



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: [Redacted]

Loan Type [Redacted]

Applicant Information

Borrowers Name:	[Redacted]	SS Number:	[Redacted]
Age:	[Redacted]	Phone Number:	[Redacted]
Birthdate:	[Redacted]	Email:	[Redacted]
Co-Borrower Name:	[Redacted]	SS Number:	[Redacted]
Age:	[Redacted]	Phone Number:	[Redacted]
Birthdate:	[Redacted]	Email:	[Redacted]
<b>Property Address</b>	[Redacted]		
Street:	[Redacted]		
City:	[Redacted]	Zip:	[Redacted]
County:	[Redacted]	Primary Residence:	[Redacted]
<b>Mailing Address</b>	[Redacted]		
X if same as above	[Redacted]		
Street:	[Redacted]		
City:	[Redacted]	Zip:	[Redacted]
<b>Marital Status</b>	[Redacted]	Co-Borrower status:	[Redacted]

Demographic Info:

Race	[Redacted]	Race	[Redacted]
Ethnicity	[Redacted]	Ethnicity	[Redacted]
Disabled	[Redacted]	Disabled	[Redacted]

Dependents:

Name	Age	SS#	Relationship	Disabled
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

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

Name	Age	SS#	Relationship	Disabled
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Total persons in Household [Redacted]

Description of work needed

[Redacted]

**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 Jacob  
Date: \_\_\_\_\_  
Name of Agency: Neighborhood Nonprofit Housing Corp.

