

# Owner - Occupied Home Improvement 60/40 Pre- Screening Form Rehab Grant + Loan For Monroe County Residents



## Applicant

### Personal Information

**Name** \_\_\_\_\_  
*Last* \_\_\_\_\_  
*First* \_\_\_\_\_ *Middle* \_\_\_\_\_

**Address** \_\_\_\_\_  
*Street* \_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

**Phone** \_\_\_\_\_  
*Primary* \_\_\_\_\_  
*Cell* \_\_\_\_\_

**Email** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Marital Status** \_\_\_\_\_

**Highest Education** \_\_\_\_\_

**Number of Years in Property** \_\_\_\_\_

### Employment Information

**Employer Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
*Street* \_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

**Phone** \_\_\_\_\_

**Position/Title** \_\_\_\_\_ **Self-Employed?**  
 Yes  No

**Annual Income \$** \_\_\_\_\_

**Time at Present Employer** \_\_\_\_\_

*If employed less than two years, please list prior employer*

## Co-Applicant

### Personal Information

**Name** \_\_\_\_\_  
*Last* \_\_\_\_\_  
*First* \_\_\_\_\_ *Middle* \_\_\_\_\_

**Address** \_\_\_\_\_  
*Street* \_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

**Phone** \_\_\_\_\_  
*Primary* \_\_\_\_\_  
*Cell* \_\_\_\_\_

**Email** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Marital Status** \_\_\_\_\_

**Highest Education** \_\_\_\_\_

**Number of Years in Property** \_\_\_\_\_

### Employment Information

**Employer Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
*Street* \_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

**Phone** \_\_\_\_\_

**Position/Title** \_\_\_\_\_ **Self-Employed?**  
 Yes  No

**Annual Income \$** \_\_\_\_\_

**Time at Present Employer** \_\_\_\_\_

*If employed less than two years, please list prior employer*

### Household Information

*Please list ALL persons currently living in your household*

|             |                      |                      |                         |
|-------------|----------------------|----------------------|-------------------------|
| _____       | _____                | \$ _____             | _____                   |
| <i>Name</i> | <i>Date of Birth</i> | <i>Annual Income</i> | <i>Source of Income</i> |
| _____       | _____                | \$ _____             | _____                   |
| <i>Name</i> | <i>Date of Birth</i> | <i>Annual Income</i> | <i>Source of Income</i> |
| _____       | _____                | \$ _____             | _____                   |
| <i>Name</i> | <i>Date of Birth</i> | <i>Annual Income</i> | <i>Source of Income</i> |
| _____       | _____                | \$ _____             | _____                   |
| <i>Name</i> | <i>Date of Birth</i> | <i>Annual Income</i> | <i>Source of Income</i> |
| _____       | _____                | \$ _____             | _____                   |
| <i>Name</i> | <i>Date of Birth</i> | <i>Annual Income</i> | <i>Source of Income</i> |

## Property Information

Property Deed/Title in Name of \_\_\_\_\_

Address of Property to be Improved  
If different from above

Home Repairs/Renovations Requesting:  
Please select all that apply

Date Purchased \_\_\_\_\_

Value of Property \$ \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_

Does property have Grant Lien?  Yes  No Amount \$ \_\_\_\_\_

Is this property your primary residence?  Yes  No

Do you have any ownership interest in another property?  Yes  No

Roof

Sidewalk

Windows

Paint

Electrical

Foundation

Other: \_\_\_\_\_

## Assets

Checking \$ \_\_\_\_\_

Savings \$ \_\_\_\_\_

Retirement \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

## Additional Income

Monthly Amount Or Yearly Amount

Rental \$ \_\_\_\_\_ \$ \_\_\_\_\_

SSI/Pension/Disability \$ \_\_\_\_\_ \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other \$ \_\_\_\_\_ \$ \_\_\_\_\_

## Debts

|              | Name of Creditor | Address of Creditor | Monthly Payment | Months Left to Pay | Unpaid Balance |
|--------------|------------------|---------------------|-----------------|--------------------|----------------|
| Mortgage     | _____            | _____               | \$ _____        | _____              | \$ _____       |
| Home Equity  | _____            | _____               | \$ _____        | _____              | \$ _____       |
| Auto         | _____            | _____               | \$ _____        | _____              | \$ _____       |
| Credit Cards | _____            | _____               | \$ _____        | _____              | \$ _____       |
| Other        | _____            | _____               | \$ _____        | _____              | \$ _____       |

