

Residential Loan Application

The following information is provided for the confidential use of the City of Colorado Springs for the purpose of obtaining housing rehabilitation assistance. I certify that the information provided is true and complete to the best of my knowledge and belief. By submitting this application, I authorize the City of Colorado Springs to review my finances and to obtain written or verbal verification or re-verification from any source named in my application.

Assistance Category:	Interest Rate:	No. of Months:	Monthly Payment:	Project Number:
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Subject Property Address (street, city, state, & zip code)	Number of Units	Number of Bedrooms
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Tax Schedule of Subject Property	Year Built
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Purpose of Loan (list housing rehabilitation needs)	Property will be: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Investment
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Borrower	GENERAL INFORMATION	Co-Borrower
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Borrower's Name (include Jr. or Sr. if applicable)	Co-Borrower's Name (include Jr. or Sr. if applicable)
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Social Security Number	Home Phone	Age	Date of Birth	Social Security Number	Home Phone	Age	Date of Birth
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<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated
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Number of Dependents: Dependents Ages: Number In Household:	Number of Dependents: Dependents Ages :
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Present Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent No. of Years _____	Present Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent No. of Years _____
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Former Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent No. of Years _____	Former Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent No. of Years _____
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Borrower	EMPLOYMENT INFORMATION	Co-Borrower
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Name & Address of Employer	Yrs. on this job	Name & Address of Employer	Yrs. on this job
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Position/Title/Type of Business	Business Phone #	Position/Title/Type of Business	Business Phone #
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If employed in current position for less than two years or if currently employed in more than one position, complete the following:

Name & Address of Employer	Yrs. on this job Or Dates (from-to)	Name & Address of Employer	Yrs. on this job Or Dates (from-to)
Position		Position	

Name & Address of Employer	Yrs. on this job Or Dates (from-to)	Name & Address of Employer	Yrs. on this job Or Dates (from-to)
Position		Position	

MONTHLY INCOME – Proof of Income is Required

Gross Monthly Income	Borrower	Co-Borrower	Total
Employment Base Pay	\$	\$	\$
Overtime			
Bonuses			
Commissions			
Dividends and Interest			
Net Rental Income			
Social Security			
Disability, Pension, Child Support			
Other			
Other			
Total	\$	\$	\$

Self Employed Borrower(s) must provide three years of tax returns and a current year-to-date income statement.

ASSETS

Type of Account or Asset (Checking, Savings, Stock, Bonds; Cash on Hand)	Name and Address of Bank or Credit Union	Account Number	Balance or Cash Value
			\$
			\$
			\$
			\$
Real Estate Owned (Address, City, State) Provide Schedule of Real Estate if more space is needed.			Market Value
			\$
Automobiles, Motor Homes, Trailers, Motorcycles			Market Value
			\$
List Other Assets (include vested interest in retirement fund, Net worth of business)			Market Value
			\$

LIABILITIES

List all creditors by name, address and account number for all outstanding debts, including home mortgage, automobile loans, revolving charge accounts, alimony, child support, etc. Attach a separate sheet if more space is needed.

Name, Address, City, State, Zip Code, Phone Number of Company	Account Number	Monthly \$ Payment	Unpaid \$ Balance
Mortgage (House Loan)			

LIABILITIES continued

Name, Address, City, State, Zip Code, Phone Number of Company	Account Number	Monthly Payment	Unpaid Balance
Total			

LIVING EXPENSES

List on-going living expenses. Estimate an average per month. Include all that apply.

Utilities (Water, sewer, gas, electric)	
Telephone	
Trash removal	
Auto Expense (include Auto Insurance, monthly expense for gas not charged) Or Transportation Expense	
Medical Expense (insurance premium, prescriptions, co-payments)	
Groceries (food, household products, personal products)	
Property Taxes and Insurance (if not included in mortgage payment)	
Other (List)	
Total	

DECLARATIONS

If you answer "yes" to any question, please provide a letter of explanation.	Borrower		Co-Borrower	
	Yes	No	Yes	No
1. Are there any outstanding judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been declared bankrupt within the past 10 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you had property foreclosed upon or given title or deed in lieu within the past 10 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you involved in a law suit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you presently delinquent or in default on any debt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you obligated to pay alimony, child support, or separate maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you a co-maker or endorser on a note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Are you a U. S. citizen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you a permanent resident alien?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you intend to occupy the property as your primary residence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Race? *	_____		_____	
5. Male or Female?*	_____		_____	

*This information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor 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. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname.



CONTINUATION SHEET

Use this continuation sheet if you need more space to complete the Residential Loan Application.
Mark B for Borrower or C for Co-Borrower.

HOMEOWNER'S INSURANCE INFORMATION

Agent: _____ Company: _____
Agent's Phone #: _____ Coverage: _____
Annual Premium: _____ Policy Term: _____

Name, Address, City, State, Zip Code, and Phone Number of nearest relative not living with you:

Total Income:	\$ _____	
- Withholdings:	\$ _____	
- Liabilities:	\$ _____	
- Expenses:	\$ _____	
Total Withholdings, Liabilities & Expenses	-\$ _____	
Remaining Balance	\$ _____	

By submitting this application, I authorize the City of Colorado Springs to review my finances and to obtain written or verbal verification or re-verification from any source named in my application (as required by the US Department of Housing and Urban Development). The information is provided for the confidential use of the City of Colorado Springs for the purpose of obtaining housing rehabilitation assistance. I certify that the information provided is true and complete to the best of my knowledge and belief.

Borrower's Signature	Date
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X

Co-Borrower's Signature	Date
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X