

APPLICATION CHECKLIST

Please provide the following items with your application.
Email or call me if you have any questions: sstout@nnhc.org or (435) 799-8116.

- COMPLETED AND SIGNED APPLICATION
- COPY OF THE LAST TWO MONTHS OF CONSECUTIVE PAY STUBS (for all wage earners in the household)
- COPY OF SOCIAL SECURITY BENEFIT LETTER FOR ANYONE RECEIVING SOCIAL SECURITY.
- IF APPLICABLE - PAYMENT HISTORY OF ALIMONY/CHILD SUPPORT RECEIVED.
- COPY OF YOUR TWO MOST RECENT BANK STATEMENTS **including savings accounts.
- COPY OF CURRENT PROPERTY TAX NOTICE FROM THE COUNTY.
- COPY OF CURRENT HOMEOWNERS INSURANCE DECLARATION PAGE.
- COPY OF MOST RECENT MORTGAGE STATEMENT.
- IF APPLICABLE - COPY OF LAST TWO YEARS INCOME TAXES (If self-employed, or otherwise requested.)

By signing below, I certify that what I have provided is accurate to the best of my knowledge. I understand that giving false or misleading information may be grounds for the denial of my application. I also authorize NNHC to pull my credit report as part of the application process.

Applicant Signature: _____

Co-Applicant Signature: _____



WORKFORCE SERVICES
HOUSING & COMMUNITY DEVELOPMENT



State of Utah-Department of Workforce Services

Housing and Community Development

Olene Walker Housing Loan Fund

Single Family Rehabilitation and Reconstruction Program Application Part 1

Date of Application: _____

Loan Type _____

Applicant Information

Borrowers Name:	_____	SS Number:	_____
Age:	_____	Phone Number:	_____
Birthdate:	_____	Email:	_____
Co-Borrower Name:	_____	SS Number:	_____
Age:	_____	Phone Number:	_____
Birthdate:	_____	Email:	_____
Property Address			
Street:	_____		
City:	_____	Zip:	_____
County:	_____	Primary Residence:	_____
Mailing Address			
X if same as above	_____		
Street:	_____		
City:	_____	Zip:	_____
Marital Status	_____	Co-Borrower status:	_____

Demographic Info:

Race	_____
Ethnicity	_____
Disabled	_____

Race	_____
Ethnicity	_____
Disabled	_____

Dependents:

Name	Age	SS#	Relationship	Disabled
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Others- Living in home or may be living in home in the next 6 months:

Name	Age	SS#	Relationship	Disabled
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total persons in Household _____

Description of work needed

Annual Income

	Owner	Co-owner	Other Residents	Subtotal
Wages, Salaries, Tips				\$ -
Taxable Interest				\$ -
Dividend Income				\$ -
Taxable refunds or credits or offsets of state & local income taxes				\$ -
Alimony Received				\$ -
Business income (or loss)				\$ -
Capital gain (or loss)				\$ -
Other gains (or losses)				\$ -
Taxable amount of IRA distributions				\$ -
Taxable amount of pensions and annuities				\$ -
Rental property, royalties, partnerships, Farm income (or loss)				\$ -
Unemployment compensation				\$ -
Total Social Security Benefits				\$ -
Taxable amnt. of Social Security benefits				\$ -
Other income-				\$ -
Subtotal (lines 1-15)	\$ -	\$ -	\$ -	\$ -
IRA deduction				\$ -
Medical savings account deduction				\$ -
Moving expenses				\$ -
One-half of self-employment tax				\$ -
Self employed health insurance deduction				\$ -
Keogh and self-employed SEP and SIMPLE plans				\$ -
Penalty on early withdrawal of savings				\$ -
Paid alimony				\$ -
Subtotal	\$ -	\$ -	\$ -	\$ -
Adjusted Gross Income				\$ -
Have 2 months documented income				

Title

Is anyone on the title that doesn't live in this house	
If yes,	
Name	
Age	
Relationship	

Employer Information

Borrower	Name of Employer	
	Address of Employer	
	How long employed?	
Co-Borrower	Name of Employer	
	Address of Employer	
	How long employed?	

