# 1% HOME REPAIR LOAN





Please fill out this application form completely, sign and date it, and review the checklist of required documents to ensure your application packet is complete.

Applications without all supporting documents cannot be accepted.

CUSTOMER INFORMATION					
Borrower Name:	Co-Bor	Co-Borrower Name:			
Social Security Number:	Social	Social Security Number:			
Date of Birth:		Date of Birth:			
Address (Street):		Address (Street):			
(City, Zip):		(City, Zip):			
Please circle preferred method of communication below		Please circle preferred method of communication below			
Home Phone: Cell:	Home	Phone:		Cell:	
Email:		Email:			
Are you a citizen of the United States? YES $\square$ NO $\square$		Are you a citizen of the United States? YES $\square$ NO $\square$			
EMPLOYMENT INFORMATION					
Name of Employer:	Name	of Employe	er:		
No. of Years Self Employed? YES	NO 🗌 No. of `	<b>Years</b>	Self Er	mployed? YES 🗌 NO 🗌	
Employer Address:	Employ	er Address	s:		
Position:	Position	n:			
Annual Income:	Annua	Income:			
RENTAL PROPERTY INFORMATION					
Do you receive rental income? YES NO If yes, monthly amount:					
Address of rental property (Street, City, Zip):					
Are there any tenants under the age of six? YES $\Box$	NO 🗌				
Please list institutions or persons and mailing addresses of those who hold a mortgage on the rental property.					
Name	Addre	ess		Balance	
PROPERTY INFORMATION					
Is the property you are renovating your Primary Residence? YES NO # of Units					
What would you estimate is the market value of you	r property?				
Property Deed/Title in the name of:		Are your	property taxe	s escrowed? YES NO	
Please list institutions or persons and mailing addresses of those who hold a mortgage on the property.					
Name	Addre	ess		Balance	
Please describe needed repair items with estimated	<u>costs</u> (attach a	nother she	et of paper if r	needed):	
**We strongly encourage you to get an estimate from a contractor prior to submitting your application**					
Repair Item				Estimated Cost	

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#### INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish this information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.) Ethnicity: Hispanic or Latino Not Hispanic or Ethnicity: Hispanic or Latino Not Hispanic or Latino Latino Race: Race: ☐ American Indian, Alaskan Native ☐ Asian American ☐ American Indian, Alaskan Native ☐ Asian American ☐ Black or African American ☐ White ☐ Black or African American ☐ White ☐ Native Hawaiian or other Pacific Islander ☐ Other ☐ Native Hawaiian or other Pacific Islander ☐ Other Sex: Male Female Sex: ☐ Male ☐ Female **SIGNATURES** I authorize Home HeadQuarters, Inc. (HHQ) to obtain credit reports in connection with this application and any loan or account established, as well as any update, renewal, extension, review or collection thereof. HHQ will use the credit report to confirm my residency address, review existing credit obligations, payment history, and determine whether my income is eligible to support a loan payment. Upon my request, HHQ will provide me with the name and address of the Consumer Reporting Agency contacted to supply the report. I understand that credit inquiries have the potential to impact my credit score. I also authorize HHQ to verify any information contained in this application with other parties and to report its transactions with me. I authorize HHQ, the lender, to share information I have provided on this application and any other information relevant to my home improvement service with any of the Program partners. I certify that all statements made in this application are true and are made for the purpose of requesting home improvement services. Home HeadQuarters, Inc., its agents and/or assignees, reserves the right to inspect any and all work associated with a home improvement loan or grant or any other HHQ financial product or service. This application in no way guarantees or implies funding and/or service through Home HeadQuarters, Inc., its agents and/or assignees. Signature of Borrower Date Signature of Co-Borrower Date

#### REQUIRED SUPPORTING DOCUMENTS

Please see attached sheet for the required supporting documents, which will be used to verify your income and assets, and to provide additional information about the property you're seeking to purchase and/or rehab.





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### SUPPORTING DOCUMENT CHECKLIST

Thank you for choosing Home HeadQuarters, Inc., for your financing needs. For your application to be processed, you must submit copies of the following documentation:

Please note, we are unable to accept incomplete applications. All supporting materials must be submitted at the time of application to Home HeadQuarters' Lending Department.

Copy of the recorded deed to your home with legal description attached (Schedule A)
Copy of declarations page of your homeowner's insurance policy stating current policy period, amount of coverage & listing of all mortgages against the property
Proof of income for all members who reside in the household (e.g., 3 recent pay stubs; benefit letter for SSI, Social Security, pension, unemployment, disability, etc.). If a household member does not have any income, including workers compensation, unemployment, etc., please submit a signed and dated written statement from that person attesting that they do not have any income. If a household member is a full time student over the age of 18, please provide a current semester course schedule showing name and number of credits being taken.
Copy of Federal Tax Returns from the last 2 years. If you do not file Federal Tax Returns, please submit a signed and dated written statement attesting that you do not file.
Bank Statements from the last 3 months
Copy of picture I.D. (e.g., driver's license)

