



HOME IMPROVEMENT LOAN PROGRAM
 Fairfax County, Virginia • Department of Housing and Community Development
Application For Housing Rehabilitation Assistance



Case Number _____

PLEASE PRINT OR WRITE CLEARLY

Note: Page 4 may be used if additional space is required to answer any questions. If the "Co-Applicant" responses match answers given by "Applicant," please indicate answers by writing "SAME."

APPLICANT (Head of Household)				CO-APPLICANT			
Name		DOB		Name		DOB	
Other Names Used Within Last Two Years				Other Names Used Within Last Two Years			
Social Security Number				Social Security Number			
Telephone Number				Telephone Number			
Home				Home			
Business				Business			
Present Address (Number & Street, City, State & Zip Code)				Present Address (Number & Street, City, State & Zip Code)			
Former Address (Number & Street, City, State & Zip Code)				Former Address (Number & Street, City, State & Zip Code)			
Marital Status (Check One)				Marital Status (Check One)			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			

NUMBER OF PERSONS RESIDING IN HOUSE: (Other Than Applicant/Co-Applicant):						
Names	M/F	Age	Relationship to Applicant	Employed? Yes/No	Monthly Income	Full-Time Student? Yes/No

Name and Address of Bank	Type Account	Name and Address of Bank	Type Account
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name and Address of Bank	Type of Account	Name and Address of Bank	Type Account
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Name and Address of Employer			Name and Address of Employer		
Date of Employment	From:	Present:	Date of Employment	From:	Present:
Type of Work:			Type of Work:		
Annual Gross Income \$	Working Hours To:	From:	Annual Gross Income \$	Working Hours To:	From:

IF EMPLOYED IN CURRENT POSITION FOR LESS THAN 3 YEARS GIVE PAST 3 YEARS EMPLOYMENT HISTORY
Continue on Page 4 if necessary. (A=Applicant; C = Co-Applicant)

A or C	Date of Employment (From-To)	Name and Address of Employer	Type of work	Annual Gross Income	Reason for Change
				\$	
				\$	

FINANCIAL STATEMENT AS OF DATE OF APPLICATION

ITEM	First PYMT Date	UNPAID DEBT	AMOUNT DELINQUENT	MONTHLY PAYMENT	INT. RATE LOAN TERM	NAME AND ADDRESS OF MORTGAGE COMPANY AND ACCOUNT NUMBER
Dwelling-First Mortgage						
Second Mortgage						
Other Real Estate						
Address of other Real Estate						
Rent Received (If any)						

GROSS MONTHLY INCOME				ASSETS	
Term	Applicant	Co-Applicant	Total	Item	Total Value
Monthly Pay				Checking Account	\$
Retirement				Savings Account	\$
Bonuses				Cash on Hand	\$
Commissions				Stocks	\$
Dividends/Interest				Bonds	\$
Social Security				Securities	\$
Pensions				Other Assets	\$
Alimony					
Child Support					
Total Income from Border or Tenant					
Total	\$	\$	\$	Total	\$

DESCRIBE OTHER INCOME

NOTICE: Alimony, Child support, separate maintenance, as well as non-taxable income, must be revealed to determine income eligibility, as well as level of subsidy. (A=Applicant; C=Co-Applicant)

A or C	Source	Total Monthly Income

DEBTS				Monthly Housing Expense	
Item	Organization or Individual to Whom Debt is Paid	Monthly Payment	Balance Owed	Item	Amount
Credit Cards				First Mortgage (P & I)	\$
Credit Cards				Second Mortgage (P & I)	\$
Credit Cards				Other Financing (P & I)	\$
Credit Cards				Fire Insurance	\$
Credit Cards				Real Estate Taxes	\$
Automobile Loan				Condominium Fees	\$
Personal Loan				Homeowner Assoc. Dues	\$
Ongoing Medical Expenses				Total Monthly Payment	\$
Other Debts				Utilities	
				Water	\$
				Electric	\$
				Gas	\$
				Other	
Totals		\$	\$	Total	\$

HOUSE INFORMATION

No. of Bedrooms:	No. of Bathrooms:	Age of House:	Heat Source:
Check one: <input type="checkbox"/> Townhouse - End Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Family <input type="checkbox"/> Condominium			
Central Air Conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No		Check One: <input type="checkbox"/> Septic <input type="checkbox"/> County Sewer <input type="checkbox"/> Pit Privy	
Check One: <input type="checkbox"/> Public Water <input type="checkbox"/> Well			

PLEASE PROVIDE DESCRIPTION OF REPAIRS NEEDED IN THE SPACE BELOW:

I AM (WE ARE) unable to provide the housing I (we) need on my (our) own account, and I am (we are) unable to secure the credit necessary for this purpose from other sources upon terms and conditions which I (we) can reasonably fulfill. I (we) certify that the statements made by me (us) in this application are true, complete and correct to the best of my (our) knowledge and belief and are made in good faith to obtain a loan.

WARNING: Any person who knowingly makes, or causes or allows to be made, a false statement or report for the purpose of influencing the action of the department upon any application for a loan or any action of the department affecting a loan already made shall be subject to immediate acceleration of the mortgage on what he/she is liable. The acceleration shall apply to any material misstatements, including misstatements relating to said person's financial condition, or any other fact mater to the departments actions.

I/We authorize the Program to obtain credit information for the purpose of evaluating this application and disclose the same information to local agencies participating in the Program and/or a private lending institution agreeing to participate in the loan.

Signature of Applicant	Date
Signature of Co-Applicant (if any)	Date

VOLUNTARY INFORMATION FOR MONITORING PURPOSES

The following information is requested by the Government in order to monitor compliance with Federal laws prohibiting discrimination against loan applicants on the basis of race, national origin, and sex. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating our application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

Applicant	CO-APPLICANT
Race/National Origin (Not of Hispanic origin) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other (Specify) SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female HANDICAPPED: <input type="checkbox"/> Yes <input type="checkbox"/> No	Race/National Origin (Not of Hispanic origin) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other (Specify) SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female HANDICAPPED: <input type="checkbox"/> Yes <input type="checkbox"/> No



To request this information in an alternate format, call The Department of Housing and Community Development
 Tel. 703-246-5155 • Fax 703-246-5115 • TTY 703-385-3578