

# HOME REHAB LOAN PROGRAM

FOR HOMEOWNERS IN DISTRICT 3



**Are You Having Problems with Your Plumbing?**

**Do You Need a New Roof?**

**Are Your Windows Old and Seeping Air?**

**How About Other Over Looked and Over Due Repairs?**

**If So, You Could Benefit From a REHAB HOME Loan**

**and**

**Make Your Home Both Safer & Healthier!**

**Please complete the application in full and return it to the CPD Office**

**located at:**

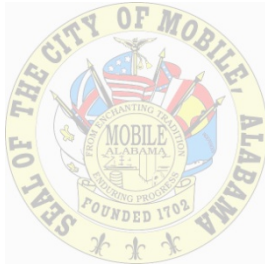
**205 Government Street**

**South Tower, 5<sup>th</sup> Floor, Suite 508**

**Mobile, AL 36602**

**Due by Tuesday, October 18, 2011**

**IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT US AT  
(251) 208-6290.**



Dear Homeowner:

Thank you for your interest in the Mobile Housing Rehab Loan Program. Enclosed is a copy of the application packet. Please review the information to determine whether the program meets your need according to the income guidelines provided by the U.S. Department of Housing and Urban Development (HUD).

To apply, simply complete the application in its entirety and return it with the required documentation to:

**Attn: HOME REHAB LOAN PROGRAM**  
**Department of Community Planning & Development**  
**Government Plaza**  
**205 Government Street, South Tower, 5<sup>th</sup> Floor, Room 508**  
**Phone: (251)-208-6290**

To expedite the processing of your application, please submit copies the following information with your application, where applicable:

- Most recent gas, electric, water and sewer bills.
- Declaration page that identifies the amount of homeowner's insurance, date of coverage and amount of premium.
- Most recent (3) pay stubs, pension pay statement or most recent social security/disability income award letter.
- Signature on the attached Request for Verification of Employment for each employer for all members of the household 18-years of age and older.
- If you have children 18-years of age and older who attend school, please submit a copy of their school registration.
- Most recent mortgage statement that reflects the mortgage balance, your payment and escrow information.
- Court order for award of monthly child support payments. You will also need to contact the Child Support Enforcement Agency to obtain a printout of your child support payment history for the past six months.
- Copy of your last two quarterly statements for any stocks, bonds, money market, IRA, 401K, Keogh accounts or any similar types of interest bearing accounts.
- Checking and savings account statements for the past six months.
- Current Income Taxes Return with the appropriate Schedules (Schedules E) to verify your income from rental property.
- Statement from your insurance company that reflect any cash value in your life policies before death.

**All Original Documents Will Be Returned To You Upon Your Request.**

The processing of your application will begin upon receipt of your application and all requested information.

The Mobile HOME Rehab Loan Program is funded by the U.S. Department of Housing and Urban Development, which requires us to verify your gross family income to determine your eligibility for the program.

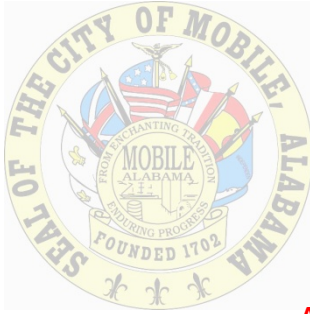
We will also obtain a title report to verify your ownership of the property, taxes paid and any additional liens that may exist.

A consumer credit report may be obtained to determine your ability to repay the debt. You may be required to attend credit counseling as a condition of the loan.

The difference between your home's market value and the balance of your mortgage is considered equity. The HOME Rehab Loan Program will not provide a loan which when added to your existing mortgage(s) exceeds 100% of the value. Therefore, it is necessary for us to verify your current balance on all mortgages that exist on your home. After all information is received verified and you are determined eligible, an appraisal may be conducted on your property to verify its market value.

There may be times when we find it necessary to request additional information. Your cooperation will be greatly appreciated.

Should you have any questions and/or require any additional information, do not hesitate to contact us at (251) 208 - 6290.



