

Preliminary Rehabilitation Application

To assist in determining your eligibility, please complete this form and return it to the address noted above. By signing this application you authorize Salt Lake City Corporation to pull a credit report on all applicants. **Filling out this form accurately and completely will expedite loan processing.** (If you are not able to complete this form yourself, bring it in to our office and someone will help you.)

(Si no se puede llenar esta forma, por si mismo, tráigala a la oficina y alguien le ayudará.) PLEASE PRINT BECAUSE WE USE SOME FEDERAL FUNDS, YOU MUST BE A CITIZEN OR LEGAL RESIDENT TO APPLY FOR THIS LOAN

1. Applicant's Name (Head of Household) & Address:

Phone (Home) _____ (Work) _____

Social Security No. _____ D.O.B. _____

US Citizen? Legal Resident Alien No. _____

Are you Disabled? No Yes (Explain) _____

Sex: Male Female Race _____

Employer _____

Address (work) _____

Years employed here _____ Annual Income _____

2. Co-Applicant's Name (if any) & Address

Phone (Home) _____ (Work) _____

Social Security No. _____ D.O.B. _____

US Citizen Legal Resident Alien No. _____

Is Co-Applicant Disabled? No Yes (Explain) _____

Sex: Male Female Race _____

Employer _____

Address (work) _____

Years employed here _____ Annual Income _____

3. Other Income _____

(Child Support/Alimony, Social Security, Welfare/Food Stamps, Pension, Rental Income, Other Employment, etc.)

4. Total Household Income _____

(Total income of all people 15 or over, living in your home.)

5. Number of people living in household _____

What are their ages? _____

6. Address of property to be rehabilitated _____

ZIP _____

7. How long have you owned this property? _____

What was the purchase price of your home? _____

What is the balance owing on your home? _____

What is the estimated equity in your home? _____

8. How much is your monthly payment? _____

Does it include taxes and insurance? _____

If not, how much are they? Taxes _____ Insurance _____

Is this loan fixed or Adjustable Rate? _____

What terms? _____

9. Where or to whom do you send your payment each month? _____

10. Describe any problems you may have regarding Credit History (Bankruptcy, collections, judgments, late payments)

11. Describe and give total dollar amount of other monthly debt payments you may have (Credit cards, car payments, etc. Do not include utilities or the house payments entered above)

12. List the names of persons on the title to the property and your relationship to them

13. Briefly describe your situation and what you would like to do to improve your property

14. How were you referred to this Agency for assistance?

15. Have you received any assistance before? _____

16. Have you obtained credit under any other name? _____

If yes what name was used? _____

17. Have you been convicted of a felony? _____

If yes when _____

*Please explain on back.

18. Language most often spoken at home? _____

Applicants Signature _____

Date _____

Co-applicant Signature _____

Date _____

Mail or deliver the completed questionnaire to the address above.

***If you need additional space use the back of this application**

FOR HED USE ONLY

Target area	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Loan Type	_____	
MSA:	_____	
Pre-Approved	_____	Decline _____
Rehab Specialist	_____	
Emergency Repair	_____	TA only _____