



\_\_\_ Deferred loan \_\_\_ Leveraged loan \_\_\_ Emergency loan \_\_\_ Grant

# City of Bellevue | Parks & Community Services

PO Box 90012, Bellevue, Washington 98009-9012

## HOUSING REHABILITATION PROGRAM Homeowner Loan and Grant Application



### PERSONAL

**Borrower** \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Phone No. \_\_\_\_\_  
E-mail \_\_\_\_\_

**Spouse/Co-Borrower** \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Phone No. \_\_\_\_\_  
E-mail \_\_\_\_\_

Present Address \_\_\_\_\_ How Long \_\_\_\_\_

Previous Address (within 3 years) \_\_\_\_\_

Household Members <i>(includes renters, boarders, foster children, relatives)</i>	Age	Relationship	Employed		Retired	
			Yes	No	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you relying on community property or co-borrower's wages and assets to show your credit worthiness? (If married, you and your spouse's wages are normally community property).  Yes  No

Marital Status:  Married  Single (*divorced, widowed or single*)  Domestic Partner

### EMPLOYMENT

	Borrower	Spouse/Co-Borrower
Social Security Number:	_____	_____
Present Employer:	_____	_____
Address:	_____	_____
Phone Number:	_____	_____
Position:	_____	_____
How Long:	_____	_____
Previous Employer:	_____	_____
Address:	_____	_____
Phone Number:	_____	_____
Position Held:	_____	_____
How Long:	_____	_____

Date Received by City of Bellevue \_\_\_\_\_

# INCOME

	Borrower	Spouse/Co-Borrower
Gross Salary: <i>(past 12 months including overtime)</i>	\$ _____	\$ _____
Other Sources of Income: <i>(past 12 months)</i>		
Bonus, Commissions or Dividends:	_____	_____
Retirement Income or Social Security:	_____	_____
Unemployment Compensation:	_____	_____
Public Assistance: (AFDC, SSI, UC)	_____	_____
Boards:	_____	_____
Other Income: <i>(alimony, child support, interest, tips, rental income, etc.)</i>	_____	_____
Total Annual Income:	\$ _____	\$ _____
<b>Total Combined Annual Income of Borrower and Spouse or Co-Borrower</b>	<b>\$ _____</b>	

PLEASE ATTACH A COMPLETE COPY OF YOUR MOST RECENT SIGNED IRS FORM 1040 FEDERAL INCOME TAX RETURN (AND CO-BORROWER'S IF NOT A JOINT RETURN) AND MOST RECENT PAY STUB.

# BANK ACCOUNTS

**List all checking and savings accounts for all household members over 18.**

	Account No.	Balance	Checking	Savings
Bank Name _____				
Branch _____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Mailing Address _____				
City, State, ZIP _____				
Bank Name _____				
Branch _____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Mailing Address _____				
City, State, ZIP _____				
Bank Name _____				
Branch _____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Mailing Address _____				
City, State, ZIP _____				
Bank Name _____				
Branch _____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Mailing Address _____				
City, State, ZIP _____				

# ASSETS

The Value of:

Cash on hand in Bank: \$ \_\_\_\_\_

Stocks and Bonds: \_\_\_\_\_

Value of Home: \_\_\_\_\_

Assessed, year \_\_\_\_\_;

or Appraised: (if available) \_\_\_\_\_

Auto: make \_\_\_\_\_ year \_\_\_\_\_

Other Real Estate: \_\_\_\_\_

Other Assets: *(itemize)* \_\_\_\_\_

\_\_\_\_\_

**Total Assets: \$** \_\_\_\_\_

# DEBTS

**List all Liens** - mortgages and other liens against the subject property as of the date of this application.

Lender Name	Lender Address	Account No.	Present Balance	Monthly Payment
			\$	\$

**Total Liens \$** \_\_\_\_\_

**List all Installment Accounts** - car, child support, charge accounts and other debts longer than 7 months in duration.

Lender Name	Lender Address	Account No.	Present Balance	Monthly Payment
			\$	\$

**Total Installments \$** \_\_\_\_\_

Total Liens: \$ \_\_\_\_\_ Total Assets: \$ \_\_\_\_\_

Total Installments: + \_\_\_\_\_ Total Debts: - \_\_\_\_\_

**Total Debts: \$** \_\_\_\_\_ **Total Net Worth: \$** \_\_\_\_\_



## LEGAL INFORMATION

- Are you or co-borrower a defendant in any law suits or legal action?  Yes  No
- Have you or co-borrower's wages ever been garnished?  Yes  No Date \_\_\_\_\_
- Have you or co-borrower ever gone through bankruptcy?  Yes  No Date \_\_\_\_\_
- Where did you originally hear about the City of Bellevue's Housing Rehabilitation Program? \_\_\_\_\_
- Do you have a reverse mortgage?  Yes  No
- Have you previously received money through the City of Bellevue Housing Rehabilitation Program?  Yes  No
- Is your home currently on the market for sale either by yourself or through a listing agent?  Yes  No

I/We understand that if the home is placed on the market during the application process and before the approval of the loan, the city will cease to process the application.

I/We understand that upon the sale or other transfer, whether by operation of law or otherwise, of the real property located at \_\_\_\_\_, Bellevue, King County, Washington; or in the event that I/We cease to use the above described property as my/our primary residence, the loan amount will become immediately due and payable. The statements in this application are true, correct and complete, and represent a total disclosure of all my obligations and assets. I/We consent to any of the references above as well as any other sources of information about my credit worthiness being disclosed to the City of Bellevue Housing Rehabilitation Program. I/We certify that the entire proceeds of this loan will be used exclusively for the purposes represented on this application. I/We further understand that if I have knowingly omitted or falsified any of my financial information or other material information, that my application to the Housing Rehabilitation Program shall be permanently cancelled, or if a loan has been granted, it will be rescinded.

I/We agree to allow the City of Bellevue Housing Rehabilitation Program to photograph the exterior and interior, before and after rehabilitation views of the house for documentation purposes. I/We understand that repairs made under this program are warranted for a period of one year by the contractor, not by the City.

I/we give consent to the City of Bellevue to run a credit report to determine eligibility for the Home Repair Program.

The Fair Housing Act prohibits creditors from discriminating against credit applications on the basis of age, sex, marital status, race, creed, religion, color, national origin, sexual orientation, or the presence of any sensory, mental, physical handicap.

**The information that you provided in this application is "confidential" and cannot be used for any other purposes.**

Borrower Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse or Co-borrower Signature \_\_\_\_\_ Date \_\_\_\_\_


## VOLUNTARY INFORMATION

### Borrower

- Male  Female
- Disabled
- Single Female Head of House (with children)
- Single Female (no children)
- American Indian, Alaskan Native
- African-American
- Asian, Pacific Islander
- White
- Hispanic/Latino
- Other (specify) \_\_\_\_\_

### Spouse or Co-Borrower

- Male  Female
- Disabled
- Single Female Head of House (with children)
- Single Female (no children)
- American Indian, Alaskan Native
- African-American
- Asian, Pacific Islander
- White
- Hispanic/Latino
- Other (specify) \_\_\_\_\_

 For alternate formats, interpreters, or reasonable accommodation requests please phone at least 48 hours in advance 425-452-6884 (voice) or email [humanservices@bellevuewa.gov](mailto:humanservices@bellevuewa.gov). For complaints regarding accommodations, contact City of Bellevue ADA/Title VI Administrator at 425-452-6168 (voice) or email [ADATitleVI@bellevuewa.gov](mailto:ADATitleVI@bellevuewa.gov). If you are deaf or hard of hearing dial 711. All meetings are wheelchair accessible.