



103 12th Street, PO Box 2738 Fairmont, WV 26555-2738

Fairmont (304)363-0860
Morgantown (304)291-1660
Toll Free (800)637-7464

Fax (304)366-0469
www.fmhousing.com

Fairmont / Morgantown Housing Authorities

NeighborWorks® HomeOwnership Center

Thank you for your interest in the CDBG Home Rehabilitation Programs. These Programs are for City of Morgantown residence that needs modest repairs to their homes. Repairs such as roofs, flooring, electrical, window replacement, porch repair, and handicap accessibility can be offered under our home repair loan and forgivable loan programs or grant programs. Please complete and sign the attached preliminary application and submit the following information to be qualified for Morgantown Housing Authorities Home Rehabilitation Programs.

1. Copy of recorded deed
2. Copy of current hazard insurance policy
3. Proof of paid property taxes
4. Proof of paid city fees
5. Copy of current flood insurance, if applicable
6. Verification of income (copy of paystubs, child support, SSI/SSDI, etc.)

****Note:** If you have difficulty obtaining any of these forms, sign the attached release and your Housing Rehabilitation Coordinator can assist in obtaining the required documentation.

Remit the above information to:

Hand Delivery:

Amy Hammond
Morgantown Housing Authority
102 12th Street
Fairmont, WV 26554

Or by mail to:

Amy Hammond
Morgantown Housing Authority
PO Box 2738
Fairmont, WV 26555-2738

Income Restrictions Apply:

Total household income may not exceed the following limitations:

Family Size

1 - \$31,300	3 - \$40,250	5 - \$48,300
2 - \$35,800	4 - \$44,700	6 - \$51,900

If you have any question, please contact me at 304-363-0860 ext. 121 or 304-290-8738.

Sincerely

Amy Hammond
Housing Rehabilitation Coordinator





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RELEASE OF INFORMATION AGREEMENT

I hereby authorize the Fairmont/Morgantown Housing Authorities to acquire a copy of my credit report and to release information regarding my credit report.

I hereby give my permission to the Fairmont/Morgantown Housing Authorities to acquire information on my eassets, financial liabilities, income, employment and bank/asset information or any additional information that may be required to complete my application for Housing Rehabilitation or Down Payment Assistance Programs.

Signature

Date

Signature

Date



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HOUSING REHABILITATION PROGRAM
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		City		State	
Zip Code				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: _____ (Other than yourself, living in the home.)				Number of Dependents: _____ (Other than those listed by the Borrower, living in the home.)			
Ages of Dependents: _____ (Other than yourself or co-borrower.)				Ages of Dependents: _____ (Other than yourself or co-borrower.)			
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		Name		Relationship	
Age				Age			
Name		Relationship		Name		Relationship	
Age				Age			
Employer				Employer			
Address				Address			
City		State		City		State	
Zip Code				Zip Code			
Position/Title		Phone Number		Position/Title		Phone Number	
Date Hired		Number of hours per week		Date Hired		Number of hours per week	
\$				\$			
Hourly rate or salary amount		weekly / bi-weekly / monthly		Hourly rate or salary amount		weekly / bi-weekly / monthly	
Borrower's Signature				Co-Borrower's Signature			
Date				Date			
I authorize the Fairmont/Morgantown Housing Authorities NeighborWorks® HomeOwnership Center to research my credit file with my pursuit of a loan or grant.				I authorize the Fairmont/Morgantown Housing Authorities NeighborWorks® HomeOwnership Center to research my credit file with my pursuit of a loan or grant.			

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? _____

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? Yes No Yes No

If yes, approximate amount you still owe? \$ _____ \$ _____

Monthly Child Care, Child Support or Alimony payments: _____

Credit Cards:

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: \$ _____

Other Installment Loans:

Paid to: _____ Monthly Payment: \$ _____ Balance: \$ _____

Paid to: _____ Monthly Payment: \$ _____ Balance: \$ _____

Paid to: _____ Monthly Payment: \$ _____ Balance: \$ _____

Auto Loans:

Paid to: _____ Monthly Payment: \$ _____ Balance: \$ _____

Paid to: _____ Monthly Payment: \$ _____ Balance: \$ _____



