

General comments concerning this Housing Rehabilitation Loan Application and the loan program

The City of Kettering provides financial assistance to low- and-moderate income homeowners to correct property maintenance problems and to make home repairs and improvements. Loans are available to qualified applicants with a fixed interest rate of 1%. The loan will be secured by a mortgage lien on the property.

WARNING: The City of Kettering DOES NOT have a secure website for financial transactions. Applicants are advised NOT to email confidential social security numbers or bank account numbers. The application document is posted on the Website only to make it easier for Kettering residents to obtain a copy. Prospective clients can use the computer to type information onto the form, but thereafter are advised to print a copy and deliver it by mail or in person. Prospective applicants can also phone for an appointment and a housing specialist will come to your home to pick up the application and documentation.

Instructions for using this Adobe Acrobat fill-able form.

When used with recent versions of Adobe Reader 7 or 8, you may enter data in this form and save it with the data intact, print it or e-mail it. Since data can be saved, you may complete part of the form, save it and reopen it at a later time to modify or add more data.

Earlier versions of Adobe Reader will open the form and allow entry and printing of the form with data; however, certain functions may not work as expected and they will not save the entered data once the pdf file containing the form is closed. The degree of functionality of Adobe Reader 8 for the Macintosh with this form file has not been verified.

If you are viewing this form with a version of Adobe Acrobat Reader earlier than version 7 or 8, you may download the latest version by going to

http://www.adobe.com or click the "Download Adobe Reader 8" button below.

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Planning and Development Department 3600 Shroyer Road, Kettering, Ohio 45429-2799 Phone 937-296-2441, Fax 937-296-3240 Deaf using TTY use Ohio Relay Service at 800-750-0750

Housing Rehabilitation Loan Application

Please fill out this form and phone to set up an appointment for a community development staff member to meet you at your home for a preliminary overview of the needed home improvements/repairs. In order for the application to be complete, documentation items specified in Attachment A must be submitted. The community development staff will gladly make photocopies of your originals, if you bring them into our office..

1. APPLICANT (Head of Household)	
Name	SS#
Date of Birth mm-dd-yyyy	Gender? Male Female Are you a United States Citizen? Yes No
Marital Status? Married Separated Unmarrie	ed (includes single, divorced and widowed)
2. CO-APPLICANT (Spouse or Co-Owner)	
Name	SS#
Date of Birth mm-dd-yyyy	Gender? Male Female Are you a United States Citizen? Yes No
Marital Status? Married Separated Unmarrie	ed (includes single, divorced and widowed)
B. ADDRESS House Number and Street	
City	Zip
How long have you lived at this home? Number of Years	Number of Months
What year was your home built? Number of Bed	Irooms? Number of Baths?
. CONTACT INFORMATION	
Home Phone Number Er	mailAddress
Applicant Cell Phone Co	o-Applicant Cell Phone
Applicant Work Phone	o-Applicant Work Phone
5. SPECIFY YOUR PRESENT HOUSEHOLD SIZE	
1 2 3 4 5	6 7 8+

6. PE	OPLE WHO LIVE WIT	H YOU IN YOUR HOUSEH	IOLD			
	Full Name	Date of Birth	Age	Relationship	If currently a full time college student, specify school	
		mm-dd-yyyy			student, specify school	
1						
2						
3						
4						
5						
6						
7						
8	,					
	,	יון	'	ין	1/2	
Please		ndicate if any member of the houer is confined to a wheel chair, used.				
Name	e of Household Member	Type of Handicap		List Architectural Barriers	(improvements needed)	
T						
<u></u>			J			
7. HO	;f	S AND REPAIRS NEEDED				
Yes	Improvement or Rep	pair Needed				
	Repairs or replaceme	nt of insufficient or dangerous	heating a	and cooling system (HVAC)		
	Repairs or upgrading of electrical systems and fixtures					
	Replacement of defec	ctive plumbing , including sinks,	tubs, and	dtoilets		
	Reduction of lead pai	nt hazards (interior and/or ext	erior)			
	Repair to roofs, downspouts, and gutters					
	Repairs to decayed flooring, steps, and porches					
	Exterior ramps to accommodate wheelchairs/walkers					
	Retrofitting of entryw	vays and bathrooms to accomm	odate wl	heelchairs (architectural bar	rier removal)	
	Elimination of insects	and/orrodents infestations				
	Other, explain below					

8. APPLICANT AND CO-APPLICANT EMPLOYMENT INFORMATION

 $List \, all \, employment \, income \, from \, each \, household \, member \, age \, 18 \, or \, older. \, Attach \, additional \, sheets \, if \, necessary \, details a constant of the contraction o$

