



CITY OF KETTERING

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## **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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# 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	<input type="text"/>	SS#	<input type="text"/>
Date of Birth mm-dd-yyyy	<input type="text"/>	Gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status?	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes single, divorced and widowed)	Are you a United States Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 2. CO-APPLICANT (Spouse or Co-Owner)

Name	<input type="text"/>	SS#	<input type="text"/>
Date of Birth mm-dd-yyyy	<input type="text"/>	Gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status?	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes single, divorced and widowed)	Are you a United States Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 3. ADDRESS

House Number and Street	<input type="text"/>		
City	<input type="text"/>	Zip	<input type="text"/>
How long have you lived at this home?	Number of Years <input type="text"/>	Number of Months	<input type="text"/>
What year was your home built?	<input type="text"/>	Number of Bedrooms?	<input type="text"/>
		Number of Baths?	<input type="text"/>

## 4. CONTACT INFORMATION

Home Phone Number	<input type="text"/>	Email Address	<input type="text"/>
Applicant Cell Phone	<input type="text"/>	Co-Applicant Cell Phone	<input type="text"/>
Applicant Work Phone	<input type="text"/>	Co-Applicant Work Phone	<input type="text"/>

## 5. SPECIFY YOUR PRESENT HOUSEHOLD SIZE

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8+
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## 6. PEOPLE WHO LIVE WITH YOU IN YOUR HOUSEHOLD

	Full Name	Date of Birth mm-dd-yyyy	Age	Relationship	If currently a full time college student, specify school
1					
2					
3					
4					
5					
6					
7					
8					

**Handicap Accessibility:** Please indicate if any member of the household has a disability requiring special housing accommodation. Please mention if a family member is confined to a wheel chair, using a walker, or no longer able to step up stairs. Other special needs would be for someone blind or deaf.

Name of Household Member	Type of Handicap	List Architectural Barriers (improvements needed)

## 7. HOME IMPROVEMENTS AND REPAIRS NEEDED

Check if Yes	Improvement or Repair Needed
<input type="checkbox"/>	Repairs or replacement of insufficient or dangerous <b>heating and cooling system</b> (HVAC)
<input type="checkbox"/>	Repairs or upgrading of <b>electrical systems</b> and fixtures
<input type="checkbox"/>	Replacement of defective <b>plumbing</b> , including sinks, tubs, and toilets
<input type="checkbox"/>	Reduction of <b>lead paint hazards</b> (interior and/or exterior)
<input type="checkbox"/>	Repair to <b>roofs, downspouts, and gutters</b>
<input type="checkbox"/>	Repairs to decayed <b>flooring, steps, and porches</b>
<input type="checkbox"/>	Exterior <b>ramps</b> to accommodate wheelchairs/walkers
<input type="checkbox"/>	Retrofitting of <b>entryways and bathrooms</b> to accommodate wheelchairs (architectural barrier removal)
<input type="checkbox"/>	Elimination of insects and/or rodents infestations
<input type="checkbox"/>	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

### Applicant 1st Employment

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Gross Monthly Income	Job Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer	Contact Name	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City, State, Zip	Date Employed

### Applicant 2nd Employment

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Gross Monthly Income	Job Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer	Contact Name	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City, State, Zip	Date Employed

### Co-Applicant 1st Employment

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Gross Monthly Income	Job Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer	Contact Name	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City, State, Zip	Date Employed

### Co-Applicant 2nd Employment

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Gross Monthly Income	Job Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer	Contact Name	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City, State, Zip	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 Employment

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Gross Monthly Income	Job Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer	Contact Name	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City, State, Zip	Date Employed

### Family Member Employment

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Gross Monthly Income	Job Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer	Contact Name	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City, State, Zip	Date Employed

### Family Member Employment

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Gross Monthly Income	Job Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer	Contact Name	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City, State, Zip	Date Employed

### Family Member Employment

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Gross Monthly Income	Job Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer	Contact Name	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
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
- Disability       SSI       Worker's Compensation       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
Source of Income (Employer)	Street Address (Employer)	City, State, Zip	

## 11. ASSETS

Do you or any member of your household, have any of the following accounts?

- Checking       Savings       Investments       Cash Accounts  
 Retirement       Certificates of Deposit       Other Accounts

If you have checked any account types above, please specify below.

### Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Household Member	Dollar Balance in Account	Type of Account	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Institution	Street Address of Institution	City, State, Zip of Institution	

### Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Household Member	Dollar Balance in Account	Type of Account	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Institution	Street Address of Institution	City, State, Zip of Institution	

### Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Household Member	Dollar Balance in Account	Type of Account	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Institution	Street Address of Institution	City, State, Zip of Institution	

### Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Household Member	Dollar Balance in Account	Type of Account	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Institution	Street Address of Institution	City, State, Zip of Institution	

### Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Household Member	Dollar Balance in Account	Type of Account	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Institution	Street Address of Institution	City, State, Zip of Institution	

## 12. CONSUMER DEBT AND EXPENSES

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



**13. MORTGAGES, TAXES, INSURANCE AND UTILITIES**

**1st Mortgage**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Principal Balance	AccountNumber	Monthly Payment
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (Mortgage Lender)	Street Address (Mortgage Lender)	City, State, Zip (Mortgage Lender)

**2nd Mortgage**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Principal Balance	AccountNumber	Monthly Payment
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (Mortgage Lender)	Street Address (Mortgage Lender)	City, State, Zip (Mortgage Lender)

**Home Owner's Insurance Provider**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (Insurance Agent)	Insurance Agent Phone Number	Homeowner's Insurance Monthly Pymt
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (Insurance Agent)	City, State, Zip (Insurance Agent)	Insurance Policy Number

**Real Estate Property Taxes Due Montgomery County**

How are taxes paid?	Lender Escrows and Pays <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Homeowner Pays <input type="checkbox"/>	Annual Taxes Due	Average Monthly Tax Amount

Total of All Mortgage Principal Balance	<input type="text"/>	Total of All Mortgages, Taxes and Insurance	<input type="text"/>
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**Provider of Gas/Oil for the Home**

Gas/Oil Provider	<input type="text"/>	Average Monthly Gas/Oil Payment	<input type="text"/>
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**Provider of Electricity for the Home**

Electricity Provider	<input type="text"/>	Average Monthly Electricity Payment	<input type="text"/>
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**Provider of Water/Sewer Services for the Home**

Water/Sewer Provider	<input type="text"/>	Average Monthly Water/Sewer Payment	<input type="text"/>
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Total of All Utilities	<input type="text"/>
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***** Total of All Mortgages, Taxes, Insurance and Utilities	<input type="text"/>
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## 14. CREDIT HISTORY

The following should be answered "yes" if they apply. Both the applicant and the co-applicant must answer.

Applicant Check if Yes	Co-Applicant Check if Yes	Credit Item
<input type="checkbox"/>	<input type="checkbox"/>	Have you any outstanding judgments?
<input type="checkbox"/>	<input type="checkbox"/>	In the past seven years, have you been declared bankrupt?
<input type="checkbox"/>	<input type="checkbox"/>	Have you had property foreclosed on or given title of deed?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a co-maker, co-signer or endorser on a note?
<input type="checkbox"/>	<input type="checkbox"/>	Are you party to a lawsuit?
<input type="checkbox"/>	<input type="checkbox"/>	Are you obligated to pay alimony, child support or maintenance?
<input type="checkbox"/>	<input type="checkbox"/>	Do you own any other property?
Value and Address of Other Property 1		
Value and Address of Other Property 2		

## 15. 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, fair housing, and home mortgage disclosure 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.

Applicant's Race/National Origin	
Check if Yes	Race/National Origin
<input type="checkbox"/>	I do not wish to furnish this information
<input type="checkbox"/>	White
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Asian
<input type="checkbox"/>	American Indian/Alaskan Native
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander
<input type="checkbox"/>	American Indian/Alaskan Native & White
<input type="checkbox"/>	Asian & White
<input type="checkbox"/>	Black/African American & White
<input type="checkbox"/>	American Indian/Alaskan Native & Black/African American
<input type="checkbox"/>	Other, please specify

Please specify your ethnicity:

Hispanic

Non-Hispanic

**16. CERTIFICATIONS and SIGNATURE(S)**

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 considered 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) \_\_\_\_\_

**WARNING:** 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 *Housing Rehabilitation Loan* from the City of Kettering. Furthermore I/We swear that the information provided in this application is true, correct, and complete.**

\_\_\_\_\_  
Signature of Loan Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Loan Co-Applicant

\_\_\_\_\_  
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.

Privacy Act Notice Statement: 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
Bank Accounts	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



## CITY OF KETTERING

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 applicable
  - Form 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. Household Expenses
  - 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).