

JEFFERSON COUNTY

ECONOMIC DEVELOPMENT CORPORATION

HOME OWNER REHABILITATION
PROGRAM

APPLICATION

Last Revision: October 2009

HOME OWNER REHABILITATION PROGRAM APPLICATION

I. APPLICANT CHECKLIST

The following items must be submitted with your application:

- 1. A copy of the last three employer pay-stubs from all places of employment
 - 2. A copy of the past 2 years income tax returns
(Federal and State income tax returns with all attached schedules)
 - 3. A copy of your last two months bank statements. If self-employed, include a current profit and loss statement as filed with your tax return.
 - 4. Provide a copy of ALL current income documentation: (these include but are not limited to: interest and rental income, retirement, social security, unemployment, alimony and child support, disability, any other source of income not listed here.
 - 5. Copy of the court documents regarding discharge of Chapter 7 bankruptcy or completion of workout plan of Chapter 13 bankruptcy, if applicable.
 - 6. Copy of recorded property Deed(s) of Trust – documentation of mortgages/liens on property.
 - 7. Copy of recorded General Warranty Deed – proof of ownership of property.(If additional names are on the deed to your home, notarized letters will be required from all persons having an interest in your home, example: children, separated spouses, etc.)
 - 8. Copy of Mortgage Statement indicating current payment amount and principal balance for each outstanding mortgage. **MORTGAGE PAYMENTS MUST BE CURRENT TO APPLY** (Applicant must be able to prove at least \$15,000 worth of equity in the home/property to qualify for the program. This is accomplished by submitting a recent appraisal - conducted by a licensed real estate appraiser of your property. If no appraisal exists, we will use the current value of your property as shown by the Jefferson County Assessor’s Office.)
 - 9. A list of all outstanding debts including required monthly payments.
 - 10. Copy of current “Paid” real estate tax bill.
 - 11. Copy of Current Hazard/fire insurance certificate.
 - 12. Authorization to obtain and review credit reports (form attached).
 - 13. Authorization to verify the status of any liens recorded against the property (form attached).
- *All information and materials contained in your loan application, including the evaluation of the applicant’s credit worthiness, shall be held in confidence and not as public record.*

SUBMIT THIS APPLICATION AND ALL REQUIRED DOCUMENTS TO:

**Economic Development Corporation
PO Box 623 -5217 Highway B
Hillsboro, MO 63050**

II. ADDITIONAL INFORMATION

After the submission of all required documents along with the completed application, EDC (Economic Development Corporation) will review the application to evaluate whether or not the applicant(s) qualifies for the program. The applicant will be notified if their application is either accepted or denied.

If the applicant qualifies for the program, an EDC representative will contact the applicant to arrange for an interview and property inspection. At the interview the EDC representative will answer any questions you might have about the Program and discuss the Scope of Work/Work Write-up that will be prepared which outlines the repairs to be done on the property.

Economic Development Corporation of Jefferson County Home Owner Rehabilitation Program Application

Name: Mr. Mrs. Ms. _____

Address, City & Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Email Address: _____

Employer Name and Address: _____

HOUSEHOLD MEMBERS (list all members)	RELATIONSHIP	SOC. SEC. NO.	ADJUSTED GROSS ANNUAL INCOME*	AGE	SEX (M/F)	HANDICAPPED OR DISABLED (Yes/No)
1.	SELF		\$			
2.			\$			
3.			\$			
4.			\$			
Total:			\$			

*List all income for each member of the family, include income from wages, pensions, social security, disability, public assistance, interest/rental income or any other income whether taxable or not. *Eligibility is based on your adjusted gross income for the past two years. If you are on social security and have additional income, you must count all the social security, not just the taxable amount.

Estimated value of the home: \$ _____ Age of Home: _____

Is the home your principal residence: _____ Is Home Rented? _____

Number of bedrooms: _____ Number of Baths: _____ Public Water: _____ Public Sewer: _____

Home Mortgages and other monetary liens recorded against the property:

	Lender	Phone No.	Account No.	Balance	Current
1 st Trust Deed	_____	_____	_____	_____	Y/N
2 nd Trust Deed	_____	_____	_____	_____	Y/N
Other Liens	_____	_____	_____	_____	Y/N

Repairs desired (be specific, use additional paper as necessary): _____

I hereby certify that the above information is correct.

Signature of Homeowner

Date

Signature of Homeowner

Date

**Economic Development Corporation
Of Jefferson County
Home Owner Rehabilitation Program**

CREDIT REPORT AUTHORIZATION AND RELEASE

Authorization is hereby granted to the Economic Development Corporation of Jefferson County as the Home Owner Rehabilitation Program Administration, to obtain a standard factual data credit report through a credit-reporting agency chosen by the Economic Development Corporation of Jefferson County.