Applicant 1st Employment		
Name	Gross Monthly Income	Job Title
Employer	Contact Name	Phone Number
Street Address	City, State, Zip	Date Employed
Applicant 2nd Employment		
Name	Gross Monthly Income	Job Title
Name	Gross Worthly Income	Job fitte
Employer	ContactName	Phone Number
Street Address	City, State, Zip	Date Employed
Co-Applicant 1st Employme	ent	
Name	Gross Monthly Income	Job Title
Faralana	ContactNone	Diagra Negation
Employer	Contact Name	Phone Number
Street Address	City, State, Zip	Date Employed
Co-Applicant 2nd Employm	ent	
Name	Gross Monthly Income	Job Title
Nume	Gross Monthly Income	305 Hac
Employer	Contact Name	Phone Number
Employer	Contact Name	Phone Number
Employer Street Address	Contact Name City, State, Zip	Phone Number Date Employed

9. ADDITIONAL FAMILY MEMBER EMPLOYMENT INFORMATION

 $List all \, employment \, income \, from \, each \, household \, member \, age \, 18 \, or \, older. \, Attach \, additional \, sheets \, if \, necessary.$

Family Member Employr	nent	
Name	Gross Monthly Income	Job Title
Employer	Contact Name	Phone Number
Street Address	City, State, Zip	Date Employed
Family Member Employr	ment	
Name	Gross Monthly Income	Job Title
Employer	Contact Name	Phone Number
Employer	ContactName	Thore Number
Street Address	City, State, Zip	
Family Member Employr	ment	
Talling Wellber Employs	nent	
Name	Gross Monthly Income	Job Title
l Employer	Contact Name	Phone Number
Street Address	City, State, Zip	Date Employed
Family Member Employr	nent	
Name	Gross Monthly Income	Job Title
Employer	Contact Name	Phone Number
Street Address	City, State, Zip	Date Employed

10. OTHER INCOME RECEIVED BY APPLICANT, CO-APPLICANT OR A FAMILY MEMBER Do you or any member of your household, receive any of the following income? Asset/Interest Income Pension **Social Security** Unemployment SSI Worker's Compensation Disability Self Employment **Child Support** Alimony Aid to Families with Dependent Children Rental Income Other Wages If you have checked any "other" income source above, please specify below. Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member Name of Household Member Other Gross Monthly Income Type of Other Income Account Number Source of Income (Employer) Street Address (Employer) City, State, Zip Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member Name of Household Member Other Gross Monthly Income Type of Other Income Account Number Source of Income (Employer) Street Address (Employer) City, State, Zip Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member Name of Household Member Other Gross Monthly Income Type of Other Income Account Number Source of Income (Employer) Street Address (Employer) City, State, Zip Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member Name of Household Member Other Gross Monthly Income Type of Other Income Account Number Source of Income (Employer) Street Address (Employer) City, State, Zip Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member Name of Household Member Other Gross Monthly Income Type of Other Income Account Number

Street Address (Employer)

Source of Income (Employer)

City, State, Zip

. ASSETS				
Do you or any member of yo	our household, have any of the	following accounts?		
Checking Retirement	Savings Certificates of Deposit	Investments Other Accounts	Cash Accounts	
ou have checked any account t	types above, please specify belo	W.		
Explanation of Ot	her Income Received By t	he Applicant, Co-App	olicant or a Family Member	
Name of Household Member	Dollar Balance in Accou	nt Type of Account	Account Number	
Institution	Street Address of	of Institution	City, State, Zip of Institution	
Explanation of Ot	her Income Received By t	he Applicant, Co-App	olicant or a Family Member	
Name of Household Member	Dollar Balance in Accou	nt Type of Account	Account Number	
Institution	Street Address of	of Institution	City, State, Zip of Institution	
Explanation of Ot	her Income Received By t	he Annlicant, Co-Anr	olicant or a Family Member	
Name of Household Member	Dollar Balance in Accou	int Type of Account	Account Number	
Institution	Street Address o	of Institution	City, State, Zip of Institution	
Explanation of Ot	her Income Received By t	he Applicant, Co-App	olicant or a Family Member	
Name of Household Member	Dollar Balance in Accou	nt Type of Account	Account Number	
Institution	Street Address of	of Institution	City, State, Zip of Institution	
Explanation of Ot	her Income Received By t	he Applicant, Co-App	olicant or a Family Member	
Name of Household Member	Dollar Balance in Accou	nt Type of Account	Account Number	

