



Housing Rehabilitation Loan Program Application

The Housing Rehabilitation Loan Program is being administered by CSC’s Community Housing Services Department. If you have questions pertaining to this application or this program, or ***if you need assistance in filling out this application***, you may contact Jeni Wells-Whitney in the Corvallis CSC office (541-758-2636 or jwwhitney@csc.gen.or.us). Send completed applications to:

CSC Community Housing Services, 545 SW 2nd St., Ste. A, Corvallis, OR 97333

Income Guidelines

Housing rehabilitation loans are available to homeowners with low-to-moderate income. Income qualification is based on the U.S. Department of Housing and Urban Development Median Income Guidelines for the State of Oregon. **Maximum Annual Household Income Limits**, listed by county, are as follows:

Household Size	Benton County	Linn County	Lincoln County	Marion County
1 person	\$39,650	\$30,700	\$28,000	\$32,600
2 persons	\$45,300	\$35,100	\$32,000	\$37,250
3 persons	\$51,000	\$39,450	\$36,000	\$41,900
4 persons	\$56,650	\$43,850	\$40,000	\$46,550
5 persons	\$61,200	\$47,350	\$43,200	\$50,250
6 persons	\$65,700	\$50,850	\$46,400	\$54,000
7 persons	\$70,250	\$54,350	\$49,600	\$57,700
8 persons	\$74,800	\$57,900	\$52,800	\$61,450

Types of income which qualify include wages and salary, social security and welfare benefits, unemployment, pensions and annuities, child support, alimony, interest and dividends.

Documentation

Please include documentation to verify all of the information you provide on the application form. This must include document copies of the following items for all household members, as appropriate: ***Income; Homeowners Insurance (including agent’s name and address); Current Balance Due on Mortgages/Liens on property; and Current Statements for all Loans, Credit Accounts, Medical/Dental liabilities, and Savings, Checking, and Investment Accounts.*** *If you have any questions as to what you need to send us, contact Jeni at the phone number or e-mail address listed above.*

Application Processing

Applications will be processed in the order in which they are received. CSC will notify applicants when all application materials have been received and reviewed and eligibility has been determined. Please make certain that your application contains your mailing address in addition to your residential address, if they differ.

CSC's Community Housing Services
545 SW 2nd Street, Suite A
Corvallis, OR 97333
541-758-2636

OFFICE USE ONLY
 HPG Eligible _____
 Wx Eligible _____

**Housing Rehabilitation Loan Program
 APPLICATION FORM**

Applicant/s: _____

Property Address: _____ Mailing: _____

Phone Number/s: _____ E-Mail Address: _____

Ethnic Group/s (List all included in household): _____

Household Composition (List all persons currently living in your household):

	<u>Name</u>	<u>Age</u>	<u>Social Security No.</u>	<u>Disabled</u> (Note with check mark)
APPLICANT:	_____	_____	_____	_____
SPOUSE:	_____	_____	_____	_____
CHILDREN:	_____	_____	_____	_____
	_____	_____	_____	_____
OTHER:	_____	_____	_____	_____

Household Employment Income (Present Employment):

APPLICANT: Name & Address of Employer: _____
 Work Telephone No/s: _____

Gross Income: Current month _____ Last 3 Months _____ Annual _____ Last Year _____

SPOUSE: Name & Phone No. of Employer: _____
 Work Telephone No/s: _____

Gross Income: Current month _____ Last 3 Months _____ Annual _____ Last Year _____

OTHER HOUSEHOLD MEMBER (Identify by name): _____

Name & Address of Employer: _____
 Work Telephone No/s: _____

Gross Income: Current month _____ Last 3 Months _____ Annual _____ Last Year _____

(List any additional Household Employment Income on separate sheet)

NOTE: Verification of the above income information is required; if self-employed, please provide copies of the most recent two year's income tax returns

Non-Employment Monthly Household Income Summary

Amount

Social Security Income _____
Unemployment Income _____
Welfare Income _____
Pension Income _____
Child Support/Alimony _____
Interest/Dividends _____
Rental Income _____
Other (Please specify) _____

Monthly Total of All Household Income	_____
Total Annual Household Income	_____

Financial Statement (Include Assets and Liabilities of all Household Members)

ASSETS: TOTAL AMOUNT/VALUE

Savings Account(s) _____
Checking Account(s) _____
Stocks/Bonds/Marketable Securities _____
Vehicles (List make, year, and approximate value of each) _____