## CITY OF MOBILE HOME REHAB LOAN PROGRAM HOMEOWNER APPLICATION

**Application Period Begins: Tuesday, September 6, 2011**

**Application Due: Tuesday, October 18, 2011**

**Note: Submission of this application does not obligate the applicant or the City of Mobile Department of Community Planning & Development in any way**

What repairs does your home need?

\_\_\_\_ Emergency:

\_\_\_\_ Rehabilitation:

### Applicant(s)

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|                 |       |                   |               |
|-----------------|-------|-------------------|---------------|
| Owner Last Name | First | Social Security # | Date of Birth |
|-----------------|-------|-------------------|---------------|

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|                    |       |                   |               |
|--------------------|-------|-------------------|---------------|
| Co-Owner Last Name | First | Social Security # | Date of Birth |
|--------------------|-------|-------------------|---------------|

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|         |      |     |         |
|---------|------|-----|---------|
| Address | City | Zip | Phone # |
|---------|------|-----|---------|

Number of Bedrooms: \_\_\_\_\_

\_\_\_\_ Single Family Home    \_\_\_\_ Two Family    \_\_\_\_ Multi Family (3 or more)

*Demographic data is obtained for statistical purposes and will not be considered by the City in determining eligibility. Married borrowers must have their spouse sign the mortgage deed.*

Head of Household: Yes \_\_\_\_\_ No \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**Ethnicity:** Select only one: Hispanic/Latino Yes \_\_\_\_\_ No \_\_\_\_\_

Race: Select one or more: White \_\_\_\_\_ Black or African American \_\_\_\_\_ Asian \_\_\_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_\_\_ Native American Indian or Alaskan \_\_\_\_\_

Other: Multi-Racial \_\_\_\_\_

Marital Status \_\_\_\_\_ Married \_\_\_\_\_ Unmarried (Including single, divorced, widowed)

Female Headed Household: Yes \_\_\_\_\_ No \_\_\_\_\_

Please list all of the people living at this property including yourself:

| NAME  | AGE   | RELATIONSHIP | INCOME (MONTHLY) |
|-------|-------|--------------|------------------|
| _____ | _____ | Owner        | \$ _____         |
| _____ | _____ | Co-Owner     | \$ _____         |
| _____ | _____ | _____        | \$ _____         |
| _____ | _____ | _____        | \$ _____         |
| _____ | _____ | _____        | \$ _____         |
| _____ | _____ | _____        | \$ _____         |
| _____ | _____ | _____        | \$ _____         |

**PREVIOUS SERVICE:**

Have you ever received a housing rehab loan through this Department?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what Year \_\_\_\_\_

**INCOME AND EMPLOYMENT:** (If any person listed is self-employed, submit a current financial statement, copy of signed current tax return and current profit and loss statement).

All income sources for all persons in the household that are age 18 or over must be stated:

Your Annual Income \$ \_\_\_\_\_ (a) (Gross Annual)  
 Name of Employer \_\_\_\_\_ Number of years employed: \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
 \_\_\_\_\_

Co- Owner’s Annual Income \$ \_\_\_\_\_ (b) (Gross Annual)  
 Co-Owner Employer \_\_\_\_\_ Number of years employed: \_\_\_\_\_  
 Co-Owner’s Employer Address \_\_\_\_\_  
 \_\_\_\_\_

Other sources of Household Income (monthly):

|                 |          |                   |          |
|-----------------|----------|-------------------|----------|
| Pension         | \$ _____ | Welfare           | \$ _____ |
| Unemployment    | \$ _____ | Dividend/Interest | \$ _____ |
| Social Security | \$ _____ | ADC               | \$ _____ |
| Rental Income   | \$ _____ | Alimony           | \$ _____ |
| VA Benefits     | \$ _____ | Disability        | \$ _____ |
| Child Support   | \$ _____ | Other             | \$ _____ |

**FAMILY ASSETS: (please attach additional account information on a separate sheet of paper).**

Name and Address of Financial Institution: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name and Address of Financial Institution: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Do you own life insurance that allows you to borrow cash before death? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and Address of Insurance Company: \_\_\_\_\_

Type of Policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Telephone Number: Name of Representative: \_\_\_\_\_

Are there any revocable trusts that are available to the family? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you own any other real estate? Yes \_\_\_\_\_ No \_\_\_\_\_