Street Address of Institution

Institution

City, State, Zip of Institution

12. CONSUMER DEBT AND EXPENSES

Туре	Lender	Account Balance	Monthly Payment
Car loan or lease			
Car loan or lease			
Auto Insurance			
InstallmentLoan			
House Phone			
Cell Phone(s)			
Cable/Satellite TV			
Medical Bills			
Student Loan			
Credit Card			
Credit Card Card			
Credit Card Card			
Other Real Estate Mortgage			
Other (Explain)			
Other (Explain)			
Other (Explain)			
	Total Debt Account Balance from this Page		
	Total Monthly	Debt from this Page	

13. MORTGAGES, TAXES, INSURANCE AND UTILITIES 1st Mortgage Principal Balance **Account Number** Monthly Payment Name (Mortgage Lender) Street Address (Mortgage Lender) City, State, Zip (Mortgage Lender) 2nd Mortgage **Account Number** Principal Balance Monthly Payment Name (Mortgage Lender) Street Address (Mortgage Lender) City, State, Zip (Mortgage Lender) **Home Owner's Insurance Provider** Name (Insurance Agent) Insurance Agent Phone Number Homeowner's Insurance Monthly Pymt Street Address (Insurance Agent) City, State, Zip (Insurance Agent) Insurance Policy Number **Real Estate Property Taxes Due Montgomery County** Lender Escrows and Pays How are taxes paid? Homeowner Pays Annual Taxes Due Average Monthly Tax Amount Total of All Mortgage Principal Balance Total of All Mortgages, Taxes and Insurance Provider of Gas/Oil for the Home Gas/Oil Provider Average Monthly Gas/Oil Payment **Provider of Electricity for the Home Electricity Provider** Average Monthly Electricity Payment Provider of Water/Sewer Services for the Home Water/Sewer Provider Average Monthly Water/Sewer Payment **Total of All Utilities**

The following show		s" if they apply. Both the applicant and the co-applicant must answer.
Applicant Check if Yes	Co-Applicant Check if Yes	Credit Item
		Have you any outstanding judgments?
		In the past seven years, have you been declared bankrupt?
		Have you had property foreclosed on or given title of deed?
		Are you a co-maker, co-signer or endorser on a note?
		Are you party to a lawsuit?
		Are you obligated to pay alimony, child support or maintenance?
		Do you own any other property?
ue and Address of (Other Property 1	
ue and Address of	Other Property 2	
		-r'
following informat er's compliance wit rmation, but are end ther you choose to f	tion is requested by th equal credit oppo couraged to do so.	ortunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this The law provides that a lender may neither discriminate on the basis of this information nor on
following informat er's compliance wit rmation, but are end ther you choose to f	tion is requested by th equal credit oppo couraged to do so. furnish it.	the Federal Government for certain types of loans related to a dwelling, in order to monitor the ortunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this The law provides that a lender may neither discriminate on the basis of this information nor on
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16. CERTIFICATIONS and SIGNATURE(S)

Signature of Loan Applicant

I (we) hereby certify that all the foregoing information is true and complete to the best of my (our) knowledge, and hereby give my (our)
permission to the City of Kettering, Department of Planning and Development (or any lender acting on the City's behalf) to conduct further
credit and financial investigation, as deemed necessary to determine eligibility. Furthermore, I (we) agree to abide by the eligibility
and program requirements set forth in connection with any opportunities that may be offered to me (us) by the City of Kettering
pursuant to this application. I (we) understand that false, inaccurate, or incomplete information in the foregoing application shall be
consider cause for me to be disqualified from participation in the City of Kettering Housing Rehabilitation Program, and I (we) must
immediately notify the City of any change in my (our) income or household size prior to closing for re-verification. I also understand that
if there are delays beyond six months, then updated income information will be required.
(Initials)
I (we) understand that we are applying for a loan which may be secured by a mortgage or deed of trust on the property described herein
and represent that the property will not be used for any illegal or restricted purpose.
(Initials)
I (we) hereby consent to and authorize the City of Kettering, HUD, and/or the designated lender, after the giving of reasonable notice, to enter the improved property for the sole purpose of determining that the improvements specified in this application have been completed and Minimum Property Maintenance Standards have been met.
(Initials)
I (WE) UNDERSTAND THAT THE CONSTRUCTION CONTRACT WILL BE BETWEEN ME (US) AND THE CONTRACTOR/DEALER. I (WE) WILL BE RESPONSIBLE FOR THE SELECTION OF THE CONTRACTOR, ACCEPTANCE OF THE MATERIALS USED, AND THE WORK PERFORMED. NEITHER THE CITY OF KETTERING, HUD, FNMA, OR FHLMC GUARANTEES THE MATERIALS OR WORKMANSHIP.
(Initials)
The applicant(s) understand that submittal of an application is not a guarantee of funding and that income eligibility, the condition of the
property AND the work scope determined necessary by the Housing Rehabilitation Specialist will all be used to determine eligibility. The
applicant(s) also understand that the main objective of the program is to correct safety and health issues and/or code violations, therefore
the loan funds will be used to address those items prior to any other home repairs/improvements.
(Initials)
<u>WARNING</u> : Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United State as to any matter within its jurisdiction. The City of Kettering is using funding from the U.S. Department of Housing and Urban Development for all or a portion of this loan.
The undersigned hereby submit this application for a <i>Housing Rehabilitation Loan</i> from the City of Kettering. Furthermore I/We swear that the information provided in this application is true, correct, and complete.