Equity in Business _____
Value of Real Property other than residence _____
Other Assets (i.e. recreational vehicles, valuable/insured antiques or artwork, other such items; does not include household items. Please identify items and values individually.) _____

LIABILITIES: TOTAL AMOUNT/VALUE

Auto Loan Balance(s) _____
Credit Accounts (VISA, Mastercard, Gas, Etc. Identify accounts and balances individually, on a separate sheet if necessary.) _____

Other Real Estate Balance/s _____
Medical Bills Outstanding _____
Dental Bills Outstanding _____
Other Liabilities (please identify) _____

NET WORTH (Assets minus Liabilities)	_____
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NOTE: Documentation of all information listed on this page (except vehicle values and ownership) must be verified with copies of current account statements or other appropriate documents

Property Ownership and Insurance

Current Assessed Value of Property (i.e. County Real Market Value) \$ _____
Balance Owing on Mortgage (s) \$ _____
Balance of Other Lien/s on Title (Taxes, other Loans, Judgments) \$ _____
Equity in Property (Current Assessed Value minus Lien Balances) \$ _____

Homeowners Insurance Co.: _____ Coverage Amount : _____
Policy No.: _____ Coverage Period: _____
Agent Name: _____ Agent Address: _____
Agent Phone No.: _____

NOTE: Documentation must be provided of the following: Current Balances on all liens and Homeowners insurance coverage

Housing Information

Present Heating System _____; When installed? _____
Utility (Heating) Company _____; Account No. _____
Have you ever received Energy Assistance? If yes, when? _____
Approximate age of your home _____
How long have you lived in this residence? _____
How many bedrooms are in this residence? _____

Home Repair Needs

Please use this space to provide a general idea of the repairs/rehabilitation proposed.
You do not need to provide estimates or obtain bids at this time.

The applicant certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining a housing rehabilitation loan and/or weatherization services, and is true and complete to the best of the applicant's knowledge and belief.

The applicant further certifies that he/she is now the owner of the property described in this application, and that the rehabilitation loan proceeds will be used only for work and materials described in this application. If the approving officer determines that the rehabilitation loan proceeds will not or cannot be used for the purposes described herein, the applicant acknowledges that he/she shall have no further interest, right, or claim to the loan proceeds.

The applicant covenants and agrees that he/she will comply with all requirements imposed by or pursuant to regulations of the Secretary of Housing and Urban Development, effectuating Title VI of the civil rights act of 1974 (78 stat. 252). The applicant agrees not to discriminate upon the basis of race, color, creed, sex or national origin in the sale or use of the real property rehabilitated with the assistance of this program. Community Housing Services/lender shall be deemed to be a beneficiary of these provisions both for and in its own right and also for the purpose of protecting the interest of the community and other parties, public or private, in whose favor or for whose benefit these provisions have been provided, and shall have the right, in the event of any breach of these provisions, to maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breach.

If a housing rehabilitation loan is approved, the applicant covenants and agrees to sign a promissory note and trust deed securing repayment of the loan as required by Community Housing Services/lender.

If the applicant is determined to be eligible for weatherization services through the Weatherization Program, the applicant agrees to permit weatherization workers to use, at no cost, lights, heat, power, and water necessary to carry out and complete work. The applicant shall release and hold Community Housing Services and its staff harmless from any and all liabilities, claims, damages, losses and expenses not related to installation of weatherization measures and/or any occurrence resulting from audit, performance of weatherization services or inspection of the completed work.

The application also agrees to indemnify Community Housing Services and to hold it harmless from any and all lawful claims resulting from false or fraudulent statements, representations or documents submitted with this application. Verification of any of the information contained in this application may be obtained from any source named herein.

PENALTY FOR FALSE OR FRAUDULENT 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 and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representation, 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 five years, or both.

PLEASE NOTE: Community Housing Services requires, and shall obtain, an up-to-date title report for formal approval of a housing rehabilitation loan, and title insurance is required for all approved loans. The title insurance fee is the responsibility of the loan recipient and will be paid for with loan proceeds.

Applicant Signature

Date

Co-Applicant Signature

Date

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The undersigned have examined the application for a housing rehabilitation loan described herein, including supporting data and find the application meets the requirements of the Housing Rehabilitation Loan Program. Accordingly, the undersigned have approved the application for a loan in the amount of \$_____ subject to the establishment of any required fund reservation by the lender.

Date

Loan Committee Member/Authorized Signature

Date

Loan Committee Member/Authorized Signature