**MORTGAGE INFORMATION:**

First Mortgage Loan Yes

Second Mortgage Loan Yes

Purchase Price of Home \$ \_\_\_\_\_ Year \_\_\_\_\_

**FIRST MORTGAGE:**

\_\_\_\_\_  
Name of Lending Institution

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Address City Zip Code

\_\_\_\_\_  
Balance Owed Now

**SECOND MORTGAGE:**

\_\_\_\_\_  
Name of Lending Institution

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Address City Zip Code

\_\_\_\_\_  
Balance Owed Now

**TYPE REPAIR**

- Roof Repair
- Rotten wood or Siding Repair/Replacement
- Windows/Doors Repair/Replacement
- Deteriorated Foundation Repair
- Repainting
- Structural Repair

**OTHER REPAIRS**

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

**MISCELLANEOUS:**

Have you any past obligations owed to City of Mobile in the past five (5) years?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any unsatisfied judgments against you? If yes, give date \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Has either owner or co-owner declared bankruptcy in the past two (2) years?

Yes \_\_\_\_\_ No \_\_\_\_\_

Homeowners Insurance Company Name: \_\_\_\_\_

Yearly Premium \$ \_\_\_\_\_

Gas \$ \_\_\_\_\_/month Electric \$ \_\_\_\_\_/month Water & Sewer \$ \_\_\_\_\_/month

How did you hear about the program? Please check.

CPD Department \_\_\_\_\_ Television \_\_\_\_\_ Direct Mail \_\_\_\_\_ City Web site \_\_\_\_\_

Newspaper \_\_\_\_\_ Other \_\_\_\_\_ (explain: \_\_\_\_\_ )

The owner and co-owner certify that all information on this application, and all information furnished in support of this application, are given for the purpose of obtaining financial assistance under the City of Mobile Home Rehab Loan Program and is true and complete to the best of the applicants' knowledge and belief. Verification may be obtained from any source herein. A credit report may be obtained on the owner and co-owner by City of Mobile. PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies ... or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Owner

\_\_\_\_\_  
Date

**Please Return this Form to:**  
  
City of Mobile  
Community Planning & Development  
205 Government St, South Tower, 5<sup>th</sup> Floor  
Mobile, AL 36602



**City of Mobile**  
**Department Community Planning & Development**  
**Government Plaza**  
**205 Government Street, South Tower, 5<sup>th</sup> Floor, Rm. 508**  
**Mobile, AL 36602**  
**Phone: (251)208-6290**

### RELEASE OF INFORMATION FORM

**Purpose:** To make sure that assistance is used properly as directed, Federal laws require that the information that you provide be verified. To receive assistance from the U.S. Department of Housing and Urban Development (HUD), applicants and all household members who are 18 years of age or older are required to sign this form that authorizes the above-named organization to obtain information from third parties relative to your eligibility and participation in its programs.

**Consequences for Not Signing the Consent Form.** If you fail to sign this form, or the individual verification forms, this may result in your assistance being denied.

**Types of Information to be Released.** I authorize the above-named organization and the U.S. Department of Housing and Urban Development to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Rehab Loan Program and/or the Lead Hazard

Information may be made about the following items:

- Income (all sources)
- Assets (all sources)

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.
- 3) I have the right to copy information from this file and to request correction of information that I believe is inaccurate.
- 4) All adult household members will sign this form and cooperate with the above-named organization in this process.

**Instructions.** Each adult member of the household (18 years of age or older) must sign the release of information form prior to the receipt of assistance.

**Please print and sign your name and date:**

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Other Adult Member of Household

\_\_\_\_\_  
Other Adult Member of Household

\_\_\_\_\_  
Other Adult Member of Household





## CITY OF MOBILE

### HOME REHAB LOAN PROGRAM

Community Planning and Development Department  
205 Government Street, South Tower, 5<sup>th</sup> Floor, Mobile, AL 36602  
(251) 208-6290 Office Number (251) 208-6296 Fax Number

### Request for Verification of Mortgage

|                                  |                                  |
|----------------------------------|----------------------------------|
| Application Number               | Date of Request                  |
| A. Name and Address of Applicant | B. Name and Address of Mortgagee |

#### NOTE TO MORTGAGEE

The applicant identified in Block A has applied for a City of Mobile HOME Rehab Deferred loan for property rehabilitation. The applicant has authorized the City to obtain verification from any source named in the application. Your verification of mortgage is for the confidential use of the City. Please furnish the information requested below and return this form, using the stamped self-addressed envelope provided.

