| Fairmont-Morgantown Housing Authority Homeownership CenterMon County rehab programHome Repair project | | | |
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| Applicant Information | | | |
| Name: | | | |
| Address | | | |
| City: | | State: | ZIP Code: |
| Date of Birth: | | SSN: | Phone: |
| Number of Dependents: | | Ages of Dependents: | # years in school: |
| Any other non-dependents living in the home? | | Name and Relationship of other non-dependents: | |
| Applicant Employment Information | | | |
| Current employer: | | | |
| Employer address: | | | How long? |
| Phone: | E-mail: | | Fax: |
| City: | State: | | ZIP Code: |
| Position: | Hourly Salary (Please circle) | | Annual income: |
| Spouse Information | | | |
| Name: | | | |
| Date of birth: | SSN: | | Phone: |
| Spouse Employment Information | | | |
| Current employer: | | | |
| Employer address: | | | How long? |
| Phone: | E-mail: | | Fax: |
| City: | State: | | ZIP Code: |
| Position: | Hourly Salary (Please circle) | | Annual income: |
| Home repairs needed | | | |
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| Asset Information | | |
| Name of Banking Institution: | | |
| Checking Account Balance: | Savings Account Balance: | Other funds: |
| Other Income (Circle Y or N) | | |
| Do you receive child support? Y / N $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ monthly | | |
| Part-time or seasonal employment? Y / N $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hrs \_\_\_\_\_\_\_\_ | | |
| Part-time or seasonal employment address: | | |
| Do you receive Social Security/Disability? Y / N Monthly Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Do you receive a retirement or death benefit Y / N Monthly Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Any other monthly household income not listed before: | | |
| Existing mortgage | | |
| Amount of Mortgage on property: | | |
| Name of Mortgagee: | Address of Mortgagee: | |
| Current Balance: | Other Liens: | |
| Signatures | | |
| I authorize the Fairmont/Morgantown Housing Authority Homeownership Center to research my credit with my pursuit of the forgivable loan. I certify that all information on this application, and all information furnished is given for the purpose of obtaining a forgivable loan under the FHLB AHP Rehabilitation Program and is true, correct and complete to the best of my knowledge. Verification may be obtained from any source. | | |
| Signature of applicant: | | Date: |
| Signature of spouse: | | Date: |
| Signature of other adult: | | Date: |