

# THE KITSAP COUNTY HOUSING REHABILITATION LOAN PROGRAM

## APPLICATION: OWNER OCCUPIED

<b>A. PERSONAL DATA</b>				
NAME of Applicant _____			NAME of Co-applicant _____	
PRESENT ADDRESS:				Number of Years
_____	_____	_____	_____	_____
Street	City	State	Zip	
PREVIOUS ADDRESS:				Number of Years
_____	_____	_____	_____	_____
Street	City	State	Zip	
Social Security Numbers:	Applicant _____	Co-Applicant _____	Phone Number _____	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried
Number of Dependents _____		Ages of Dependents _____		

<b>B. VOLUNTARY INFORMATION</b>			
For APPLICANT:		For CO-APPLICANT:	
Age: _____	RACE/NATIONAL ORIGIN:	Age: _____	RACE/NATIONAL ORIGIN:
<input type="checkbox"/> Male	<input type="checkbox"/> Amer. Indian, Alaskan Native	<input type="checkbox"/> Male	<input type="checkbox"/> Amer. Indian, Alaskan Native
<input type="checkbox"/> Female	<input type="checkbox"/> Asian, Pacific Islander	<input type="checkbox"/> Female	<input type="checkbox"/> Asian, Pacific Islander
<input type="checkbox"/> Disabled	<input type="checkbox"/> Black, <input type="checkbox"/> Hispanic, <input type="checkbox"/> White	<input type="checkbox"/> Disabled	<input type="checkbox"/> Black, <input type="checkbox"/> Hispanic, <input type="checkbox"/> White
	<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____
I do not wish to furnish this information _____ (initial)		I do not wish to furnish this information _____ (initial)	

<b>C. PROPERTY TO BE REHABILITATED</b>				
ADDRESS:				
_____				
Do you occupy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Own or buying? <input type="checkbox"/> Yes <input type="checkbox"/> No	Years in Unit:	In City? <input type="checkbox"/> Y <input type="checkbox"/> N Which?	Year Built:
General Description of Work Needed:				
Fire Insurance Company	Amount of Coverage	Policy Number	Expiration Date	
Agent	Agent's Address:	Street	City	State ZIP
_____				

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### D. STATEMENT OF OWNERSHIP AND LIENS AGAINST PROPERTY

Number of Units	Purchase Price	Date Purchased	Present Balance	Current Value	Monthly Payment
Title/Mortgage Holder		Address: Street City State ZIP			
TYPE OF LOAN:		<input type="checkbox"/> Real Estate Contract <input type="checkbox"/> Conventional Mortgage Loan		<input type="checkbox"/> FHA <input type="checkbox"/> VA	
		<input type="checkbox"/> Personal Loan <input type="checkbox"/> Other (specify) _____			

List below all liens, mortgages and other security interests against the property as of the date of this application. Examples: Home improvement loan, tax lien, labor lien, delinquency attachments, etc.

<u>Date Made</u>	<u>To Whom</u>	<u>For What</u>	<u>Amount</u>	<u>Loan Number</u>

E. TOTAL MONTHLY GROSS INCOME	<u>APPLICANT</u>	<u>CO-APPLICANT</u>	<u>TOTAL</u>
Salary (before deductions):			
Bonus, Commissions & Dividends:			
Retirement Income or Social Security:			
AFDC, SSI or Unemployment Compensation:			
NET Rental Income:			
Other Income (please describe):			
<b>TOTAL MONTHLY INCOME:</b>			
<b>TOTAL YEARLY INCOME:</b>			

### F. EMPLOYMENT DATA

Applicant's Present Employer:	Position Held	How long?
Employer's Address: Street City State ZIP	Phone number	
Applicant's Previous Employer:	Position Held	How long?
Employer's Address: Street City State ZIP	Phone number	
Co-applicant's Present Employer:	Position Held	How long?
Employer's Address: Street City State ZIP	Phone number	

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<b>G. MONTHLY EXPENSES</b>	
<u>HOUSING EXPENSES</u>	<u>OTHER MONTHLY EXPENSES</u>
Mortgage payments, including property taxes and insurance \$ _____	Food (estimate) \$ _____
Heating \$ _____	Transportation \$ _____
Electricity \$ _____	Medical \$ _____
Water, sewer & garbage \$ _____	Car & personal loan payments \$ _____
Home maintenance \$ _____	Charge account payments \$ _____
Other (please describe) \$ _____	Salary deductions (income and FICA taxes) \$ _____
_____ \$ _____	Retirement & life insurance \$ _____
_____ \$ _____	Telephone \$ _____
_____ \$ _____	Other (describe) \$ _____
_____ \$ _____	_____ \$ _____
<b>TOTAL MONTHLY HOUSING EXPENSES</b> \$ _____	<b>TOTAL OTHER MONTHLY EXPENSES</b> \$ _____
Estimate the monthly amount you are able to commit for repayment of a home rehab loan: \$ _____	
Total monthly expenses before rehab: \$ _____	
Total monthly expenses after rehab loan begins: \$ _____	

<b>H. AGREEMENT</b>	
<p>For the purposes of procuring and maintaining credit, in any form whatsoever, the undersigned submits the foregoing statements and information, both written and printed, and including supplemental statements as being a full, true and correct statement of my financial condition on the date stated. Making a false or knowingly inaccurate statement on this financial application is punishable under state and federal law with a prison term and/or substantial fine. The undersigned agrees to notify the Kitsap County Housing Rehabilitation Program in writing of any material change in his/her financial condition. The undersigned also authorizes the Kitsap County Housing Rehabilitation Program to verify the information through securing credit checks, title reports and employer verification reports.</p>	
_____	_____
Applicant's Signature	Date
_____	_____
Co-Applicant's Signature	Date

<b>FOR OFFICE USE ONLY:</b>	Date Received	By
Flood Hazard: <input type="checkbox"/> IN <input type="checkbox"/> OUT	Insurance: <input type="checkbox"/> YES <input type="checkbox"/> NO	Historic Signif.: <input type="checkbox"/> YES <input type="checkbox"/> NO

Return Application To:  
 Kitsap County Consolidated Housing Authority  
 9307 Bayshore Dr. NW, Silverdale, WA 98383