

CLEARWATER NEIGHBORHOOD HOUSING SERVICE, INCORPORATED
608 NORTH GARDEN AVENUE
CLEARWATER, FLORIDA 33755
FOR
CITY OF CLEARWATER LOAN ASSISTANCE

Application Number: _____		Date Received: _____	
Type of Loan: <input type="checkbox"/> Down Payment	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Infill	<input type="checkbox"/> Emergency Repair <input type="checkbox"/> Other
Census Tract #: _____	<input type="checkbox"/> IBL <input type="checkbox"/> DPL	<input type="checkbox"/> Combined	Loan Committee Date _____
<input type="checkbox"/> Loan Closing Date _____	Loan Amount _____	<input type="checkbox"/> TBCDC	<input type="checkbox"/> CNHS <input type="checkbox"/> City

For Office Use Only

APPLICATION FOR ASSISTANCE – ENERGY EFFICIENCY ASSISTANCE

Note: Your social security number is collected for the following purposes: classification of accounts; identification and verification, credit worthiness, billing and payments; date collections, reconciliation, tracking, benefit processing, tax reporting and qualification for grant or loan processing under Section 119.071(5), Florida Statutes (2007). Social Security numbers serve as a unique numeric identifier and may be used for such purposes.

I. APPLICATION INFORMATION

Owners Name: _____ **Telephone:** _____

Property Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Current Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Previous Address: _____ **City:** _____ **State:** _____ **Zip:** _____

(if at current address under two years)

II. FAMILY COMPOSITION

Head of Household: _____ **Maiden Name:** _____

Date of Birth: _____ **S.S. No.:** _____

Marital Status Married Separated Unmarried (divorced, widowed, single)

Co-Applicant: _____ **Maiden Name:** _____

Date of Birth: _____ **S.S. No.:** _____

Marital Status Married Separated Unmarried (divorced, widowed, single)

Others Residing in the Household:

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>SEX</u>	<u>RELATIONSHIP</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

(attach extra sheet if additional space is needed)

III. MONTHLY INCOME (include child support and/or alimony, if applicable)

Head of Household:

Employer: _____ Position: _____
Street: _____ Gross Monthly Income: _____
City: _____ State: _____ Zip: _____ Telephone: _____
Type of Business: _____ Date of Employment: _____

Co-Borrower:

Employer: _____ Position: _____
Street: _____ Gross Monthly Income: _____
City: _____ State: _____ Zip: _____ Telephone: _____
Type of Business: _____ Date of Employment: _____

If employed in current position for less than two years or if currently employed in more than one position, complete the following:

Head of Household:

Employer: _____ Position: _____
Street: _____ Gross Monthly Income: _____
City: _____ State: _____ Zip: _____ Telephone: _____
Type of Business: _____ Date of Employment: _____

Applicant (Co-Borrower)

Employer: _____ Position: _____
Street: _____ Gross Monthly Income: _____
City: _____ State: _____ Zip: _____ Telephone: _____
Type of Business: _____ Date of Employment: _____

TOTAL HOUSEHOLD GROSS ANNUAL INCOME: \$ _____

IV. ASSETS:

Bank Accounts:

Checking Savings Certificates of Deposit Other

Bank: _____ Account Number: _____
Street: _____ Account Balance: _____
City: _____ State: _____ Zip: _____ Telephone: _____

Property Information:

First Mortgage Company: _____ Monthly Payment: _____
Street: _____ Account Balance: _____
City: _____ State: _____ Zip: _____ Mortgage Balance: _____

Second Mortgage Company: _____ Monthly Payment: _____
Street: _____ Account Balance: _____
City: _____ State: _____ Zip: _____ Mortgage Balance: _____

Annual Real Estate Taxes: _____ Paid in Mortgage Pmt.: Yes No

Current Tax Accessed Value: _____ Year: _____ Millage Rate: _____

Hazard Insurance Co. _____ Paid in Mortgage Pmt.: Yes No
Insurance Agency: _____ Policy #: _____
Street: _____ Policy Expiration Date: _____
City: _____ State: _____ Zip: _____ Telephone: _____

of Bedrooms: _____ # of Bathrooms: _____ Square Footage: _____ Lot Size: _____ X
Sales Price/Value: _____ Year Built: _____

Title: Individually Joint Tenants in Common Joint Tenants With Survivorship

Other Real Estate Owned:

Street: _____ Market Value: _____
City: _____ State: _____ Zip: _____ Type of Property: _____
Mortgage Company: _____ Mortgage Balance: _____