Comments

Debt:

	Included in House Payment?	Owed To	Monthly Payment	Balance
Property Tax				
Property Insurance				
1st Mortgage				
2nd Mortgage				
Land Payments				
Auto Loan				
2nd Auto Loan				
Credit Card				
2nd Credit Card				
3rd Credit Card				
4th Credit Card				
Health Insurance Premium				
Other:				
Total Debt Payment:				\$ -
Total Debt Balance:				\$ -

Property Information:

Year Property Built			
Is there anyone on the title that does not live in this house			
Is home on Permanent Foundation?			
Was home weatherized?		If yes year:	
Already have rehab loan?		If yes Loan #	
Owner employed by agency?			
Property Type:			
Number of Bedrooms?			

Insurance Information:

Insurance Agency Name		Agency Info	
Agent		Address	
Agent Phone Number		City	
Policy Number		Zip	
Policy Type			
Insurance Paid By			

Other

Does any owner:			
Have relatives working for this agency		If yes:	
		Name	
Have any outstanding unpaid judgements?		Relationship	
Have declared bankruptcy within the past ten years?		Position held	
Have been party in a lawsuit?			
If yes to any of the three above questions explain when, where, and why:			

The applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining financial assistance under the applicable program(s) and is true and complete to the best of applicants knowledge and belief.

The applicant understands and agrees that if false information is provided in this application the State of Utah, Division of Housing and Community Development may hold the applicant ineligible to apply for any program funds for a period of 1 year or until any issue of restitution is resolved and may terminate the applicant's contract and recapture all funds expended.

The applicant will not, in the provision of services, or in any other manner, discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, familial status, gender identity, sexual orientation, or handicap.

Verification of any of the information contained in this application may be obtained from any source named herein.

The applicant will at all times indemnify and hold harmless the State of Utah Division of Housing and Community Development or its agencies against all losses, costs, damages, expenses, and liabilities of any nature directly or indirectly resulting from, arising out of, or relating to the State acceptance, consideration, approval, or disapproval of this request and the issuance or non-issuance of program funds herewith. In accepting this loan, I/We will pay property taxes, homeowner's insurance, and keep liens off property as long as the loan is in place.

I/We certify that the property will be our principal residence for the term of the loan.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.

The information provided above is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification.

Applicant Signature Date

Applicant Signature Date

For agency Only
I have explained the above application and certification to the applicant(s)

Reviewed by: Suzanne Stout
Date: _____
Name of Agency: Neighborhood Nonprofit Housing Corp.

Eligibility Release Form:

Organization requesting release of information

Name: Neighborhood Nonprofit Housing Corporation

Address: 195 Golf Course Rd. #1, Logan, UT 84321

Phone: (435) 799-8116

Date: [Redacted]

Purpose: Your signature on this Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party, relative to your eligibility and continued participation.

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) and the State of Utah, Division of Housing and Community Development are requiring the collection of the information derived from this form to determine an applicant's eligibility in a Housing Program and the amount of assistance necessary using Federal and/or State funds. This information will be used to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Authorization: I authorize the above-named Participating Jurisdiction and HUD to obtain information about my household and me that is pertinent to eligibility in the Housing Program.

Instructions: Each adult member of the household must sign an Eligibility Release Form prior to the receipt of benefit.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

I acknowledge that:

- 1 A photocopy of this form is as valid as the original
- 2 I have the right to review the file and the information received using this form (with a person of my choosing to accompany me)
- 3 I have the right to copy information from this file and to request correction of information I believe inaccurate.
- 4 All adult household members will sign this form and cooperate with the owner in this process.

Head of Household- Family Member Head

Printed Name: [Redacted] 0

Signature: [Redacted]

Date: [Redacted]

Other Adult Member of Household- Family Member # 3

Printed Name: [Redacted] 0

Signature: [Redacted]

Date: [Redacted]

Information Covered: Inquiries may be made about items initiated by applicant.

Required Verification

Borrowers
Initials

Other Adult Member of Household- Family Member #2

Printed Name: [Redacted]

Signature: [Redacted]

Date: [Redacted]

Other Adult Member of Household- Family Member #4

Printed Name: [Redacted]

Signature: [Redacted]

Date: [Redacted]