

HOMEOWNER APPLICATION

100 19th Street, Suite 109
Rock Island, IL 61201
309.788.6311
info@growthcorp.org

BACKGROUND INFORMATION

Owner's Name:	
Phone:	E-Mail:
Address (include city/state/zip code):	

HOUSEHOLD INCOME INFORMATION

1. Please list the full legal names, DOB, and ages of all individuals living in the household:

NAME/DOB	AGE	NAME/DOB	AGE

2. First Employer:

Employer's Name:			
Employer's Address:			
Salary:	\$	{ } Weekly	{ } Monthly

3. Secondary Employer:

Employer's Name:			
Employer's Address:			
Salary:	\$	{ } Weekly	{ } Monthly

Rock Island Economic Growth Corporation and its subsidiaries are pledged to the letter and spirit of U.S. Policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.



4. If any other adults in the household are working, or previous listed occupants have a second job, please answer the following:

Other Person:	
Employer's Name:	
Employer's Address:	
Salary:	\$ { } Weekly { } Monthly

Other Person or second job:	
Employer's Name:	
Employer's Address:	
Salary:	\$ { } Weekly { } Monthly

5. Does anyone in the household receive any of the following? If YES, please fill in the amount:

OTHER INCOME:	YES	Name	IF YES, AMOUNT
Social Security			\$
Supplemental Income (SSI)			\$
AFDC			\$
Child Support			\$
Disability Pension			\$
Pension or Retirement			\$
Interest income			\$
OTHER Specify:			\$
			\$

6. Do you have current homeowners insurance? YES ___ NO ___

7. What is the name and phone number of your Insurance Company or Agent?



PROPERTY INFORMATION

1. Are you the sole owner of the property? YES _____ NO _____

If no, list the other owner(S) and contact info:

2. Is the property your principal residence? YES _____ NO _____

3. What type of property is your home?

Single family detached

Cooperative

Mobile home

4. How many bedrooms are in your home? _____ bedrooms

5. How many bathrooms are in your home? _____ bathrooms

6. Please list the major repairs which you feel need to be done to your home.



DEMOGRAPHIC INFORMATION

1. The following questions are for **statistical purposes only** and have no bearing on the awarding of any financial assistance. Please place an **“X”** in the box which applies to your household:

White (non-Hispanic)	
Black (non-Hispanic)	
Hispanic	
Asian or Pacific Islander	
American Indian	
Other	

2. Please place an **“X”** in the box which applies to your household:

Elderly	
Disabled	
Related Household Members	
Non-Related Household Members	

3. Sex of Head of Household: _____ (F or M)

U.S.C. TITLE 18, SECTION 1001 PROVIDES: “Whoever in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies or makes any false, fictitious or fraudulent statement of entry, shall be fined not more than \$10,000, or imprisoned not more than five years, or both. In addition, any fraudulent, fictitious or false statement on this application will result in the calling in of any note, deferred grant or other financial help in full.”

Signature

Signature

Date: _____

Please mail, email, or drop off completed application to Economic Growth Corporation
 100 19th Street, Suite 109, Rock Island, IL 61201
 309.788.6311
 info@growthcorp.org



AUTHORITY TO VERIFY APPLICATION INFORMATION

This is your authority to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make other inquiries pertaining to my qualification for participating in the Trust Fund Home Accessibility Program. You may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor may be delayed or rejected.

Applicant Signature

Date

Applicant Name (typed or printed)

Co-applicant Signature

Date

Co-applicant Name (typed or printed)



ITEMS TO BRING TO THE INTERVIEW

1. Employment Income. For every member of your family who works, bring the following information:
 - Name, address and telephone number of the employer.
 - Current rate of regular and overtime pay and the number of hours per week normally worked. (Bring three current pay stubs).
 - Information about any changes you expect in your pay or the number of hours to be worked during the next twelve months.
 - Other types of income you expect to receive from employment, such as tips, commissions, profit sharing programs, etc.
 - Most recent tax returns

2. Benefit and Support Income. If any member of your family receives any of the following types of income, bring name, address and telephone number of the source of the income and information about the amount received:
 - Unemployment Compensation
 - Social Security
 - Supplemental Social Security
 - Pension
 - Disability Income
 - Alimony
 - Child Support
 - Welfare or other public assistance
 - Regular support from family members or friends.

