

Fairmont - Morgantown Housing Authority

HomeOwnership Center

103 12th Street • P.O. Box 2738 • Fairmont, WV 26554-2738
 (304) 363-0860 • 1-800-637-7464
 www.fmhousing.com



HOUSING REHABILITATION PROGRAMS

Community Development Block Grant Program
 (Preliminary Application for both the Loan and Grant Programs)

BORROWER				CO-BORROWER					
Name	Last	First	MI	Name	Last	First	MI		
Address				Address					
City		State	Zip Code	City		State	Zip Code		
Social Security Number		Date of Birth		Social Security Number		Date of Birth			
Home Phone: _____				Home Phone: _____					
Email: _____				Email: _____					
Years of School Completed: _____				Years of School Completed: _____					
Are You married, single, or unmarried?		M	S	U	Are You married, single, or unmarried?		M	S	U
Number of Dependents: _____ <small>(Other than yourself, living in the home.)</small>				Number of Dependents: _____ <small>(Other than those listed by the Borrower, living in the home.)</small>					
Ages of Dependents: _____ <small>(Other than yourself or co-borrower.)</small>				Ages of Dependents: _____ <small>(Other than yourself or co-borrower.)</small>					
Are there any non-dependents that will be living in the home?				Are there any non-dependents that will be living in the home?					
<input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, list below:				<input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, list below:					
Name		Relationship	Age	Name		Relationship	Age		
Name		Relationship	Age	Name		Relationship	Age		

(cont.)



Employer <hr/> Address <hr/> City _____ State _____ Zip Code _____ <hr/> Position/Title _____ Phone Number _____ <hr/> Date Hired _____ Number of hours per week _____ \$ _____ Hourly rate or salary amount _____ weekly / bi-weekly / monthly	Employer <hr/> Address <hr/> City _____ State _____ Zip Code _____ <hr/> Position/Title _____ Phone Number _____ <hr/> Date Hired _____ Number of hours per week _____ \$ _____ Hourly rate or salary amount _____ weekly / bi-weekly / monthly
Borrower's Signature _____ Date _____ <p style="text-align: center;">I authorize the Fairmont/Morgantown Housing Authorities NeighborWorks® HomeOwnership Center to research my credit file with my pursuit of a loan or grant.</p>	Co-Borrower's Signature _____ Date _____ <p style="text-align: center;">I authorize the Fairmont/Morgantown Housing Authorities NeighborWorks® HomeOwnership Center to research my credit file with my pursuit of a loan or grant.</p>

Existing Mortgage		
Do you have an existing mortgage on the property?	\$ _____	Monthly Payment: _____
Name of Mortgagee: _____		Current Balance: _____
Address: _____		Other Liens: _____
		If Yes, who/amount: _____
	BORROWER	CO-BORROWER
Name of Banking Institution:	_____	_____
Checking/Savings account balance:	\$ _____ / _____	\$ _____ / _____
Cash or savings at home:	\$ _____	\$ _____
Amount of any additional funds you may receive: (ex: Tax refund, property sale, cash gift, etc.)	\$ _____	\$ _____
Part-time seasonal employment not listed before?	Yes No	Yes No
How long in this field?/Approximate yearly income:	_____ / \$ _____	_____ / \$ _____
Do you receive Child Support or Alimony?	Yes No	Yes No
Can you document this income?	Yes No	Yes No
How long will it continue?/Monthly amount receive:	_____ / \$ _____	_____ / \$ _____
Monthly Income from Social Security/Disability/ Retirement / Death Benefits:	\$ _____	\$ _____
Any other monthly income not listed before:	\$ _____	\$ _____
Source: _____	_____	_____
How did you hear about the program? _____		

(cont.)



LIABILITIES	BORROWER		CO-BORROWER	
Including: credit cards, installment loans, lines of credit, child care expenses, auto loans, etc.				
Rate your credit: (ex: None, Poor, Good, etc.)	_____		_____	
Do you have any outstanding collections or judgements? If yes, approximate amount you still owe?	Yes \$ _____	No _____	Yes \$ _____	No _____
Monthly Child Care, Child Support or Alimony payments:				
<u>Credit Cards:</u>				
Paid to: _____	Monthly Payment: \$ _____	Balance: \$ _____		
Paid to: _____	Monthly Payment: \$ _____	Balance: \$ _____		
Paid to: _____	Monthly Payment: \$ _____	Balance: \$ _____		
Paid to: _____	Monthly Payment: \$ _____	Balance: \$ _____		
Paid to: _____	Monthly Payment: \$ _____	Balance: \$ _____		
<u>Other Installment Loans:</u>				
Paid to: _____	Monthly Payment: \$ _____	Balance: \$ _____		
Paid to: _____	Monthly Payment: \$ _____	Balance: \$ _____		
Paid to: _____	Monthly Payment: \$ _____	Balance: \$ _____		
<u>Auto Loans:</u>				
Paid to: _____	Monthly Payment: \$ _____	Balance: \$ _____		
Paid to: _____	Monthly Payment: \$ _____	Balance: \$ _____		

Describe the type of rehabilitation requested (Housing Rehab Programs only):

Certifications of Primary Residence - Homeowners Only

The undersigned applicants do hereby certify they are actual bona fide owners and residents of subject located at _____

They have resided continuously in said property for _____ years.

Certifications of Ownership of Rental Unit - Landlords Only

The undersigned applicants do hereby certify they are actual bona fide owners and residents of subject located at _____

Certifications of Affordable Rental Unit - Landlords Only

The undersigned applicants do hereby certify that the unit will remain affordable for the life of the loan. The rental property owner must certify that the unit will be leased to a person meeting the household income requirements of the CDBG program. Leasing to dependent college students is not permitted.

Borrower's Certification

The borrower certifies that all information on this application, and all information furnished in support of this is given for the purpose of obtaining a loan under the CDBG Rehabilitation Program and is true and complete to the best of the borrower's knowledge. Verification may be obtained from any source in connection with the pursuit of this loan or grant.

Borrower's Signature _____ Date _____ Co-Borrower's Signature _____ Date _____

