

**HOUSING REHABILITATION PROGRAM  
PRE-APPLICATION FOR DEFERRED PAYMENT LOAN**

**To the applicant: The information on this form will be used to determine eligibility for a Housing Rehabilitation Program Deferred Payment Loan. All information is kept confidential.**

**NAME of APPLICANT(S):** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **CELL NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**A. TOTAL NUMBER OF HOUSEHOLD RESIDENTS** \_\_\_\_\_

**"Resident" means any person living in the household for at least 9 months of the year.**

**B. INCOME INFORMATION FOR ALL RESIDENTS**

**Include all income your household can reasonably expect to receive during the next 12 months, including, but not limited to, the following sources:**

- a. Salaries including commissions, bonuses, overtime pay, and tips
- b. Public assistance: Social Security, SSI, SSD, AFDC, and Unemployment Compensation
- c. Maintenance, child support, or any other support program
- d. Business profit for self-employed individuals
- e. Pensions and Annuities
- f. Estate, Trust, or any other interest income
- g. Rental income
- h. Educational grants paid to grantee, not to the institution
- i. Gains from the sale of property or securities
- j. Payments received from properties sold on land contract

**C. Complete the following table for all residents; include any income they may receive:**

NAME	HOURLY RATE X HOURS WORKED X PAY PERIODS = YEARLY INCOME	SOURCE OF INCOME (EMPLOYER)
YOUR HOUSEHOLD TOTAL GROSS INCOME IS		\$

**D. LIQUID ASSET INFORMATION**

List the cash value of assets held by all residents of your household.

1. Checking Accounts - Institution and Account Number

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

2. Savings Accounts - Institution and Account Number

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

3. Cash value of Securities or U.S. Savings Bonds

\$ \_\_\_\_\_

4. Net value of pensions or retirement funds for applicants who are at least 59 ½ years of age

\$ \_\_\_\_\_

5. Redemption value of whole life insurance policies (term life insurance not counted)

\$ \_\_\_\_\_

6. Current market value of any other real estate. If money is owed on any item, the value listed should equal the market value of the item minus the amount that is owed.

\$ \_\_\_\_\_

7. List any personal property such as a second vehicle, a motorcycle, motor home, \_\_\_\_\_ or recreational vehicle. Do not include household furnishings, clothing, and first vehicle. \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

ASSETS MUST BE UNDER \$70,000.00 TO BE ELIGIBLE: TOTAL ASSETS: \$ \_\_\_\_\_

**E. LIABILITY INFORMATION - List all financial obligations that are recorded against the property (mortgages, liens, delinquent taxes, other).**

(Whom Debted/Mortgage Holders) \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Present Balance: \$ \_\_\_\_\_

**Must meet these 2019 eligibility requirements**

INCOME LIMIT	HOUSEHOLD SIZE
\$44,050	1
\$50,350	2
\$56,650	3
\$62,900	4
\$67,950	5
\$73,000	6
\$78,000	7
\$83,050	8+

**EXAMPLE: A HOUSEHOLD OF 4 MUST BE UNDER \$62,900 TO BE ELIGIBLE**