

# ELSMERE CITYWIDE LOAN PROGRAM



## APPLICATION FOR HOUSING/BUSINESS REHABILITATION ASSISTANCE

**Instructions:** Please complete the application in its entirety. Applicants must submit a copy of their credit report, credit score and at least two estimates from licensed contractors at the time of submitting the City Wide Loan Application. If the work is to be completed by the applicant, a cost estimate for supplies and materials must be submitted at the time of the City Wide Loan Application.

### PART I - TO BE COMPLETED BY APPLICANT

APPLICANT NAME: \_\_\_\_\_

SPOUSE/CO-OWNER NAME: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

PRESENT CITY, STATE AND ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CELL NO. : \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SSN: \_\_\_\_\_ SPOUSE/CO-APP. SSN: \_\_\_\_\_

ADDRESS OF REHAB (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

OWNER OF REHAB LOCATION (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

LANDLORD ADDRESS: \_\_\_\_\_

LANDLORD CITY, STATE AND ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CELL NO. : \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**HOUSEHOLD COMPOSITION:** (LIST EACH HOUSEHOLD MEMBER WHO WILL LIVE IN THE DWELLING. CLEARLY IDENTIFY FULL TIME STUDENTS)

| NUMBER | FULL NAME | RELATIONSHIP TO APPLICANT | AGE | GENDER | STUDENT? |
|--------|-----------|---------------------------|-----|--------|----------|
| 1      |           |                           |     |        |          |
|        |           |                           |     |        |          |
|        |           |                           |     |        |          |
|        |           |                           |     |        |          |
|        |           |                           |     |        |          |

(LIST ADDITIONAL FAMILY MEMBERS ON SEPARATE PAGE)

**INCOME/BUSINESS COMPOSITION:** (LIST EACH MEMBER)

| NUMBER | FULL NAME | INCOME SOURCE | ANNUAL INCOME * | GROSS MONTHLY INCOME |
|--------|-----------|---------------|-----------------|----------------------|
|        |           |               |                 |                      |
|        |           |               |                 |                      |

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

(\*USE ADJUSTED GROSS INCOME FROM THE TAX RETURN FOR ALL HOUSEHOLD MEMBERS)

**EXPLAIN STATUS OF MORTGAGES, LAND CONTRACTS, ETC.:**

---



---



---



---



---



---

(ATTACH PROOF OF OWNERSHIP/LEASE)

**CERTIFICATION BY APPLICANT(S)**

The Applicant certifies that all information in this application, and all information furnished in support of this application is true and complete to the best of the applicant's knowledge and belief.

The Applicant further certifies that he or she is the owner of the property described in this application, and that the Rehabilitation proceeds will be used only for the work and materials necessary to meet the rehabilitation or code standards, as applicable for the property described in this application.

PENALTY FOR FALSE OR FRAUDULENT STATEMENTS: U.S.C. Title 18, SEC. 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."

\_\_\_\_\_  
SIGNATURE/TITLE

\_\_\_\_\_  
DATE

**6. CONSENT OF OWNER/LANDLORD (IF APPLICABLE)**

The undersigned being the owner or lessor of the subject property acknowledges that he/she has reviewed the application for the Elsmere Citywide Loan Program and consents to the proposed improvements and waives all notice required under the present lease from the City of Elsmere, Kentucky. The undersigned further agrees to permit a lien securing this Elsmere Citywide Loan to be placed against the title to this real estate.

\_\_\_\_\_  
SIGNATURE/TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF LESSOR

**PART II - TO BE COMPLETED BY PROJECT MANAGER**

- 1. APPLICANT TOTAL HOUSEHOLD INCOME: \_\_\_\_\_
- 2. ELDERLY \_\_\_ SMALL FAMILY \_\_\_ LARGE FAMILY \_\_\_ HANDICAPPED \_\_\_
- 3. NUMBER OF HOUSEHOLD MEMBERS: \_\_\_
- 4. ANNUAL INCOME VERIFIED ON: \_\_\_\_\_

**PART III - DESCRIPTION OF WORK**

---

---

---

---

---

---

---