

Technical Assistance



Office Use Only

Date Submitted: _____

Received by: _____

HOME REHABILITATION APPLICATION

APPLICANT INFORMATION

APPLICANT

Name: _____

Address: _____

CITY STATE ZIP CODE

Phone: () _____

Cell Home You can text me

Email: _____

SSN: - - DOB: / /

Sex: Male Female

Veteran: Yes No Disabled: Yes No

Marital Status: Married Unmarried Separated

Citizenship: U.S. Citizen Legal Resident
 Not a Citizen Alien #: _____

CO - APPLICANT

Name: _____

Address: _____

CITY STATE ZIP CODE

Phone: () _____

Cell Home You can text me

Email: _____

SSN: - - DOB: / /

Sex: Male Female

Veteran: Yes No Disabled: Yes No

Marital Status: Married Unmarried Separated

Citizenship: U.S. Citizen Legal Resident
 Not a Citizen Alien #: _____

RACE / ETHNICITY

Ethnic Group Hispanic and/or Latino
 Not Hispanic and/or Latino

Racial Group: _____

Ethnic Group Hispanic and/or Latino
 Not Hispanic and/or Latino

Racial Group: _____

EMPLOYER INFORMATION

Employer: _____

Title: Start Date: /

Work Address: _____

Annual income: \$ _____

Other income: \$ SOURCE AMOUNT

Employer: _____

Title: Start Date: /

Work Address: _____

Annual income: \$ _____

Other income: \$ SOURCE AMOUNT

OTHER

Language most often spoken at home: _____

How did you hear about us? _____

Please continue to page 2

Head of Household





DECLARATIONS

The following questions apply to both the applicant and co-applicant. If a "YES" is given to a question in this section, please provide a letter of explanation.

APPLICANT **CO - APPLICANT**

Are there any outstanding judgments against you?

Yes No

Yes No

In the last seven years have you declared bankruptcy?

Yes No

Yes No

Discharge date: _____

Filing date: _____

Have you had property foreclosed upon or given title of deed in lieu thereof?

Yes No

Yes No

Are you a party to a lawsuit?

Yes No

Yes No

Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgement?

Yes No

Yes No

Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee?

Yes No

Yes No

Are you obligated to pay alimony, child support, or separate maintenance?

Yes No

Yes No

If so, amount: _____

Is any part of the down payment borrowed?

Yes No

Yes No

Are you a co-maker or endorser on any notes?

Yes No

Yes No

Are you applying for the SLC Targeted Repair Program?

Yes No

PROPERTY INFORMATION

Address of property to be rehabilitated: _____

What repairs would you like to make? _____

Monthly mortgage payment: \$ _____

Payment Includes: Property taxes Insurance

Annual homeowners insurance: \$ _____

Current mortgage balance: \$ _____

Interest rate: _____

Loan term (ex. 30 yrs): _____

Please continue to page 3



HOUSEHOLD INFORMATION



Please list all of the people that are living in the home. If they are receiving an income, please indicate the amount and source of their monthly income.

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			

SEND THIS APPLICATION TO:

Salt Lake City Housing Division
 451 South State Street, Room 445
 P.O. Box 145487
 Salt Lake City, Utah 84114-5487

Phone: (801) 535 - 7228
 Fax: (801) 535 - 6269
 TTY: 711
 Email: HANDtech@slcgov.com

LOAN 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. **Providing income documentation upfront 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
Wage or salary employee	3 months of most recent paystubs and last year's completed W2 (tax return)
Social Security	Social Security award letter and last year's completed tax return
Retirement	Award letter or monthly statement showing the amount of retirement benefit and last year's completed tax return
Self-employed	Two year's completed tax return (1099) and year-to-date profit and loss statements for business
Property rental income	Last year's completed tax return with Schedule E

PRIVACY ACT NOTICE

The information requested in this form is to be used by the Salt Lake City Corporation, Division of Housing And Neighborhood Development, in accounting for and monitoring its Rehabilitation Loan Program. It will not be disclosed or released outside of the Division, which is administering the program except as required and permitted by law. You do not have to give us this information, but if you do not provide the information necessary to evaluate credit worthiness, your application may be delayed or rejected. By signing this application you authorize Salt Lake City Corporation to obtain a credit report on all applicants or adult members of the household.

GENERAL INFORMATION

Applicants are required to provide their social security number. Answers to questions relating to marital status, race, age, and sex are voluntary and requested solely for the purpose of determining compliance with Federal Civil Rights Law and your response will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a non-discriminatory manner.

