

Commerce City Housing Authority
Housing Rehabilitation Program
7887 E. 60th Avenue
Commerce City, CO 80022-4199

303.289.3696



LOAN APPLICATION

INTERVIEW DATE: _____

CENSUS TRACT: _____

PLEASE PRINT OR TYPE

BORROWER

Name: _____

Present Address No. of Years _____

Street: _____

City/State/ZIP _____

Former Address

Street: _____

City/State/ZIP _____

Years at Former Address _____ [] Own [] Rent

Name and Address of Current Employer:

Position/Title: _____

Years on the job: _____ [] Self Employed

Social Security Number: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Date of Birth: _____

Marital Status: [] Married [] Separated
[] Unmarried (include Single, Divorced or Widowed)

Nearest Relative not living with you:

Name: _____

Street: _____

City/State/ZIP: _____

Relationship: _____

CO-BORROWER

Name: _____

Present Address No. of Years _____

Street: _____

City/State/ZIP _____

Former Address

Street: _____

City/State/ZIP _____

Years at Former Address _____ [] Own [] Rent

Name and Address of Current Employer:

Position/Title: _____

Years on the job: _____ [] Self Employed

Social Security Number: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Date of Birth: _____

Marital Status: [] Married [] Separated
[] Unmarried (include Single, Divorced or Widowed)

Nearest Relative not living with you:

Name: _____

Street: _____

City/State/ZIP: _____

Relationship: _____

Information for Government Monitoring Purposes

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the lender'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 a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this lender is required to note race, ethnicity and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.

Borrower: [] I do not wish to furnish this information.

Co-Borrower: [] I do not wish to furnish this information.

Race:

- [] 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

Race:

- [] 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



GROSS MONTHLY INCOME

	Borrower	Co-Borrower	Total
Base Empl. Income	\$ _____	\$ _____	\$ _____
Overtime	_____	_____	_____
Bonuses	_____	_____	_____
Dividends/Interest	_____	_____	_____
Net Rental Income	_____	_____	_____
Child Spt/Alimony	_____	_____	_____
Social Security/SSI	_____	_____	_____
Veterans Benefits	_____	_____	_____
Retirement/Pension	_____	_____	_____
TANF/OAP	_____	_____	_____
Other	_____	_____	_____
TOTAL	\$ _____	\$ _____	\$ _____

BANKING INFORMATION

Show names of institutions for checking and savings accounts

1. _____ \$ _____

Address _____ Checking

City _____ Savings

Account No. _____ Other
2. _____ \$ _____

Address _____ Checking

City _____ Savings

Account No. _____ Other
3. _____ \$ _____

Address _____ Checking

City _____ Savings

Account No. _____ Other

MORTGAGE /REAL ESTATE LOANS

1. _____ Monthly Pmt _____

Address _____ PITI or PI

City _____ \$ _____ Est. Balance

Loan No. _____
2. _____ Monthly Pmt _____

Address _____ PITI or PI

City _____ \$ _____ Est. Balance

Loan No. _____
3. _____ Monthly Pmt _____

Address _____ PITI or PI

City _____ \$ _____ Est. Balance

Loan No. _____

MONTHLY HOUSING EXPENSES

First Mortgage	\$ _____
Second Mortgage	_____
Other	_____
Homeowners Insurance	_____
Real Estate Taxes	_____
Association Dues	_____
Other	_____
Total Monthly Payment	\$ _____
Utilities:	Water/Sewer _____
	Gas/Electric _____
	Trash _____
TOTAL	\$ _____

CREDITOR INFORMATION

Show names of creditors for installment debts (include "revolving" charge accounts)

1. Company _____

Pmt \$ _____ Unpaid Balance \$ _____

Months left to pay: _____
 2. Company _____

Pmt \$ _____ Unpaid Balance \$ _____

Months left to pay: _____
 3. Company _____

Pmt \$ _____ Unpaid Balance \$ _____

Months left to pay: _____
 4. Company _____

Pmt \$ _____ Unpaid Balance \$ _____

Months left to pay: _____
 5. Company _____

Pmt \$ _____ Unpaid Balance \$ _____

Months left to pay: _____
- (Attach sheet for additional creditors)

AUTOMOBILE LOANS

1. Company _____

Pmt \$ _____ Unpaid Balance \$ _____

Months left to pay: _____
2. Company _____

Pmt \$ _____ Unpaid Balance \$ _____

Months left to pay: _____

ALIMONY/CHILD SUPPORT PAYMENTS

Owed to: _____

Monthly Pmt: \$ _____ Months left to pay: _____

LIST OF PREVIOUS CREDIT REFERENCES

Creditor's Name & Address	Acct. No.	Highest Balance
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

AGREEMENT

The undersigned applies for the loan indicated pursuant to the Commerce City Housing Authority's (CCHA) Housing Rehabilitation Program (the Program) to be secured by a deed of trust on the property described herein, and represents that the property will not be used for any illegal or restricted purposes.

The undersigned understand that this application will cause a physical inspection of the property. The inspection is intended to reveal conditions that might be considered imminent hazards and the undersigned agree to correct those hazards with the proceeds of this loan.

The undersigned understand that the proceeds of the loan can only be used to improve the conditions of the property and the property will meet or exceed the Housing Quality Standards as defined by the United States Department of Housing and Urban Development (HUD) if applicable.

The undersigned understand that fees and costs incurred in processing the loan (filing, credit check, title insurance, appraisal, etc.) will be incorporated as part of the principal unless they are paid prior to closing.

The undersigned certify that all statements made in this application, and all information furnished in support of this application, are true and complete and are made for the purpose of obtaining a rehabilitation loan. Verification may be obtained from any source named in this application. The lender will retain the original of this application, even if the loan is not approved.

The undersigned agree to notify the Program, if the loan is approved, if there are any changes in their promissory notes underlying the prior existing mortgages listed on this application.

The undersigned understand that the Program may collect nonpublic personal information from the following sources: 1) information received from your applications or other forms (e.g. name, address, social security number, income, assets and liabilities); 2) information about your transactions with us or others (e.g. account balances, payment history, credit history, parties to a transaction and transaction frequency) ; and 3) information from a consumer reporting agency (also known as a credit history).

This information and any other nonpublic personal information will be kept in complete confidentiality within the Program and will not be disclosed to third parties not affiliated with the Program except to government entities or other parties when required by law or the loan process. We will **NOT** sell or provide our client lists to telemarketing or independent direct mail companies.

The undersigned [] **intend** or [] **do not intend** to occupy the property as their primary residence.

The undersigned understand that their names, address, phone numbers and contractor selected may be given to future Housing Rehabilitation loan applicants as references on that contractor. The undersigned is under no obligation to furnish any information to any inquiries. The undersigned understand it is **their** responsibility to check contractor references. Past participation by a contractor in the Program is **NOT** an endorsement of a contractor by the Program or the Commerce City Housing Authority.

The undersigned agree to allow photographs of the interior and exterior of their home before, during and after rehabilitation. No name, address or confidential information will be used with the photographs without the undersigned's consent.

The undersigned understand that it is a federal crime punishable by a 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 1014.

The undersigned acknowledge receipt of the EPA "Protect Your Family From Lead In Your Home" booklet and also the HUD "Lead-Based Paint: A Threat to Your Children" flyer and acknowledge having been instructed to read both before any construction begins.

Borrower's Signature

Co-Borrower's Signature

Date

Date

Program Use Only

30% _____ 50% _____ 80% _____ Deferred _____ Pass-Thru _____ Blended _____ Sp Pmt _____ HseRpl _____

Estimated Equity: \$ _____ Funding Sources: _____

Comments: _____