## Declarations

|  | Applicant  | Co-Applicant   |
|--|--|--|
| Are you a US Citizen or a permanent resident alien? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you had any outstanding judgments? If yes, date discharged .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In the last seven years, have you been declared bankrupt? If yes, date discharged .....                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you had property foreclosed upon or given title or deed in lieu thereof, in the last seven years? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you a party in a lawsuit? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you obligated to pay alimony, child support or separate maintenance? If yes, list amount \$ _____        | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have any past-due obligations owed to or insured by an agency of the federal government? .....        | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you receive alimony, child support or separate maintenance? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you receive Social Security and/or disability benefits? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you disabled? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you a veteran? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## Additional Questions

Have you had a Lead Risk Assessment of your property?  Yes  No

How did you hear about us? \_\_\_\_\_

## Information For Government Monitoring Purposes

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race.

**Applicant**  *I do not wish to furnish this information*

**Sex**  Male  Female **Foreign Born**  Yes  No

**Race** *Select all that apply*

- White  Black/African American  
 Asian  American Indian/Alaskan Native  
 Native Hawaiian/Other Pacific Islander  
 Other \_\_\_\_\_

**Ethnicity:** Are you Hispanic?  Yes  No

For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish this information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

**Co-Applicant**  *I do not wish to furnish this information*

**Sex**  Male  Female **Foreign Born**  Yes  No

**Race** *Select all that apply*

- White  Black/African American  
 Asian  American Indian/Alaskan Native  
 Native Hawaiian/Other Pacific Islander  
 Other \_\_\_\_\_

**Ethnicity:** Are you Hispanic?  Yes  No

## Authorization

I (We) hereby certify that I (We) are the owner(s) and occupant(s) of the property to be improved and that this is my (our) principal place of residence. I (We) certify that all the information provided in this application is true and correct to the best of my (our) knowledge and contains no willful misrepresentations. I (We) understand that any willful misstatement of material fact contained herein may be grounds for disqualification from this program. I (We) understand that disclosure of information requested is voluntary. However, failure to disclose certain information may result in a delay or disqualification of my (our) application for assistance.

I (We) understand that a lien will be placed against my (our) property for the total amount of the grant funds used for my (our) home repair project. The purpose of this lien is to ensure that I (We) live in this home for the specified period of time. The amount of the lien will become payable, in full, when I (We) either transfer the ownership of the property or fail to comply with other terms of the Grant Note & Mortgage Agreement.

I (We) authorize the staff of NeighborWorks® Rochester to obtain income and asset verifications from all household income sources. I (We) authorize NeighborWorks® Rochester to also obtain credit reports in connection with this application and any Loan or Account established hereby, as well as any update, renewal, extension, review or collection thereof.

I (We) understand that all information contained in this application will be kept confidential in accordance with the Freedom of Information Act. I (We) acknowledge that I (We) have read and received a copy of NeighborWorks® Rochester's Privacy Policy.

I (We) understand that in order to best protect your family's health NeighborWorks® Rochester will perform a lead risk assessment using the XRF analyzer which determines the presence of lead. If lead is found, repair or replacement will be required.

I (We) have read and understand all the information contained in this program application.

**Applicant**

\_\_\_\_\_  
Signature - Print and sign

\_\_\_\_\_  
Date

**Co-Applicant**

\_\_\_\_\_  
Signature - Print and sign

\_\_\_\_\_  
Date

## IMPORTANT! Submit with This Form:

- \*Proof of all household monthly income
- \*Copy of your driver's license or Government issued ID
- \*2 months worth of Full Bank Statements
- \*Note:  
A Credit Report Fee of \$15 individual or \$25.00 with co-applicant fee will be applicable at a later date. If approved to continue a \$50.00 Application fee's will also apply.



**Office Use Only**

Credit/ Application Fee  
Date Received

Method of  Card  Check #  
Notes