




**The Larimer
Home Improvement
Program**



Administered by the Housing Authority of the City of Loveland
 375 West 37th Street, Suite 200, Loveland, CO 80538
 970-278-9904 – Fax 970-278-9904 – TDD 970-667-3293

PRELIMINARY LOAN APPLICATION
 (Incomplete applications will not be processed)

Owners Name: _____ SS # _____
 Owners Name: _____ DOB: ____/____/____
 SS #: _____
 DOB: ____/____/____

Property Address: _____
 Mailing Address: _____ City, State, Zip Code: _____
 Daytime Phone #: ____/____/____ Home Phone #: ____/____/____
 Are you in the City Limits of Fort Collins _____, Loveland _____, or in Larimer County only? _____

Other Owner(s) Names: (list below any other owners of the property as listed on the Deed of Trust or Mobile Home Title)
 Name: _____
 Address: _____ City, State, Zip Code: _____

Legal Description of Property (as stated on property tax valuation) – if applicable:
 Lot _____ Block _____ Subdivision _____ Qtr Section _____
 _____ Section _____ Township _____ Range _____

Type of Structure: Single Family Dwelling Mobile Home Other

PROPERTY INSURANCE INFORMATION:
 Property Insurance Coverage Amount: \$ _____ Flood Insurance Amount: \$ _____

MORTGAGE INFORMATION:
 Mortgage Holder Name: _____ Account # _____
 Address: _____ City: _____ State: _____ Zip: _____
 Date Property Purchased: _____ Original Purchase Price: \$ _____ Down Payment: \$ _____
 Original Mortgage Amount: \$ _____ Current Mortgage Amount: \$ _____

Other Mortgages: Yes No
 Mortgage Holder Name: _____ Account #: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Approximate Amount Still Owed: \$ _____ Any Other Mortgages: _____

Approximate Current Market Value of Property: \$ _____

INCOME VERIFICATION: List below all occupants of the household and gross annual incomes/salaries*:

Head-of-household: _____ Gross Income: \$ _____ per year
Place of employment: _____ Occupation: _____ How long? _____

Employers Phone: _____ / _____ Address of employer: _____

Spouse: _____ Gross Income: \$ _____ per year
Place of employment: _____ Occupation: _____ How long? _____

Employers Phone: _____ / _____ Address of employer: _____

Other Income Sources (see below for list of sources):

_____ Amount: \$ _____

_____ Amount: \$ _____

_____ Amount: \$ _____

Do you rent out any portion of the home? Yes ___ No ___ Rent received \$ _____ per month

Combined household gross income per year: \$ _____

Gross income is the combined household income which includes, but is not limited to: job earnings, social security income, income (for you or your child/children) from social services, AFDC, VA benefits, unemployment benefits, military pay, workers' compensation payments, alimony, income from pensions or retirement plans or income from securities, stocks, bonds, etc. If an adult child (over age 18) or other adult is living in the home that income must be reported also.

BANKING INFORMATION:

Name of Bank: _____

Checking Average Balance: \$ _____ Income: \$ _____

Savings Average Balance: \$ _____ Income: \$ _____

PLEASE LIST ANY OTHER ASSETS* AND THEIR VALUE:

Asset: _____ Value: \$ _____ Income:(if any)\$ _____

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*Assets may include savings accounts, checking accounts, stocks, bonds, or other investment accounts, IRA's or other retirement funds, collections such as jewelry, coins, etc., value of insurance policies.

MONTHLY HOUSING EXPENSES:

<u>Expense</u>	<u>Monthly Payments</u>	<u>Balance Due</u>
Current Mortgage(s)*	\$ _____	\$ _____
Homeowners Insurance	\$ _____	\$ _____
Property Taxes	\$ _____	\$ _____
Lot Rent	\$ _____	\$ _____
Heat & Utilities	\$ _____	\$ _____
Car Payments	\$ _____	\$ _____
Car Insurance	\$ _____	\$ _____
Health Insurance	\$ _____	\$ _____
Child Care Expenses	\$ _____	\$ _____
School Loans	\$ _____	\$ _____
Credit Cards	\$ _____	\$ _____
Installment Loans	\$ _____	\$ _____

*Please designate if mortgage amount includes taxes &/or insurance (PITI).

OCCUPANTS OF THE HOME: List all occupants & their age; include persons completing this application.

Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____

Are any of the above residents disabled? Please list occupant & disability.

Ethnic Background: (This information is optional and is not required to receive program funding)

____Caucasian ____African-American ____Hispanic
____Asian/Pacific Islander ____Native American/Eskimo ____Other

Property Information:

Total living area: _____square feet Number of Rooms:_____

Number of Bedrooms:_____ Number of Bathrooms:_____

Lot size or acreage:_____ Type of Heat:_____

Basement: Yes ____ No ____ Crawl Space: Yes ____ No ____

Approximate year home was built: _____

Please attach the required documents for loan approval (loan will not be processed unless all documents are included):

- ✓ **Most recent pay-stubs for all parties in the household that work.**
- Or Social Security letter showing monthly income amount.**
- ✓ **Tax's and w-2's 1 year, unless self employed then 2 years are required.**

Tell us why you are applying for this loan: (attach an additional page if necessary)

APPLICANT ' S CERTIFICATION

To qualify you for this loan, we will be inspecting your home, checking your credit history, employment history, banking records, and mortgage rating. You are authorizing us to inspect your home and check into these records by signing this application.

The Applicant certifies that all information in this application, and the information furnished in support of this application, is given for the purpose of obtaining assistance through the Larimer Home Improvement Program, and is true, complete, and correct to the best of his/her knowledge and belief.

PENALTY FOR FALSE OR FRADULENT STATEMENT, U.S.C. Title 18, Sec. 1001 provides: "Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies or makes any false, fictitious or fraudulent statements or representations, 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 \$10,000 or imprisoned not more than 5 years, or both."

This information is being obtained for the purpose of receiving assistance through the Larimer Home Improvement Program. I understand this assistance becomes a loan and must be paid back in the form of monthly payments and paid in full in the event of death or sale of the property. I agree to be available between the hours of 8:00 a.m. and 3:00 p.m. to sign a certification of work when the work is completed. If I do not comply with this process, I understand I will be responsible for the payment to the contractor(s).

Signature: _____

Signature: _____

PRIVACY ACT NOTICE STATEMENT-This information is to be used by the agency collecting it in determining whether you qualify as a prospective mortgagor for insurance or guaranty or as a borrower for a rehabilitation loan under the agency=s program. It will not be disclosed outside the agency without your consent except to financial institutions for verification of your deposits as required and permitted by law. You do not have to give us this information, but if you do not, your application for approval as a prospective mortgagor or for mortgage insurance or guaranty or as a borrower for a rehabilitation loan may be delayed or rejected. This information request is authorized by Title 38,U.S.C. Chapter 37 (if VA); by 12 U.S.C.,Section 1701 et seq., (if HUD/FHA); and by 42 U.S.C., Section 145b (if HUD/CPD).

All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap or national origin in compliance with the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973. The Housing Authority of the City of Loveland does not discriminate on the basis of handicapped status in the admission or access to its facilities, or treatment of or employment in its federally assisted programs.