

CITY OF OWOSSO
HOMEOWNER REHABILITATION APPLICATION

PART I: GENERAL INFORMATION

Name of Applicant:	Date of Birth:	Social Security No.:	
Name of Co-Applicant:	Date of Birth:	Social Security No.:	
Address:	City: Owosso	State: MI	County: Zip Code
Home Phone #:	Work Phone #:	Mobile Phone #:	
Marital Status: (CHECK ONE) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes widowed, divorced, or single)			
Contact Person: (person to contact in your absence)	Home Phone #:	Work Phone #:	
Address:	City:	State:	Zip Code: Relationship:
How long have you lived at this address?			
Year house was built?			
Is this a Land Contract? (CHECK ONE)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

The information below is required solely for the purpose of determining compliance with Federal civil rights law and your response will not affect consideration of your application.

Gender of Applicant: (CHECK ONE)	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female
Race/Ethnicity of Applicant: (CHECK ONE)	1. <input type="checkbox"/> White not Hispanic 2. <input type="checkbox"/> Black not Hispanic 3. <input type="checkbox"/> Hispanic 4. <input type="checkbox"/> American Indian or Alaskan Native 5. <input type="checkbox"/> Asian or Pacific Islander

PART II: HOUSEHOLD INFORMATION

Is there anyone listed on the title to your property who does not live in the household? (CHECK ONE)		<input type="checkbox"/> Yes <input type="checkbox"/> No	(If (Yes) please list Name(s) and Relationship below.)
	NAME	RELATIONSHIP	
a.			
b.			
c.			
How many people live permanently in your household?			
How many bedrooms are in your home?			
List all household members, their monthly gross income and source of income including; Social Security Number, Wages, Pensions, DHS, Child Support or Alimony, SSI, General Assistance, self-employment, farm income, and rental income: (For self-employed persons, farm and rental property income, use the appropriate line for "adjusted gross income" from the 1040 IRS Income Tax Return.)			
	NAME	AGE	MONTHLY GROSS INCOME
a.			
b.			
c.			
d.			
e.			
Have you made all your monthly payments (housing payments, utilities, loans, credit cards) in a timely manner? (CHECK ONE)		<input type="checkbox"/> Yes <input type="checkbox"/> No	(If "No" please explain below.)
Have you ever received a Loan/Home Repairs through the City of Owosso Housing Program Office? (CHECK ONE)		<input type="checkbox"/> Yes <input type="checkbox"/> No	(If "Yes" please explain below.)
From your last property tax statement: (answer the following)			
What is the estimated market value of your home?			
What are your yearly property taxes?			
Are your property taxes current? (CHECK ONE)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your home insured? (CHECK ONE)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list the name of your home insurance company.			

PART III: EMPLOYMENT

Occupation of Applicant:		Employer:			
Employer Address:	City:	State:	Zip Code:	Phone Number:	
Occupation of Co-Applicant:		Employer:			
Employer Address:	City:	State:	Zip Code:	Phone Number:	

PART IV: CREDIT HISTORY

Please answer the questions listed below. If you answer "Yes" to any question, please attach a written explanation.

Are there any financial judgments or liens against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you declared Bankruptcy within the last 36 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you lost any property through foreclosure or given title or deed to anyone to avoid foreclosure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a co-signer on any note or loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARTV: EXPENSES

Please list household expenses

Heat (gas, oil, etc.)	\$	Insurance	\$
Property Taxes	\$	Other Expenses	\$
Health Insurance	\$	Other Expenses	\$
Electricity	\$		\$
Cell Phone	\$		\$

PART VI: DEBTS

Please list all current financial obligations, child support or alimony, installment account, charge accounts, debts to banks, finance companies, mortgage companies, land contract holders and government agencies.

Creditor:	Year Loan Account was Opened	Amount Borrowed	Present Balance	Monthly Payments	Is Debt Business Related?
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

PART VII: CERTIFICATION

I certify that the information stated above is true and correct to the best of my knowledge. I understand that giving false information will result in disqualifying me from assistance in the Homeowner Rehabilitation Program.

Signature of Applicant

Date

Signature of Co-Applicant

Date