



411 East Kern Avenue
Tulare, CA 93274
(559) 684-4236

Owner Occupied Rehabilitation Assistance Program RESIDENTIAL LOAN APPLICATION

Borrower Information

Borrower's Name: _____

Social Security Number: _____ Home Phone: (inc. area code) _____

DOB (mm/dd/yyyy): _____ Dependents (not listed by co-borrower) ____ Ages: _____

Married (includes single, divorced, partners). Unmarried (includes single, divorced, widowed). Separated _____

Present Address: (street, city, state, ZIP/County) Own Rent ___ No. Yrs.

Mailing Address, if different from Present Address:

Co-Borrower

Co-Borrower's Name: _____

Social Security Number: _____ Home Phone: (inc. area code) _____

DOB (mm/dd/yyyy): _____ Dependents (not listed by borrower) ____ Ages: _____

Married (includes single, divorced, partners). Unmarried (includes single, divorced, widowed). Separated _____

Present Address: (street, city, state, ZIP/County) Own Rent ___ No. Yrs.

Mailing Address, if different from Present Address

Employment Information

Borrower:

Name & Address of Employer Self Employed

Yrs. On this job: ___ yr(s) ___ mth(s)

Yrs. Employed in this line of work/profession: ___ yr(s) ___ mth(s)

Position/Title/Type of business

Business Phone (Incl. area code)

If employed in current position for less than two years or if currently employed in more than one position, complete the following:

Name & Address of Employer Self Employed

Yrs. On this job: ___ yr(s) ___ mth(s)

Yrs. Employed in this line of work/profession: ___ yr(s) ___ mth(s)

Position/Title/Type of business

Business Phone (Incl. area code)



Co-Borrower:

Name & Address of Employer

Self Employed

Yrs. On this job: yr(s) mth(s)

Yrs. Employed in this line of work/profession: yr(s) mth(s)

Position/Title/Type of business

Business Phone (Incl. area code)

If employed in current position for less than two years or if currently employed in more than one position, complete the following:

Name & Address of Employer

Self Employed

Yrs. On this job: yr(s) mth(s)

Yrs. Employed in this line of work/profession: yr(s) mth(s)

Position/Title/Type of business

Business Phone (Incl. area code)

Monthly Income and combined housing expense information

Gross Monthly Income	Borrower	Co-Borrower	Total	Combined Monthly Housing Expense	Present	Proposed
Base Empl. Income *	\$	\$	\$	Rent	\$	
Overtime				First Mortgage (P&I)		
Bonuses				Other Financing (P&I)		
Commissions				Hazard Insurance		
Dividends/Interest				Real Estate Taxes		
Net Rental Income				Mortgage Insurance		
Other (child support, alimony, etc.)				Homeowner Assn. Dues		

*Self Employed Borrower(s) may be required to provide additional documentation such as tax returns and financial statements.

Assets and Liabilities

This Statement and any applicable supporting schedules may be completed jointly by both married and unmarried Co-borrowers if their assets and liabilities are sufficiently joined so that the Statement can be meaningfully and fairly presented on a combined basis; otherwise, separate Statements and Schedules are required. If the Co-Borrower section was completed about a non-applicant spouse or other person, this Statement and supporting schedules must be completed by that spouse or other person also.

Completed

Jointly

Not Jointly

Continue to next page



Assets		Liabilities		
Description	Cash or Market Value	Description	Monthly Payment & Months left to pay	Unpaid Balance
Name and address of Bank, S&L, or Credit Union Acct. no _____	\$	Name and address of Company Acct. no _____	\$ Payments/Months	\$
Name and address of Bank, S&L, or Credit Union Acct. no _____	\$	Name and address of Company Acct. no _____	\$ Payments/Months	\$
Name and address of Bank, S&L, or Credit Union Acct. no _____	\$	Name and address of Company Acct. no _____	\$ Payments/Months	\$

I/We fully understand that it is a Federal Crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1001, et seq.

Borrower's Signature: X	Date	Co-Borrower's Signature: X	Date
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Declarations

If you answer "Yes" to any questions, please use continuation sheet for explanation.

	<u>Borrower</u>		<u>Co-Borrower</u>	
	Yes	No.	Yes	No
A. Is any part of the down payment borrowed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Are you a co-maker or endorser on a note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are you a U.S. citizen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Are you a permanent resident alien?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. <i>Do you intend to occupy the property as your primary residence?</i> If "YES," complete questions F below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Have you had an ownership interest in a property in the last three years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Are you Disabled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Borrower's Signature: X	Date	Co-Borrower's Signature: X	Date
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Please list everyone that will be living in the home, with all information requested complete:

Name	Relationship	Age	Sex	Income Source	Annual Amount	Handicap	
						Yes	No
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		

Race/Ethnicity Categories for Federally-funded Program Applications

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.**

BORROWER I do not wish to furnish this information

Ethnicity: Hispanic or Latino Not Hispanic or Latino

- Race: American Indian or Alaska Native American
 Asian
 Black/African American
 Native Hawaiian or Other Pacific Islander
 White

CO-BORROWER I do not wish to furnish this information

Ethnicity: Hispanic or Latino Not Hispanic or Latino

- American Indian or Alaska Native American
 Asian
 Black/African American
 Native Hawaiian or Other Pacific Islander
 White

FEMALE Head of Household

Yes No

Sex: Female Male

Sex: Female Male

PLEASE PROVIDE THE FOLLOWING:

- Current Income Verification – Pay stubs.**
- Social Security letter, or any other source of household income.**
- W-2 forms, most recent 3 years tax returns.**
- Most current 6 months Checking/Savings Account Statements.**
- Most current utility bills - Water, electric, gas.**
- Most current mortgage statement.**
- Current homeowners insurance.**
- Current property Tax Bill.**





CERTIFICATION

Certification: I certify that this information is true to the best of my knowledge. I am also aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State assistance. Penalties for falsifying information may include repayment of all assistance received, or prosecution under the law.

Date

Borrower

Co-Borrower





CONSENT/AUTHORIZATION:

I hereby authorize the City of Tulare and/or the Tulare Redevelopment Agency, or its designee to verify information pertaining to the information listed above, including credit information, for the purposes of the City of Tulare Rehabilitation Assistance Program.

Borrower: _____
Signature

Co-Borrower: _____
Signature

Date: _____

Date: _____

