



Home Rehabilitation Application



Applicant Information

Head of Household

Co-Applicant Information

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Cell Home

Do you accept text messages? Yes No

Email: _____

SSN: _____ DOB: _____

US Citizen Legal Resident Alien No: _____

Years of school: _____

Sex: Male Female Race: _____

Ethnicity: Hispanic Non-Hispanic

Marital Status: Married Unmarried Separated

Veteran: Yes No Disabled: Yes No

Employer: _____

Title: _____ State date: _____

Work address: _____

Annual income: _____

Other income (source and amount): _____

How did you hear about us? _____

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Cell Home

Do you accept text messages? Yes No

Email: _____

SSN: _____ DOB: _____

US Citizen Legal Resident Alien No: _____

Years of school: _____

Sex: Male Female Race: _____

Ethnicity: Hispanic Non-Hispanic

Marital Status: Married Unmarried Separated

Veteran: Yes No Disabled: Yes No

Employer: _____

Title: _____ State date: _____

Work address: _____

Annual income: _____

Other income (source and amount): _____

Language most often spoken at home? _____

Property Information

Address of property to be rehabilitated: _____

Monthly mortgage payment: \$ _____

Payment includes: Property taxes Insurance

What repairs would you like to make? _____

Annual homeowners insurance: \$ _____

Current mortgage balance: \$ _____

Interest rate: _____ Loan term (ex: 30 yrs.) _____

Household Information

Please list all people that are living in the home. If they are receiving an income, please indicate the amount and the source of their monthly income. If you need additional space, please continue on the back of this form.

Name	Relationship	Date of birth	Monthly income	Source of income
			\$	
			\$	
			\$	
			\$	

By signing this application, you authorize Salt Lake City Corporation to pull a credit report on all applicants.

Applicant Signature

Date

Co-applicant Signature

Date

Rehab Specialist: _____

Technical Assistance



Home Rehabilitation Program

Salt Lake City's Home Rehabilitation Program may be able to provide low interest financing to cover the cost of repairs. The loan program is funded through federal money and requires that we collect income verification for all household members in order to determine eligibility. By providing income documentation upfront, it will expedite the application process. Please refer to the table below to determine what documents will be needed based on your source of income.

Income Type	Documentation
W-2 or salary employee	2 months of <u>most recent</u> paystubs, last year's tax return
Social Security	Social Security award letter, last year's tax return
Retirement	Award letter or monthly statement showing the amount of retirement benefit, last year's tax return
Self-employed or 1099 income	Last year's tax return, year-to-date profit and loss for business
Property rental income	Last year's tax return with Schedule E

Return the application by email, fax, mail, or by bringing the information into the office. If you would like to expedite the process, please include the income documentation listed above. Feel free to contact us with any questions.

Email: HANDtech@slcgov.com

Fax: 801-535-6269

Mailing address: Salt Lake City Corp.

Housing and Neighborhood Development, Room 445

PO Box 145488

Salt Lake City, UT 84114-5487

Office address: 451 S. State St., Room 445

Salt Lake City, UT 84111