



TOWN OF WAREHAM HOUSING REHABILITATION PROGRAM LOAN APPLICATION

Client# _____

The information requested below will be used to determine whether you qualify for assistance under the Wareham Community and Economic Development Authority's (CEDA) Housing Rehabilitation Program. This information will not be disclosed outside the Community & Economic Development Authority without your consent, except to your employer for verification of income and employment, to financial institutions for verifications of information, and as required and permitted by law. You do not have to provide the information, but if you do not your application for a loan may be delayed or rejected.

Address of Property to be Rehabilitated	City	State	Zip Code
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APPLICANT'S INFORMATION

Applicant's Name (Last)	(First)	Home Phone #	Mobile #	Email Address:
Present Street Address	City	State	Zip Code	No. of Year ____ Own ____ Rent ____
Mailing Address if different than above	City	State	Zip Code	
Marital Status ___ Married ___ Unmarried (single, divorced, or widowed) ___ Separated		# of Persons in Household (Living in home):		Ages (Incl. Applicant and Co-Applicant)::
Name and Address of Employer				Self-Employed? ___ Yes ___ No
Business Phone No.	Position/Title	Type of Business	No. of Yrs. On Job	Yrs. In this line of work
Name and Address of Previous Employer (if at position less than 2 yrs.)			No. of Yrs. On Job	Business Phone

CO-APPLICANT INFORMATION

Co-Applicant's Name (Last)	(First)	Mobile #:		Email Address:
Present Street Address	City	State	Zip Code	No. of Years ___ Own ___ Rent
Marital Status ___ Married ___ Unmarried (single, divorced, or widowed) ___ Separated		No. of Dependents (Living in home)		Ages
Name and Address of Employer				Self-Employed? Yes ___ No ___
Business Phone No.	Position/Title	Type of Business	No. of Yrs. On Job	Yrs. In this line of work
Name and Address of Previous Employer (if at position less than 2 yrs)			No. of Yrs. On Job	Business Phone

ANNUAL INCOME

Source	Applicant	Co-Applicant	Other Household Member (#3)	Other Household Member (#4)	Total
Salary / Wages					
Commissions					
Fees					
Tips					
Bonuses					
Interest / Dividends					
Net Rental Income					
Social Security, SSDI					
Pensions, Retirement Funds,					
Unemployment Benefits					
Disability / Workers Compensation, etc.					
Alimony, Child Support					
Welfare Payments					
Other					
					TOTAL:

ASSETS

Type	Cash Value	Annual Income from Assets	Bank/Institution's Name	Account No. (Last 4 digits)
Checking Account(s)				
Savings Account(s)				
Stocks / Bonds / MMAs				
Life Insurance				
Other (
Home				
Estimated Value				
Mortgage Balance				

LIABILITIES (List outstanding obligations (your debts) including auto loans, credit cards, charge accounts, credit union loans, student and personal loans, other real estate loans, and all other loans.)

Type	Creditor's Name	Monthly Payment	Unpaid Balance	Due Date
Mortgage Balance				

Other Financial Obligations: Monthly Alimony \$ _____ Monthly Child Support \$ _____

If a "Yes" answer is given to any question below please explain on an attached sheet:

1. Do you have any outstanding unpaid judgments? ___ Yes ___ No Amount (if applicable) \$ _____
2. In the past 7 years, have you been declared bankrupt? ___ Yes ___ No
3. Are you a party in a law suit? ___ Yes ___ No
4. Are you in default, or in foreclosure of your mortgage? ___ Yes ___ No

MONTHLY HOUSING EXPENSE

Item	Monthly Payment	Principal Balance	Balloon Payment ___ Yes ___ No	Amount Balloon \$	Date Due
a. First Mortgage (P&I)	\$	\$	Describe any special circumstance relative to your housing or its financing:		
b. Other Financing Secured by property (P&I)					
c. Hazard and Flood Insurance is it included in mortgage Yes or No			Name of Insurance agent: Address:		
d. Real Estate Taxes			included in Mortgage Yes or No		
e. Back Taxes due					
f. Other (please specify)					
g. TOTAL					

HOUSEHOLD COMPOSITION (List the head of your household first and everyone who lives in your home. State the relationship of each person to the head of household).

Member No.	Full Name	Relationship	Date of Birth	Social Security No.
1.				
2.				
3.				
4.				
5.				
6.				
7.				

1. Does anyone live with you who is not listed above? ___ Yes ___ No
2. Does anyone plan to live with you in the future who is not listed above? ___ Yes ___ No

Please explain if you answer “**Yes**” to either question above

HOME INFORMATION

Year Home was Built _____

of Bedrooms _____

Water &/or Sewer Betterments \$ _____

Monthly average Electric Bill \$ _____

Monthly average Gas Bill \$ _____

Monthly Oil Bill \$ _____

Monthly Septic Bill \$ _____

Briefly describe repairs needed _____

I (We) agree to the release of credit information from any source including banks, credit bureaus, etc. to the Town of Wareham’s Community & Economic Development Authority or its agent(s) in order to determine eligibility.

I (We) hereby authorize Wareham Community & Economic Development Authority to verify the information provided without liability arising therefrom. I certify that the eligibility guidelines have been explained to me. I understand that any misrepresentation of facts on this application will result in repayment of any Grant Funds or the immediate recall of the loan note by the Community Development Authority or its agents.

The information provided herein is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of such information for purposed if income and verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification.

Applicant Signature

Date

Co-Applicant Signature

Date

Demographic Information (Optional)

You are not required to furnish the information requested below, nor will it be considered when reviewing your eligibility. State the number of persons in each category:

Race: American Indian _____; Black _____; Eskimo _____; Hispanic _____; Oriental _____; White _____;

Disabled Yes _____ No _____ If yes, sensory impaired ? _____ mobility impaired? _____ other? _____

Conflict of Interest: Please circle and answer below

- | | | |
|--|-----|----|
| 1. Are you a municipal employee or locally appointed official? | Yes | No |
| 2. Do you work as consultant or agent to the Town of Wareham? | Yes | No |

Please circle all below as they apply. How did you hear about the housing rehabilitation program?

1. Word of mouth
2. Newspaper Ad
3. Town's Website
4. Posting at COA, etc.
5. Channel 9 TV
6. Facebook
7. Other Social Media
8. Other

Office Use Only

Date Application received: _____