MARION COUNTY COMMUNITY SERVICES

3003 SW College Rd, Room 109
Ocala, FL 34474
(352) 671-8770

REHABILITATION PROGRAM

LOAN APPLICATION

State Housing Initiatives Partnership
HOME Investment Partnership
Equal Housing Opportunity

Applicant (s) Name: _____
Applicant (s) Address: _____
_____

Date Stamp Received

APPLICANT(S) FILE # _____

PLEASE COMPLETE ALL FORMS AND RETURN TO COMMUNITY SERVICES. IN ORDER TO PROCESS THE APPLICATION YOU MUST INCLUDE THE FOLLOWING: (CHECK OFF AS COMPLETED.)

- ❑ **Copies of your two most recent paystubs. If Social Security is received, please include a copy of the Social Security Benefit letter for the current year.**
- ❑ **A copy of your most recent income tax return, including W-2's.**
- ❑ **Child support documentation, if applicable (court order and courthouse printout of payments received, or a statement from the courthouse that child support is not received.**
- ❑ **Copy of birth certificates for all children.**
- ❑ **Complete copy of divorce papers or notarized statement that you have never been married.**
- ❑ **Copy of recorded deed to the property.**
- ❑ **Last two months bank statements.**

CHECK BOXES AS YOU COMPLETE EACH FORM.

- ❑ 1. Application cover page (to be returned with application packet)
- ❑ 2. Application for loan assistance (to be filled out completely to the best of the applicant's ability). Pgs. 3-5
- ❑ 3. Authority to verify credit information form. (Allows Community Services staff to verify the applicant's credit, bank accounts, and employment). Pg. 6
- ❑ 4. Asset Addendum (additional assets). Pg. 7
- ❑ 5. Verification of Deposit (**top portion to be filled out by applicant**). Pg. 8
- ❑ 6. Employment verification (**top portion to be filled out by applicant**). Pg. 9
- ❑ 7. List of Repairs form (for Rehabilitation applicants only; please be very detailed, list all repairs needed). Pg. 10

Revised 10/12/11

File # _____

REHABILITATION LOAN APPLICATION

APPLICANT'S NAME:_____SS#_____

CO-APPLICANT'S NAME:_____SS#_____

STREET ADDRESS: _____PHONE: _____
ALTERNATIVE PHONE: _____

City: _____State:_____Zip:_____

MAILING ADDRESS: _____

City: _____State:_____Zip:_____

Check ONE:
Marital Status: ____Single ____Married ____Separated ____Divorced ____Widowed

Do you: Reside in Marion County? ☐Yes ☐No Live within the city limits of Ocala? ☐Yes ☐No
Do you: Own your own home? ☐Yes ☐No
Do you: Rent? ☐Yes ☐No What is your monthly rent or mortgage payment? _____

ANNUAL INCOME - Please list all household annual (YEARLY) income.
**** Note: Please use GROSS income not net income****

SOURCE	APPLICANT	CO-APPLICANT	OTHER MEMBER	TOTAL
Gross Salary				
Overtime, Tips, etc.				
Interest/Dividends				
Business Net Income				
Rental Net Income				
Social Security, Pensions, etc.				
Unemployment, Workers Comp				
Alimony, Child Support				
Welfare Payments				
Other				

FOR OFFICE USE ONLY

Qualifies For:
SHIP _____
HOME _____
ADDI _____

Income Level:
Extremely Low 30% _____
Very Low 50% _____
Low 80% _____
Moderate 120% _____

APPROVED:
Yes _____
No _____

APPLICANT'S EMPLOYER:

Name of Employer:_____Phone:_____

Address: _____Years Employed:_____

Position:_____Supervisor:_____

Previous Employer:_____Years_____Phone:_____

Position: _____Supervisor:_____

CO-APPLICANT'S EMPLOYER:

Name of Employer:_____Phone:_____

Address: _____Years Employed:_____

Position:_____Supervisor:_____

Previous Employer :_____Years _____Phone_____

Position: _____Supervisor:_____

HOUSEHOLD COMPOSITION List the head of your household and all members who live in your home. Give the relationship of each family member to the HEAD.

FULL NAME	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY #
		HEAD	

ASSETS

TYPE	CASH VALUE	ANNUAL INCOME FROM ASSETS	BANK NAME	ACCOUNT NO.
Checking Accounts:				
Savings Accounts:				
401 K:				
Retirement / Pension Account:				
Stocks / Bonds/ CD:				
Land/Rental Property:				
Home Value:				
Mortgage Balance:				

LIABILITIES (List debts including auto loans, credit cards, charge accounts, real estate & mortgage loans, etc.)

TYPE	CREDITORS NAME	MONTHLY PAYMENT	BALANCE
Mortgage:			
Rent/Lease Payment:			
Car Payment:			
Credit Cards:			
Furniture, Appliances, etc:			
Alimony/Child Support:			

1. Do you have any outstanding unpaid collections or judgments? ☐Yes ☐No
   Amount of collections/judgments $_____
2. Have you declared bankruptcy in the last 7 years? ☐Yes ☐No
3. Are you a party in a law suit? ☐Yes ☐No

DECLARATION: I am applying for assistance. I understand that I will have to give true information on this form. It could be a crime if I am not truthful about my eligibility for assistance. The information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of such information for purposes of income verification related to my/our application for financial assistance. I/we understand that any willful misstatement of material fact will be grounds for disqualification. Applicant understands that the information provided is needed to determine SHIP/HOME assistance eligibility and in no way assures qualification for assistance. The applicant also agrees to provide the county with any other documentation needed to verify eligibility and are aware that all information and documents provided are a matter of public record.