Signature of Loan Co-Applicant

Date

Date

17. AUTHORIZATION TO RELEASE INFORMATION

PERMISSION TO ORDER A LIEN SEARCH AND/OR VERIFY OTHER INFORMATION RELEVANT TO THIS APPLICATION:

"Equal Credit Opportunity" is required by Section 4112.021 of the Ohio Revised Code. "The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights commission administers compliance with this law."

The applicant(s) give permission to the City of Kettering to order a lien search, and/or other information used to determine eligibility and as outlined below. He/she (they) understands that this information is used to determine if he/she (they) qualify for assistance through the City of Kettering Housing Rehabilitation Program.

<u>Privacy Act Notice Statement</u>: The U.S. Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this application to determine an applicant's eligibility to participate in the CDBG and HOME-funded City of Kettering Housing Rehabilitation Program. This information will be used to establish the level of benefit from the CDBG and/or HOME program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Information covered: Inquiries may be made about items listed below for the applicant and co-applicant.

Alimony or Separation Payments	Full-Time Student Status	Social Security Benefits
Assets (all sources)	Handicap Assistance Expense	Tax Returns (Federal, State, Local)
Assets on Deposit	Income (all sources)	Unemployment Benefits
BankAccounts	Income from Business	VA Benefits
Child Care Expense	Liens	Other: (listed below)
Child Support Payments	Medical Expenses	
Employment	Pension and Annuities	

I authorize and release the City of Kettering, OH and/or HUD to obtain information, about me and my household, that is pertinent to my eligibility for participation in the City of Kettering Housing Rehabilitation Program, and to verify the information that I provided.

I acknowledge that:

- 1. A photocopy of this form is as valid as the original.
- 2. I have the right to review the file and the information received using this form (with a person of my choosing to accompany me.)
- 3. I have the right to copy information from this file and to request correction of information I believe inaccurate.
- 4. All adult household members will sign this form and cooperate with the owner in this process.

Signature of Applicant & printed below	Date	Signature of Co- Applicant & printed below	Date
Signature of Adult family member & printed below	Date	Signature of Adult family member & printed below	Date



Planning and Development Department 3600 Shroyer Road, Kettering, Ohio 45429-2799 Phone 937-296-2441, Fax 937-296-3240 Deaf using TTY use Ohio Relay Service at 800-750-0750

Documentation Required for a Housing Rehabilitation Loan

Please contact staff to set up an appointment to review the completed a full application or to get assistance. As a part of the application process, the housing loan specialist will visit your home to view the repairs needed. In addition, the following documentation information is required to complete the application. (Our staff can make copies and return the original documents to you.)

1.	Photo identification of the loan applicants (driver's license)
2.	Written verification of all household income Last 2 months paycheck stub
	Verification form signed by employer(s)
	Last year's income tax return (1040 form with W-2's)
	Recent bank statements (at least 2 months)
	☐ Verification form signed by bank
	Recent statements from savings accounts, investments, or other assets
	Social Security Award letter(s), if applicable
	Proof of Child Support or Alimony, if applicable
	Proof of Retirement income, (VA, OPERS, Civil Ser., IRA, annuities) if applicableForm 4506
3.	Proof of Ownership; Property Deed
4.	Homeowner's Insurance Declaration Page from Insurance Policy
5.	Proof Property Taxes are current
	Provide Mortgage Statement if taxes are escrowed. Provide
	receipt from Montgomery County if paid by owner
	Lead Form
6.	HouseholdExpenses
	Copy of recent electric bill Copy of recent gas bill Copy of recent water bill
	☐ Mortgage payment ☐ Equity loan payment ☐ Copies of phone, cable, and trash bills
7.	The application has been signed by all property owners listed on the deed.
8.	Complete appraisal (City will provide one if homeowner doesn't have a recent one).