3. Real Estate You Own. Bring information about the current value of the property you own. If you own any rental property, bring the address of the property and the information about how much income you receive and what expenses you have for the property. (Bring last year's Schedule E from your income tax forms.)

4. Stocks, Bonds, Trusts, Other Investments. Bring account numbers and statements on value of investments and information about income from investments.

5. Other Income. For any other type of income your family has, bring the name address and telephone number of the source of the income and information about the amount of the income.

6. Gifts. If you have sold or given any assets in the past two years (such as giving a property or any amount of money to another family member), please bring information about those assets.

HOMEOWNER EXPECTATIONS WHAT TO EXPECT (AND NOT EXPECT) FROM THE HOME ACCESSIBILITY PROGRAM

THINGS PROPERTY OWNERS DO IN THE PROGRAM

This program will provide you with assistance during the housing rehabilitation process, but as property owner, you are responsible for making choices and for conducting the work listed below:

1. You should help the Program Sponsor inspect the house and point out problems.
2. You need to allow access to your property for viewing by the Program Sponsor and by contractors for bidding purposes.
3. You must sign the Owner Agreement with the Program Sponsor, which includes the Construction Contract between you and the contractor.
4. You will be responsible for providing access to your property for the contractor to perform the requirements of the Rehabilitation Contract during normal business hours.
5. You will approve payments to the contractor(s).
6. You will inspect and approve the work performed by contractors.
7. You will work with contractors to settle disagreements during the job.
8. You will contact the contractor to ask them to correct problems covered by the contractor warranty during the warranty period following completion of the work.
9. You will be required to sign legal documents related to the financial assistance you receive.
10. A Power of Attorney (POA) may be used if a co-borrower is unfit to sign off on program forms due to extenuating circumstances (Incapacitation, military service, etc.). The attorney-in-fact must have specific authority to encumber the property.



THINGS PROPERTY OWNERS SHOULD THINK ABOUT BEFORE TAKING ON A REHABILITATION PROJECT

1. Rehabilitation work has its limitations - it is not new construction.
2. Not all work that you may wish to be done can be accomplished by this Program.
3. Repairs will correct most problems, but probably not all of them.
4. Don't expect your property to be completely new when work is done.
5. Don't expect all floors, walls, ceilings, doors, windows, etc., in older houses to be completely smooth, plumb, level and square when work is done.
6. It can be stressful living in a house while a contractor is performing work. Furniture may be rearranged or stacked with a great deal of disorder. It can also be very messy, noisy, and dusty.
7. You are responsible for securing all belongings (e.g. pictures on the walls, items in the cabinets, knick-knacks on shelves, clothing in closets) when the area is being affected by the work.
8. Very few times in life is anyone completely satisfied with things they buy or have repaired. Buying a house or having one repaired is no different.
9. Houses always need maintenance. It is a good idea for you to save a little each month for future repairs and maintenance.
10. The Program Sponsor is not a contractor; the contractor does not work for the state, and the Program Sponsor does not guarantee that the owner will be satisfied with the work done by their contractor.

I have read the above statement and understand the implications of participating in the Trust Fund Single Family Rehabilitation Program w/ Roof Only Option and Home Accessibility Program.

Owner

Date



What Can I Do Until the Contractor Arrives at Work? Get ready and be prepared!

1. Start planning ahead. Plan adequate storage space for contractor tools, equipment and materials.
2. Make arrangements for the contractor to get into your property if you will not be home during the day.
3. Prepare your property and furnishings for remodeling. Put away all breakable and valuable items that may be in the way of the workmen. There may be dust and dirt from the work - send your drapes to the dry cleaners and wash your curtains.
4. When the work starts, keep your copy of the work specifications handy, refer to them often. Check with the program inspector if there is anything you do not understand once work has started.
5. Try to stay out of the construction area - especially children. This will help prevent injuries and allow the workmen room to work. Please abide by the rules and regulations the contractors must adhere to, especially concerning lead.
6. Expect the unexpected. In most cases, changes and improvements will be new to you. However, unforeseen problems may be uncovered during the course of the work which require a plan change. Be prepared if this should happen. Discuss changes with the housing staff -- visualize and be flexible. Changes must be approved by you and the contractor and be authorized by the housing staff in writing. Again, refer to the work specifications.
7. To avoid mutual confusion, one member of the family should be delegated as the spokesman to discuss problems or questions with the program administrator. This should be the owner.
8. Stop problems before they start. If something isn't going the way you feel it should, or if you don't understand it, speak to the housing staff and get an acceptable explanation or correction before it progresses too far.
9. Keep a good relationship between your household and the contractor.
10. Win cooperation from the workmen with good basic human relations. Nothing makes the contractors work harder than a word of appreciation or an unexpected pot of coffee or even a pitcher of ice water! (It's awfully hot on top of those roofs.)
11. All work will be inspected by the housing inspector before the contract is completed.
12. Please read all of your paperwork and keep it in a safe place.
13. Always ask questions. Housing staff is always there to clarify and help meet your housing needs.

