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/sta	ate/zip code):				
HOUSEHOLD INCOME INF					
1. Please list the full lega	al <u>names, DOB,</u>	and ages of	f <u>all</u> individuals livin	g in the household:	:
NAME/DOB		AGE	NAME/DOB		AGE
		1			
2. First Employer:					
Employer's Name:					
Employer's Address:					
Salary:	\$		{ } Weekly	{ } Monthly	
3. Secondary Employer:					
Employer's Name:					
Employer's Address:					
Salary:	Ś		{ } 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.

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
OTHER INCOME:	old receive any of the f	ollowing? If <u>YES</u> , please Name	
Door anyong in the househ	ald raceive any of the f	following? If VES places	a fill in the amount:
OTHER INCOME:	1		IF YES, AMOUN
OTHER INCOME:	1		IF YES, AMOUN
OTHER INCOME: Social Security Supplemental Income (SSI)	1		\$
OTHER INCOME: Social Security Supplemental Income (SSI) AFDC	1		\$ \$
OTHER INCOME: Social Security Supplemental Income (SSI) AFDC Child Support	1		\$ \$ \$ \$
OTHER INCOME: Social Security Supplemental Income (SSI) AFDC Child Support	1		\$ \$
·	1		\$ \$ \$ \$
OTHER INCOME: Social Security Supplemental Income (SSI) AFDC Child Support Disability Pension Pension or Retirement	1		IF YES, AMOUN' \$ \$ \$ \$ \$ \$ \$ \$ \$
OTHER INCOME: Social Security Supplemental Income (SSI) AFDC Child Support Disability Pension	1		\$ \$ \$ \$ \$ \$



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

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1.		owing questions are for statistical purpo I assistance. Please place an "X" in the I	oses only and have no bearing on the awarding of any box which applies to your household:
		White (non-Hispanic)	
		Black (non-Hispanic)	
		Hispanic	
		Asian or Pacific Islander	
		American Indian	
		Other	
		Elderly	
		Elderly	
		Disabled	
		Related Household Members	
		Non-Related Household Members	
3.	Sex of H	ead of Household: (F or M)
age sta ade	ency of the tement of dition, an	ne United States, knowingly and willfull of entry, shall be fined not more than \$2	er in any matter within the jurisdiction of any department or ly falsifies or makes any false, fictitious or fraudulent 10,000, or imprisoned not more than five years, or both. In ent on this application will result in the calling in of any note,
 Sig	nature		Signature



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. <u>Employment Income</u>. 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. <u>Benefit and Support Income</u>. 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 <u>and</u> 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. <u>Real Estate You Own</u>. 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. <u>Stocks, Bonds, Trusts, Other Investments</u>. 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. <u>Gifts</u>. 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.

the Trust Fund Single Family Rehabilita Accessibility Program.	ation Program w/ Roof Only Option and Home
Owner	Date

I have read the above statement and understand the implications of participating in



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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