

**CITY USED ONLY:**Date Received: \_\_\_\_\_  
Reviewed By: \_\_\_\_\_  
Signature: \_\_\_\_\_

## CDBG Owner-Occupied Emergency Housing Rehabilitation Program Application

### APPLICANT INFORMATION

Applicant's Name \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Employer \_\_\_\_\_ Length of Employment \_\_\_\_\_

*The following information is required by the Federal Government to monitor this program's compliance with Equal Opportunity and Fair Housing laws. Providing this information is optional.*

Gender: ☐ Female ☐ Male Are you disabled? ☐ Yes ☐ No Are you Hispanic or Latino? ☐ Yes ☐ No

*Please Mark Only One:*

- |  |   |
|--|---|
| <input type="checkbox"/> White                                     | <input type="checkbox"/> American Indian or Alaska Native & White                     |
| <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> Asian & White  |
| <input type="checkbox"/> Asian                                     | <input type="checkbox"/> Black or African American & White                            |
| <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> American Indian or Alaska Native & Black or African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other Multi-Racial   |

### CO-APPLICANT INFORMATION

Co-Applicant's Name \_\_\_\_\_

Co-Applicant's Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Employer \_\_\_\_\_ Length of Employment \_\_\_\_\_

*The following information is required by the Federal Government to monitor this program's compliance with Equal Opportunity and Fair Housing laws. Providing this information is optional.*

Gender: ☐ Female ☐ Male Are you disabled? ☐ Yes ☐ No Are you Hispanic or Latino? ☐ Yes ☐ No

*Please Mark Only One:*

- |  |   |
|--|---|
| <input type="checkbox"/> White                                     | <input type="checkbox"/> American Indian or Alaska Native & White                     |
| <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> Asian & White  |
| <input type="checkbox"/> Asian                                     | <input type="checkbox"/> Black or African American & White                            |
| <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> American Indian or Alaska Native & Black or African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other Multi-Racial   |

### HOUSEHOLD OCCUPANTS

*Please list ALL individuals living in the home and their relationship to the applicant.*

Name:	Age:	Relationship:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Age:	Relationship:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Age:	Relationship:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Age:	Relationship:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Age:	Relationship:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Age:	Relationship:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Age:	Relationship:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Age:	Relationship:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No

### MONTHLY INCOME

*Please list income for ALL individuals over the age of 18 who live in the home.*

Income Type	Applicant	Co-Applicant	Other (name):	Other (name):
Gross Wages (before tax)	\$	\$	\$	\$
Other Regular Income	\$	\$	\$	\$
Pension, Annuities, Social Security, etc.	\$	\$	\$	\$
Net Income from Real Estate	\$	\$	\$	\$
Child Support, Alimony	\$	\$	\$	\$
Other _____	\$	\$	\$	\$
Other _____	\$	\$	\$	\$
Total Monthly Income:	\$	\$	\$	\$

*\*\*Please list additional individuals income information on a separate sheet of paper if needed.*

### ASSETS

*Please list assets ALL individuals over the age of 18 who live in the home.*

( ) Checking ( ) Savings: Bank: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

( ) Checking ( ) Savings: Bank: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

( ) Checking ( ) Savings: Bank: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Other  
Describe: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Other  
Describe: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Other  
Describe: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

### LIABILITIES / DEBTS

*Please list Credit Card Debt, Auto, Real Estate and Mortgage Loans, etc. for ALL individuals over the age of 18 who live in the home.*

Creditor's Name / Company	Type	Balanced Owed	Monthly Payment
1. _____	/	/	/
2. _____	/	/	/
3. _____	/	/	/
4. _____	/	/	/
5. _____	/	/	/
6. _____	/	/	/

List Additional Liabilities / Debts on back of this page, include in total.

**Total: Liabilities \$** \_\_\_\_\_

### PROPERTY INFORMATION

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is the property in the Lebanon City Limits? ☐ Yes ☐ No Year Home Was Built \_\_\_\_\_

Type of Home: ☐ Stick Built ☐ Manufactured on a permanent foundation ☐ Mobile (not eligible)

Monthly Mortgage Payment Amount: \$ \_\_\_\_\_ Average Monthly Heat & Utilities Amount: \$ \_\_\_\_\_

Purchase Price: \$ \_\_\_\_\_ Date Purchased: \_\_\_\_\_ Current Principal Balance: \$ \_\_\_\_\_

Title or Mortgage Holders Name: \_\_\_\_\_

Type of Loan: ☐ Conventional ☐ FHA ☐ VA ☐ Contract for Deed ☐ Other \_\_\_\_\_

List all liens against the property (2<sup>nd</sup> mortgage, tax liens, labor liens, etc.): \_\_\_\_\_

## SCOPE OF WORK REQUEST

List the scope of work in which you are seeking a loan for: \_\_\_\_\_

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Housing Code Deficiencies:

☐ Electrical/ Wiring      ☐ Plumbing      ☐ Structural Defects

Other: \_\_\_\_\_

Health & Safety:

☐ Roofing    ☐ HVAC    ☐ Heating    ☐ Windows    ☐ Bathroom Fixtures    ☐ Exterior Door    ☐ Porch

Other: \_\_\_\_\_

## CONFLICT OF INTEREST

Are you related to any member of the City of Palm Coast Commission, Advisory Committee, City employees?

