| 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: |