#### Mortgagee's Verification

#### MONTHLY PAYMENT BREAKDOWN:

|                             |                        |          |
|-----------------------------|------------------------|----------|
| Type of Mortgage            | Principal and Interest | \$ _____ |
| Account Number              | Taxes                  | \$ _____ |
| Original Amount of Mortgage | Insurance              | \$ _____ |
| Present Mortgage Balance    | <b>TOTAL PAYMENT</b>   | \$ _____ |

Loan Payment Experience    Excellent  Good  Fair  Poor

Signature of Authorized Officer \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

|                                    |   |
|------------------------------------|---|
| <b>Please Return this Form to:</b> | City of Mobile<br>Community Planning & Development<br>205 Government St, South Tower, 5 <sup>th</sup> Floor<br>Mobile, AL 36602 |
|------------------------------------|---|

I hereby authorize the release of the above requested information to the City of Mobile CPD Department.

Printed and Signed \_\_\_\_\_

Date \_\_\_\_\_



**CITY OF MOBILE**

**HOME REHAB LOAN PROGRAM**

Community Planning and Development Department  
 205 Government Street, South Tower, 5<sup>th</sup> Floor, Mobile, AL 36602  
 (251) 208-6290 Office Number (251) 208-6296 Fax Number

**Request for Verification of Employment**

SOCIAL SECURITY NUMBER \_ \_ - \_ - - \_ \_ \_ \_

|   |  |
|---|--|
| APPLICATION NUMBER:                     | DATE OF REQUEST:                                   |
|   |  |
| <b>A. Name and Address of Applicant</b> | <b>B. Name and Address of Applicant's Employer</b> |

**NOTE TO EMPLOYERS**

The applicant identified in Block A has applied for the City of Mobile HOME Rehab Deferred loan for property rehabilitation under the City Rehabilitation Program. The applicant has authorized the City in writing to obtain verification from any source named in the application. Your verification of employment is for the confidential use of the City of Mobile. Please furnish the information requested below and return this form, using the stamped self-addressed envelope provided.

**EMPLOYER'S VERIFICATION**

|  |                        |  |   |                       |                       |
|--|------------------------|--|---|-----------------------|-----------------------|
| C. Position Held   | D. Dates of Employment | E. Probability of Continued Employment |   |                       |                       |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>Rate of Pay</b><br/>(Estimated, if not actually paid on hourly or annual basis)</td> <td style="width: 30%;">Hourly:            \$</td> <td style="width: 30%;">Annual:            \$</td> </tr> </table> |                        |  | <b>Rate of Pay</b><br>(Estimated, if not actually paid on hourly or annual basis) | Hourly:            \$ | Annual:            \$ |
| <b>Rate of Pay</b><br>(Estimated, if not actually paid on hourly or annual basis)  | Hourly:            \$  | Annual:            \$                  |   |                       |                       |
| <b>Additional Compensation - Actual Amounts Received During Past 12 Months:</b>  |                        |  |   |                       |                       |

If applicant is in military service, give income or monthly basis as follows:

|            |    |  |  |                                 |    |
|------------|----|--|--|---------------------------------|----|
| Overtime   | \$ |  |  | Base Pay                        | \$ |
| Commission | \$ |  |  | Quarters & Sustenance           | \$ |
| Bonus      | \$ |  |  | Flight or Hazard Duty Allowance | \$ |

F. Other Remarks

Signature of Employer \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Please Return this Form to:** City of Mobile  
 Community Planning & Development  
 205 Government St, South Tower, 5<sup>th</sup> Floor  
 Mobile, AL 36602

I hereby authorize the release of the above requested information to the City of Mobile CPD Department.

Printed and Signed \_\_\_\_\_ Date \_\_\_\_\_