



HOME REPAIR LOAN PROGRAM APPLICATION

Name: _____ Today's Date: _____

Street Address: _____ City: _____ County: _____

Phone Number: _____ Message Phone Number: _____

E-mail Address: _____

Best way and time to get in touch with you: _____

(Please complete the following information for everyone living in the household)

Name of Household Member	Relationship to Applicant	Age	Monthly Income	Source of Income

Income Information:

Please attach copies of your income verification to this application. These would include copies of check stubs, social security deposits, unemployment awards, etc. If you have any questions about what to provide, or if you have income from self-employment, please call Diana at 529-4980. A copy of your 2005 tax return is helpful, but usually not required.

Indebtness Against Property:

Please list the lenders on your property, if any, and how much each is owed. These would be mortgage companies, home equity loans, any judgments that have been filed against your property, or any unpaid taxes.

Name of Mortgage Lender:	Monthly Payment:	Total Balance Owed:	Anticipated Pay-Off Date:

Please attach a copy of a document from each lender that you listed that verifies how much you owe. Banks and mortgage companies usually send out this information regularly, or will provide it if they are asked. If you have any problems with this, please call Diana for assistance.

Homeowners Insurance:

Please provide us with a copy of your homeowners insurance. We only need the declaration page that shows what the limits of liability are and the name of the insurance company. Your insurance agent can send this information to BMAC if you call them.

Credit Information:

Please list your monthly credit expenses below. These would be for things that you are making monthly payments on, such as car payment, all revolving loans and department credit cards (including Sears, Home Depot, Les Schwab, VISA, MasterCard, etc.) Please attach a separate sheet if additional space is needed.

Name of Creditor(s):	Monthly Payment:	Total Balance Owed:	Anticipated Pay-Off Date:

Determination of your Home Repair Loan Program application will be based on your credit report. Please contact Diana at 529-4980 to schedule a time to come into BMAC to do an on-line credit report.

Home Year Built? _____ Put an "X" on home type: Mobile ____ or Stick Frame ____
Heat Source? _____ (electric, gas, oil, wood). Please list the repairs that you would like to have completed on your house: _____

I hereby submit this application to the best of my knowledge and have attached all necessary documents to determine my eligibility for the Home Repair Loan Program.

Applicant Signature

Date

For Office Use Only:

Application Approved By: _____	Date: _____
CDBG Funds: ____ HRLP Funds: ____	
Application NOT Approved By: _____	Date: _____
Reason: _____	