

CITY OF COLUMBIA
OWNER-OCCUPIED HOUSING REHABILITATION PROGRAMS

I am applying for assistance through:

Owner-Occupied Rehabilitation Program Emergency Repair Code Deficiency Abatement

NAME _____ ADDRESS _____

TELEPHONE (Home) _____ TELEPHONE (Work) _____

FAMILY COMPOSITION: List your name below and each individual who resides in your home.
Use additional sheets as needed.

NAME	RELATIONSHIP	SSN	DOB
	SELF		

INCOME: Give requested information on each employed person in the home who is 15 or over.

	HEAD OF FAMILY	SPOUSE	OTHER
Name and Address of Employer(s), including Self-Employed			
1. _____			
2. _____			
3. _____			
Occupation			
1. _____			
2. _____			
3. _____			
Years Employed			
1. _____			
2. _____			
3. _____			
Gross Wages Per Pay Period			
1. _____			
2. _____			
3. _____			

Net Wages Per Pay Period			
1. _____			
2. _____			
3. _____			
Number of Pay Periods Per Year			
1. _____			
2. _____			
3. _____			
Other: Retirement Benefits			
Rental Income			
Public Assistance			
Social Security			
Child Support			
Business Income (net)			
Other ()			
GROSS ANNUAL INCOME			
NET ANNUAL INCOME			

BANK ACCOUNTS

Name of Bank	Type of Account (checking, savings, CD, etc.)	Current Balance	Monthly interest/dividends earned
1.			
2.			
3.			
4.			

OTHER ASSETS

Investments:	Current Value	Monthly interest/dividends earned
Stocks _____	_____	
Bonds _____	_____	
Mutual Funds _____	_____	
Other: _____		
Other Real Estate You Own or Have an Interest In:		
Other assets:		
TOTAL ASSETS		

FAMILY EXPENSES

Home Mortgage Payment	\$ _____
Are real estate taxes included in payment? Yes ____ No ____	
Is property insurance included in payment? Yes ____ No ____	
Utilities: Electricity	\$ _____
Gas/ Heating Fuel	\$ _____
Water/ Sewer	\$ _____
Telephone	\$ _____
Home Maintenance (repairs/ upkeep)	\$ _____
Food (include food, paper products, cleaning supplies, etc.)	\$ _____
Clothing (divide annual cost by 12)	\$ _____
Medical and dental care, medical care, office visits, etc.)	\$ _____
Transportation costs (gas/ repairs on automobile, etc.)	\$ _____
Insurance: Homeowner's (if not included in house payment)	\$ _____
Life	\$ _____
Health/ Medical	\$ _____
Automobile	\$ _____
Other (i.e. burial, etc.)	\$ _____
Taxes: Property	\$ _____
Other (please specify) _____	\$ _____
Installment Payments (total of payments from below)	\$ _____
Maintenance/ Child Support Payments paid to others	\$ _____
List all other expenses not included above (please specify)	
_____	\$ _____
_____	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____

DEBTS (INSTALLMENT PAYMENTS) – ADD ADDITIONAL SHEET(S) AS NEEDED

CREDITOR	ADDRESS	ORIGINAL AMOUNT	MONTHLY PAYMENT	PRESENT BALANCE	AMOUNT PAST DUE

MORTGAGE INFORMATION

Do you own your home outright? Yes _____ No _____
If not, amount of mortgage \$ _____

With whom do you have a first mortgage (name and address) _____

Do you have a second mortgage? Yes _____ No _____
If yes, amount of mortgage \$ _____

If yes, with whom do you have a second mortgage (name and address) _____

Penalty for False or Fraudulent Statement: USC Title 18, Section 1001, provides, Whoever, in any matter, within the jurisdiction of any department or agency of the United States knowingly and fully falsifies... or makes any false, fictitious or fraudulent statements or representation, 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 \$100,000 or imprisoned not more than five (5) years, or both.

The UNDERSIGNED hereby represents and warrants that all information provided above, to his or her best knowledge, is true and correct, and that he/she has read the above statement and understands the penalty for false or fraudulent statements. Verification of any of the information contained in this application may be obtained from any source named herein.

The applicant hereby understands that the Housing Rehabilitation Application package will include an inspection report showing current condition of the structure under consideration in terms of Columbia's Housing Code, and requests loan and/ or grant assistance on any or all items listed on such inspection report. In consideration of the provision of this assistance by the City, the undersigned applicants HEREBY WAIVE any and all claims whatsoever directly or indirectly resulting from any acts, errors, or omissions, whether negligent or otherwise, on the part of the City, its officers, agents or employees arising from or in connection with providing the requested assistance or anything in any way related thereto.

Date _____ Signature of Applicant(s) _____

Tell us what problems you are experiencing with your home (attach additional page if necessary):

Information for Government Monitoring Purposes

Please Read This Statement Before Completing the Box Below: The following information is requested by the federal government for loans related to CDBG and HOME funded programs, in order to monitor The City's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that The City may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations The City is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below. (The City must review the above material to assure that the disclosures satisfy all requirements to which The City is subject under applicable state law for the loan applied for.)

Applicant

I do not wish to furnish this information

Race/ National Origin:

- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Black/ African American
- Caucasian
- Asian
- American Indian or Alaskan Native AND Caucasian
- Asian AND Caucasian
- Black/ African American AND Caucasian
- American Indian or Alaskan Native and Black/ African American
- Other (specify) _____

Ethnicity:

- Hispanic Non-Hispanic

Sex:

- Male Female

Birthdate: _____ / _____ / _____

Marital Status:

- Married
- Separated
- Unmarried (incl. single, divorced, widowed)

Co-Applicant

I do not wish to furnish this information

Race/ National Origin:

- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Black/ African American
- Caucasian
- Asian
- American Indian or Alaskan Native AND Caucasian
- Asian AND Caucasian
- Black/ African American AND Caucasian
- American Indian or Alaskan Native and Black/ African American
- Other (specify) _____

Ethnicity:

- Hispanic Non-Hispanic

Sex:

- Male Female

Birthdate: _____ / _____ / _____

Marital Status:

- Married
- Separated
- Unmarried (incl. single, divorced, widowed)