\_\_\_ Yes \_\_\_ No (If yes, please provide the names of all related parties)

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

## AUTHORIZATION TO RELEASE INFORMATION TO THE CITY OF LEBANON FOR THE PURPOSE OF VERIFYING DATA FOR HOUSING ASSISTANCE

The applicant understands that the intent of this application is for purposes of certification only. It does not guarantee acceptance or approval, and no commitment is hereby made on the part of any party.

The City of Lebanon is authorized to verify any of the above information. I hereby waive any and all claims for defamation, violation of privacy, or other claims against any person, firm, or corporation by reason of any statement or information released to the City in its verification of the subject information.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENTS:** U.S.C. Title 18, Sec. 1001, provides that whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies... or makes false, fictitious or fraudulent statements or entries shall be fined not more than \$10,000.00 or imprisoned not more than five years or both. Any intentionally false or fraudulent statements or supporting documents can constitute cancellation of my/our application.

I hereby certify that the above statements are true and that I am the owner of the residence listed above. I understand that neither I, nor any other member of this household, will receive any money from this loan. Under penalty of forfeiture, I agree to comply with the requirements of this program. Verifications may be obtained from any source named herein.

The city will provide assistance to the owner as a lender of federal funds. All contracts are between the owner of the

property and the contractors hired by owner. Enforcement of all contracts and warranties are between the owner and the contractor.

## APPLICANT CERTIFICATION

**Please Initial each:**

- ☐ The application information I have provided is true and complete to the best of my knowledge.
- ☐ I consent to the disclosure of any information for the purpose of verification of income and expenses related to making a determination of my eligibility for program assistance.
- ☐ I agree to provide any documentation needed to assist in determining my eligibility for program assistance.
- ☐ I understand that this application will only be valid through the current Federal Fiscal year. If this application for assistance is approved, such approval is conditioned upon my eligibility on the day that assistance is provided.
- ☐ I understand that my application and supporting documentation, including income documentation, are open to the public in accordance with Florida's Public Records Law, Chapter 119, Florida Statutes (however those items which are expressly exempt from the public record by statute, such as your social security number, will be separately maintained).
- ☐ I understand that if I am found to be qualified to participate in the City Emergency Housing Rehabilitation program and am eligible to receive assistance from either of the said programs that I and any member of my family or any person that will benefit from this assistance may be subject to a background check consisting of a criminal history check and a sex offender registry check to be used solely to ensure that the person or persons are eligible to receive assistance from programs that are HUD funded.

***(Note: Only certain criminal convictions may result in a denial of your application depending upon the type of assistance applied for and the applicable federal regulations.)***

- ☐ My/Our signature below indicates that I/We am/are obligated to advise the Lebanon Emergency Housing Rehabilitation Program Administrator of all changes in my/our income and household size. A change in household size and/or income may disqualify me/us from receiving assistance.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_



*Equal Housing Opportunity Statement: We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin. The City of Lebanon is an Equal Opportunity Employer, Fair Housing, and Disability Accessible Jurisdiction.*

# Loan Application Submission Check List

Please use this as your checklist to ensure that all requested information is provided. Please note that copies are requested as originals will not be returned.

**1. COMPLETED APPLICATION (Pages 1 – 5)**

**2. APPLICANT VERIFICATION:**

- ☐ Picture of applicant and co-application ID
- ☐ Copies of all Social Security cards for all household members
- ☐ Proof of Ownership Recorded Copy of Property Deed
- ☐ Copy of current homeowners/property insurance
- ☐ Copy of most recent first mortgage statement or copy of original contract for deed

**3. INCOME VERIFICATION:**

- **Residential Loan Applications**; include copies of verification of all income from anyone 18 years of age and older residing in the home.

- ☐ Copy of previous year tax return
- ☐ Most recent 2 months of paystubs
- ☐ Proof of all unearned income; ie, Social Security, SSI, Workers Comp, VA Benefits, Child Support, TANF, Unemployment, Alimony, etc.
- ☐ Self-Employment; most recent taxes and most recent quarter's profit and loss
- ☐ Six months current bank statements for all open checking, savings, or other interest-bearing accounts at the time of application and contract signing
- ☐ Most current other assets; ie, 401(k), retirement/pension, IRA, CDs, annuities, etc.

**4. UTILITIES: (Include copies of the most recent monthly bill for all utilities you are responsible for)**

- ☐ Current Gas bill
- ☐ Current Electric bill
- ☐ Current Garbage/Water/Sewer bill

**5. SCOPE OF WORK:**

- ☐ Copies of any professional inspection of the property. (Appraisals, market analysis, eng. study - if applicable)

Include current copies of written bids from licensed and insured contractors. Be sure to let them know that they will need to register with SAM.gov before completing any work. (2 are required - if applicable)

- ☐ Bid #1 \_\_\_\_\_
- ☐ Bid #2 \_\_\_\_\_
- ☐ Bid #3 \_\_\_\_\_

**Return the completed application along with everything listed above to:**

ATTN: Emergency Housing Rehabilitation Program  
City of Lebanon  
Community & Economic Development Office  
735 Cumberland Street  
Lebanon, PA 17042

## **SPACE FOR ADDITIONAL APPLICATION INFORMATION**