_____ _____

APPLICANT DATE CO-APPLICANT DATE

MARION COUNTY
Board of County Commissioners
Community Services
3003 SW College Road, Suite 109
Ocala, Florida 34474
(352) 671-8770 – Fax (352) 671-8769

AUTHORITY TO VERIFY CREDIT 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 any other inquiries pertaining to my qualifications for assistance from you. 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 recipient 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 program recipient may be delayed or rejected.

_____ _____
Applicant Date

_____ _____
Co-Applicant Date

_____ _____
Household Member 18 and Over Date

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ASSET ADDENDUM TO APPLICATION

In order to properly qualify for assistance, the income of applicants must be certified. The following asset information must be obtained. This information will be used for income eligibility purposes only.

Assets include: cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (such as lottery winnings, insurance settlements, etc.), and personal property held as an investment (such as gems, coin collections, paintings, antique cars, rental property, etc.). *ASSETS DO NOT INCLUDE:* necessary personal property such as furniture, automobiles, and clothing.

The total value of my (our) assets are:	**$** _____
The total annual income (interest, rent) received from these assets are:	**$** _____

_____ _____
Applicant Signature Date

_____ _____
Co-Applicant Signature Date

REQUEST FOR VERIFICATION OF DEPOSIT

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 or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38USC, Chapter 37 (if VA); by 12 USC, Section 1701, et.seq. (If HUD/FHA); BY 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et.seq. Or 7 USC, 1921 et seq. (If USDA/FmHA).

Part I - Applicant Instructions: COMPLETE ITEMS 1, 7, 8, AND 9.

1. To (Name and COMPLETE Mailing Address of depository/bank	2. From: Marion County Community Services 3003 SW College Road, Suite 109 Ocala, FL 34474

I certify that this verification was sent directly to the bank/depository and has not passed through the hands of the applicant or any other party.

3. Lender Signature	4. Title Client Services Specialist	5. Date	6. Lender Phone Number (352) 671-8770

7. Information to be Verified			
Type of Account	In Name(s)	Account Number	Estimated Balance

To Depository: I/We have applied for a mortgage loan and stated in my financial statement that the balance on deposit with you is shown above. You are authorized to verify this information and to supply the lender identified above with the information requested in items 10 through 13. Your response is solely a matter of courtesy which no responsibility is attached to your institution or any of your officers.

8. Name and address of Applicant(s)	9. Signature of Applicant(s)

❖ **APPLICANT - <u>DO NOT</u> SUBMIT THIS FORM TO YOUR DEPOSITORY/BANK. WE ARE REQUIRED TO MAIL IT DIRECTLY TO THEM FOR COMPLETION.**

Part II - Verification of Depository (To be completed by Depository)

10. Deposit Accounts

Type Account	Account Number	Current Balance	Withdrawal Fee	Avg. 6 Month Balance	Rate/Interest Income YTD	Date Opened

11. Loans Outstanding

Loan Number	Date of Loan	Original Amount	Current Balance	Mo. Installment	Secured by	Number Late Payments

12. Additional information which may be of assistance in determination of credit worthiness, including loans paid-in-full.

_____

_____

<u>13. If the name(s) on the accounts differ from those listed in Item 7, please supply the name(s) on the account(s) as reflected in your records.</u>

_____

_____

Part III - Authorized Signature - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance or any guaranty or insurance by the VA secretary, the U.S.D.A., FmHA/FHA Commissioner, or the Hud/CPD Assistant Secretary.

14. Signature of Depository Representative	15. Title (Please print or type)	
16. Please print or type name signed in Item 14.	17. Phone Number	18. Date

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Section I - To be completed by Applicant and returned to Community Services.

EMPLOYER NAME: _____

EMPLOYER MAILING ADDRESS: _____

APPLICANT NAME: (Print) _____S.S. #: _____

I hereby grant permission and authorize my employer to disclose full information as to my anticipated annual income to the Marion County Community Services Department where I have applied for assistance.

_____ _____
Applicant Signature Date

APPLICANT - DO NOT SUBMIT THIS FORM TO YOUR EMPLOYER. WE ARE REQUIRED TO MAIL IT DIRECTLY TO THEM FOR COMPLETION.

Hire Date: _____ Position: _____

Please complete ONE of the following: (GROSS AMOUNT)

1. Hourly $ _____
2. Bi-Weekly $ _____
3. Bi-Monthly $ _____
4. Weekly $ _____
5. Monthly $ _____
6. Annually $ _____

Average hours worked per week: _____ Weeks worked per year: _____

Vacation Pay (Y or N): _____ Number of days: _____

ANTICIPATED additional ANNUAL **GUARANTEED** GROSS INCOME from:

1. Tips $ _____
2. Bonuses $ _____
3. Commissions $ _____
4. Overtime $ _____

Has employee been terminated? _____ If yes, is the individual eligible for unemployment benefits? _____

Employer Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____

Title: _____

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83

SHIP REHABILITATION REPAIRS LIST

Please list all repairs that need to be completed to your home. Be very specific as to where the repairs need to be done and what needs to be repaired.

_____

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