X

Homeowner's Signature

Date



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Household Budgeting Worksheet

Make sure that you include all take-home income and expenses as accurately as possible. The information you provide will be used to compute your household budget. Try not to inflate the numbers, but do not underestimate either. If a monthly expense is automatically deducted from your take-home income, do not enter it below. Homeowners are responsible for maintaining and improving their home. This program is not intended to fix all problems. There will be repairs needing completed after receiving the assistance and more will come up in the future. Homeowners need to have a plan on how to handle those expenses. If monthly debts exceed the income then it is not possible to sustain a home's minimum maintenance requirements.

Monthly Take-Home Income (after tax)

Salary/Wages	\$ _____
Salary/Wages	\$ _____
Social Security	\$ _____
Military Pay	\$ _____
Pension Plan/Retirement	\$ _____
Interest Income	\$ _____
Alimony/Child Support	\$ _____
Real Estate (Rent)	\$ _____
Dividends (Investments)	\$ _____
Unemployment	\$ _____
Royalties/Other Income	\$ _____
Total Income	\$ _____

Monthly Secured Debts

1st Mortgage	\$ _____
2nd Mortgage	\$ _____
Property Taxes (divided by 12)	\$ _____
Home Insurance (divided by 12)	\$ _____
(only include if not in mortgage)	\$ _____
Auto Loans/Leases	\$ _____
Recreation Toys (Watercraft, etc.)	\$ _____
Past-Due Taxes	\$ _____
Other Secured Debts	\$ _____
Other Secured Loans	\$ _____
Total Secured Debt	\$ _____

Monthly Living Expenses

(do not include if included in mortgage or deducted from paycheck)

Food (Home, Work, School)	\$ _____
Household Items	\$ _____
Clothing	\$ _____
Laundry/Dry Cleaning	\$ _____
Telephone (Home, Cell)	\$ _____
Internet Service	\$ _____
TV/Satellite/Streaming Services	\$ _____
Electric (utility)	\$ _____
Gas/Oil (utility)	\$ _____
Water/In-Home Service	\$ _____
Trash Service	\$ _____
Auto Gas/Maintenance	\$ _____
Auto Insurance	\$ _____
Health & Dental Insurance	\$ _____
Life & Disability Insurance	\$ _____
Homeowners Insurance	\$ _____
Education (Tuition, Supplies)	\$ _____
Personal Care (Hair, Nails, etc)	\$ _____
Medical Care (Prescriptions, etc.)	\$ _____
Child Care (Nanny, Day Care)	\$ _____
Children Activities (Sports, etc.)	\$ _____
Alimony/Child Support	\$ _____
Gardener/Pool/Alarm Service	\$ _____
Entertainment	\$ _____
Homeowner Dues Subscriptions	\$ _____
Health Club Membership	\$ _____
Contributions/Donations/Gifts	\$ _____
Other Expenses (Misc.)	\$ _____
Total Expenses	\$ _____

Monthly Unsecured Debts

(minimum monthly payments)

Credit Card	\$ _____
Credit Card	\$ _____
Credit Card	\$ _____
Credit Card	\$ _____
Credit Card	\$ _____
Credit Card	\$ _____
Personal Loan	\$ _____
Personal Loan	\$ _____
Medical/Dental Bills	\$ _____
Other Unsecured Loans	\$ _____
Total Unsecured Debt	\$ _____

Summary of Budget

Total Take-Home Income	\$ _____
	(minus)
Total Living Expense Payments	\$ _____
Total Secured Debt Payments	\$ _____
Total Unsecured Debt Payments	\$ _____
	(equals)
Your Disposable Income or Deficit	\$ _____

Note: If you have a deficit, you should seek the help of a credit counseling agency to help you reduce expenses as well as create a workable budget for you and your family.

signature

date