V. LIABILITIES:

Credit Card Debt:

Card Balance: _____ Type: _____ Account Number: _____
Lender: _____ Monthly Payment: _____
Street: _____ Loan Limit: _____
City: _____ State: _____ Zip: _____ Telephone: _____

Card Balance: _____ Type: _____ Account Number: _____
Lender: _____ Monthly Payment: _____
Street: _____ Loan Limit: _____
City: _____ State: _____ Zip: _____ Telephone: _____

Card Balance: _____ Type: _____ Account Number: _____
Lender: _____ Monthly Payment: _____
Street: _____ Loan Limit: _____
City: _____ State: _____ Zip: _____ Telephone: _____

LIFE INSURANCE:

Company: _____ Face Amount: _____ Cash Surrender Value: _____

Medical Expenses:

Doctor/Hospital: _____ Account Number: _____
Street: _____ Account Balance: _____
City: _____ State: _____ Zip: _____ Telephone: _____

VI. Fixed Monthly Charges – (Averages for past 12 months)

Daycare Expense: _____ Electricity: _____
 Water/Garbage/Sewer: _____ Telephone: _____
 Gas: _____ TOTAL: _____

VII. DECLARATIONS:

If you answer “yes” to any questions A through I, please use continuation sheet for explanation.
 (Circle “yes” or “no”)

BORROWER/CO-BORROWER

- | | | | | |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| A. Are there any outstanding judgments against you? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| B. Have you been declared bankrupt within the past 7 years? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| C. Have you had property foreclosed upon or given title or deed in lieu? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| D. Are you a party to a lawsuit? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| E. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in foreclosure, or judgment? (If “yes” please provide details, including date, name and address of Lender, FHA or VA case number, if any reasons for the action). | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| F. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? (If “yes” give details as described above). | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| G. Are you obligated to pay alimony, child support, or separate maintenance? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| H. Is any part of the down payment borrowed? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| I. Are you a co-maker or endorser on a note? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| J. Are you a U.S. Citizen? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| K. Are you a permanent resident alien? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| L. Do you intend to occupy the property as your primary residence? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| M. Have you had an ownership interest in a property in the last three years? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (1) What type of property did you own-Principal Residence (PR).
Second Home (SH), or Investment Property (IP)? (Circle one). | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

VIII. 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, fair housing and home mortgage disclosure 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 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. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for).

Special Needs (Head of Household Only) ^a Elderly ^a Handicapped ^a Other

BORROWER:

CO-BORROWER:

- ^a I do not wish to furnish this information
- ^a White not of Hispanic origin
- ^a Black, not of Hispanic origin
- ^a Female ^a Male
- ^a Hispanic
- ^a Native American or Eskimo

- ^a I do not wish to furnish this information
- ^a White not of Hispanic origin
- ^a Black, not of Hispanic origin
- ^a Female ^a Male
- ^a Hispanic
- ^a Native American or Eskimo

IX. ACKNOWLEDGEMENT AND AGREEMENT:

The undersigned specifically acknowledge(s) and agree(s) that: (1) the loan requested by this application will be secured by a first mortgage or deed of trust on the property described herein; (2) the property will not be used for any illegal or prohibited purposes or use; (3) all statements made in this application are made for the purpose obtaining the loan indicated herein; (4) occupation of the property will be as indicated above; (5) verification or re-verification of any information contained in the application may be made at any time by the Lender, its agents, successors and assigns, either directly or through a credit report agency, from any source named in this application and the original copy of this application will be retained by the Lender, even if the loan is not approved; (6) the Lender, its agents, successors and assigns will rely on information contained in the application and I/we have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I/we have represented herein should change prior t closing; (7) in the event my/our name(s) and account information to a credit report agency; (8) ownership of the loan may be transferred to successor or assign of the Lender without notice to me and/or the administration of the loan account may be transferred to an agent, successor or assign of the Lender with prior notice to me; (9) the Lender, its agents, successors and assigns make no representations or warranty express or implied, to the Borrower(s) regarding the property, or the value of the property.

CERTIFICATION: I/we certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability an criminal penalties including, but not limited to, find or imprisonment or both under the provisions of Title 18 United States Code, Section 1001, et seq. And liability monetary damages to the Lender, its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application.

A copy of this authorization shall be accepted for any such release or referral.

DATE: _____ **SIGNATURE:** _____
Borrower

DATE: _____ **SIGNATURE:** _____
Borrower

DATE: _____ **INTERVIEWER:** _____