My (our) signature below authorizes the release to the credit-reporting agency of my credit history, and authorizes the credit-reporting agency to obtain information regarding my employment, savings account, and outstanding accounts (mortgages, auto loans, personal loans, charge cards, credit unions, etc.) Authorization further granted to the reporting agency to use reproduction of this authorization if necessary to obtain any information regarding the credit report.

Any reproduction of this authorization and release made by reliable means (for example, photocopy or facsimile) is considered original.

This must be signed by each homeowner:

Borrower's Signature	Date	Co-Borrower's Signature	Date
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Social Security Number	Social Security Number
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Borrower's Signature	Date	Co-Borrower's Signature	Date
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Social Security Number	Social Security Number
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**Economic Development Corporation
Of Jefferson County
Home Owner Rehabilitation Program**

LOAN REVIEW AND AUTHORIZATION AND RELEASE

Authorization is hereby granted to the Economic Development Corporation of Jefferson County as the Home Owner Rehabilitation Program Administration to receive and be provided access, now or in the future, to information regarding any monetary liens recorded against the residence located at _____ Missouri.

My (our) signature below authorizes the release to the lender(s) of information regarding the current and past status of any monetary liens (for example, mortgage loans) and its monthly payments recorded against the above mentioned property. Authorization is further granted to the lender to use a reproduction of this authorization if necessary to obtain any information related to my (our) application.

Any reproduction of this authorization and release made by reliable means (for example, photocopy or facsimile) is considered an original.

This must be signed by each homeowner:

Borrower's Signature	Date	Co-Borrower's Signature	Date
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Social Security Number	Social Security Number
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Borrower's Signature	Date	Co-Borrower's Signature	Date
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Social Security Number	Social Security Number
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FAMILY INCOME INFORMATION
 INFORMATION FOR GOVERNMENT MONITORING PURPOSES

This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race/ethnicity is voluntary. The Jefferson County Home Owner Rehabilitation Program has been established using Federal Community Development Block Grant funding. Any information given will be beneficial to Jefferson County in monitoring for future funding.

Name: _____

Soc. Sec. #. _____

Family Size: _____		Ethnic Origin (Please Check One)
Below \$-\$10,150 <input type="checkbox"/>	\$21,101 - \$27,050 <input type="checkbox"/>	<input type="checkbox"/> White
\$10,151- \$11,600 <input type="checkbox"/>	\$27,051-\$28,000 <input type="checkbox"/>	<input type="checkbox"/> Black/African American
\$11,601-\$13,050 <input type="checkbox"/>	\$28,001-\$29,950 <input type="checkbox"/>	<input type="checkbox"/> Asian
\$13,051-\$14,500 <input type="checkbox"/>	\$29,951-\$30,900 <input type="checkbox"/>	<input type="checkbox"/> American Indian/Alaskan Native
\$14501-\$15,650 <input type="checkbox"/>	\$30,901-\$31,900 <input type="checkbox"/>	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
\$15,651-\$16,800 <input type="checkbox"/>	\$31,901-\$34,800 <input type="checkbox"/>	<input type="checkbox"/> American Indian/Alaskan Native and White
\$16,801-\$16,900 <input type="checkbox"/>	\$34,801-\$38,650 <input type="checkbox"/>	<input type="checkbox"/> Asian and White
\$16,901-\$17,950 <input type="checkbox"/>	\$38,651-\$41,750 <input type="checkbox"/>	<input type="checkbox"/> Black/African American and White
\$17,951-\$19,150 <input type="checkbox"/>	\$41,751-\$44,800 <input type="checkbox"/>	<input type="checkbox"/> American Indian/Alaskan Native and Black/African American
\$19,151-\$19,300 <input type="checkbox"/>	\$44,801-\$47,900 <input type="checkbox"/>	<input type="checkbox"/> Other (specify): _____
\$19,301-\$24,150 <input type="checkbox"/>	\$47,901-\$51,000 <input type="checkbox"/>	
\$21,751- \$26,100 <input type="checkbox"/>	\$Over \$51,00 <input type="checkbox"/>	
Check if your are a female head of household <input type="checkbox"/>		Also check the following box if applicable
Check if you are a disabled individual <input type="checkbox"/>		Hispanic/Latino Ethnicity
Check if you are at least 65 years old <input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		(If yes, answer below)
		<input type="checkbox"/> Mexican/Chicano
		<input type="checkbox"/> Puerto Rican
		<input type="checkbox"/> Cuban
		<input type="checkbox"/> Other Hispanic/Latino

The information provided herein will be confidential and will only be used to provide statistical data required under the Community Development Block Grant Program. It is subject to verification pursuant to the rules and regulations of the U.S. Department of Housing and Urban Development.

I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE.

 SIGNATURE OF HOMEOWNER(S)

 DATE