regarding the delinquency.
- You are not obligated to pay alimony, child support, or separate maintenance. If you are obligated to make these payments, please provide documentation.
- You are not a co-signer or endorser on a note.
- You are not an owner or co-owner on any property other than your primary residence. If you own other property, please provide a copy of the Deed of Trust for that property.
- You do not have a lien, other than mortgage, on the property. If you do, please provide a copy of the deed or contract.



Employment Information

Applicant
<input type="checkbox"/> Self-Employed?
<input type="checkbox"/> Retired?
<input type="checkbox"/> Unemployed?
Employer Business Name
Type of Business
Position/Title
Employer Street Address
Employer City, State, Zip Code
Employer Phone
Employer Fax
Email Address, if Available
How long have you worked at your present job?

Co-Applicant
<input type="checkbox"/> Self-Employed?
<input type="checkbox"/> Retired?
<input type="checkbox"/> Unemployed?
Employer Business Name
Type of Business
Position/Title
Employer Street Address
Employer City, State, Zip Code
Employer Phone
Employer Fax
Email Address, if Available
How long have you worked at your present job?

If unemployed, please explain any sources of income received.



Combined Monthly Income

List all money earned by each person aged 18 or older who is living in the household. This includes money from employment, child support, Social Security, disability payment (SSI or SSDI), Workers' Compensation, retirement benefits, Veteran's benefits, rental property income, stock dividends, income from financial investments, alimony, and any income from other sources.

Gross Monthly Income	Applicant	Co-Applicant	Other Household Members	Total
Base Employment Hours				
Overtime				
Bonuses/Commissions				
Part-time/Second Job				
Social Security Benefits				
Child Support/Alimony				
Other:				
Total				

Does any member of the household have any of the following?

- Checking Account
- Savings
- Real Estate
- Stocks
- Certificates of Deposit
- Trusts
- Retirement Accounts

Banking Institution	Type of Account	Account Number	Current Balance

Combined Monthly Housing Debt	
Mortgage	
Property Taxes	
Property Insurance	
Mortgage Insurance	
Total	

Household Composition

List everyone who is living in the house, including applicant and co-applicant.

Legal Name	Sex	Date of Birth	Age	Social Security Number	Relationship to Applicant(s)

Referral

How did you hear about our program?

- | | | |
|--|---|---|
| <input type="checkbox"/> ICTN | <input type="checkbox"/> Local Business | <input type="checkbox"/> City Recreation Center |
| <input type="checkbox"/> Mail | <input type="checkbox"/> Neighbor/Friend | <input type="checkbox"/> City Spectrum |
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Code Enforcement | <input type="checkbox"/> City Library |
| <input type="checkbox"/> Other (Please Specify): | <input type="checkbox"/> City Website | <input type="checkbox"/> Special Event: |

Race (Please select the most appropriate racial category for the Applicant)

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> African American/Black |
| <input type="checkbox"/> American Indian/Native Alaskan | <input type="checkbox"/> Asian |
| <input type="checkbox"/> American Indian/Alaska Native and White | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> African American/Black and White | <input type="checkbox"/> Asian and African American/Black |
| <input type="checkbox"/> American Indian/Alaska Native and African American/Black | |
| <input type="checkbox"/> Native Hawaiian and African American/Black | <input type="checkbox"/> More than 2 Races |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander and White | <input type="checkbox"/> Asian and White |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander and American Indian/Alaska Native | |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander and Asian | |

Other Demographics (Please check those that apply)

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> Elderly? (62+) | <input type="checkbox"/> Disabled? | <input type="checkbox"/> Hispanic/Latino? |
|---|------------------------------------|---|



Borrower’s Certification

The undersigned certify the following:

I/we are applying for a loan from the City of Irving. In applying for the loan, I/we completed this loan application containing various pieces of information concerning the purpose of the loan, employment, income information, and the assets and liabilities of the household. I/We certify that all of the information is true and complete. I/We make no misrepresentations in the loan application or other documents, nor did I/We omit any pertinent information.

I/We understand and agree that the City of Irving reserves the right to change the loan review process to a full documentation program. This may include verifying the information provided on the application with employers, financial institutions, and mortgage holders.

I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this loan, as applicable under the provisions of United States Code, Section 1001, which provides that:

“...whoever, in any matter within the jurisdiction of any department or agency of the Government of the United States, knowingly and willfully falsifies...or makes any fictitious or fraudulent statements or representation, or makes or uses a false writing or document knowing the same to contain false, fictitious, or fraudulent statement or entry, shall be fined under this title, imprisoned not more than five years...”

Applicant’s Signature

Date

Co-Applicant’s Signature

Date



Authorization to Release Information

To Whom It May Concern:

I/We have applied for a loan from the City of Irving. As part of the application process, the City of Irving and the guaranty insurer (if any), may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.

I/We authorize any pertinent third parties to provide the City of Irving any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns.

The City of Irving may address any questions concerning documentation to the applicable third party.

Applicant's Signature

Date

Co-Applicant's Signature

Date



Credit Report Authorization and Privacy Disclosure Form

I hereby authorize and instruct the City of Irving to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by the City of Irving. I understand and agree that the City of Irving intends to use the credit report for the purpose of evaluating my financial readiness to obtain a Home Restoration Program loan.

My signature below also authorizes the release to credit reporting agencies of financial and other information that I have supplied to the City of Irving in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan, I:

- Authorize
- Do Not Authorize

The City of Irving to share with potential mortgage lenders and/or counseling agencies my report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services.

I understand that I may revoke my consent to these disclosures by notifying the City of Irving in writing.

Applicant's Name

Co-Applicant's Name

Applicant's Signature

Co-Applicant's Signature

Social Security Number

Social Security Number

Date

Date