



Residential Rehabilitation Application

All fields below must be completed to be considered for CDBG Rehabilitation Program funds. Community Relations Department will thoroughly review all items listed. This list may not be all inclusive, depending upon the nature of the specific project.

Project Address:

Please list below the repairs needed on your home.

1.

2.

3.

4.

5.

CDBG Home Rehabilitation Application Form

Date:

Please complete all information on this application. Blank spaces will delay the processing of application. If you have any questions in filling out application, contact the City of Goldsboro Community Relations Department at 919-580-4318.

Applicant Information

Applicant's Status: Married Never Married Divorced Separated Widower

Applicant's Full Legal Name:	Spouse's Full Legal Name (if applicable):
Applicant's Social Security Number:	Spouse's Social Security Number:
Applicant's Address: (street, city, state, zip)	
Home Phone Number: Work Number: Fax Number:	Home Phone Number: Work Number: Fax Number:
Applicant's Email Address:	Spouse's Email Address:
Applicant's Employer's Name or Source of Income:	Spouse's Employer's Name or Source of Income:
Applicant's Employer's Address: (street, city, state, zip)	Spouse's Employer's Address: (street, city, state, zip)
How long has applicant been with current employer? Full Time Part-Time	How long has spouse been with current employer? Full Time Part-Time
Applicant's Average Gross Pay: Weekly Monthly Yearly	Spouse's Average Gross Pay: Weekly Monthly Yearly
Applicant's Total Income:	Spouse's Total Income:



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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 Lenders 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 the Lender may either discriminate on basis of this information, nor on whether you choose to furnish it. However, if you choose to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation and surname. If you do not wish to furnish the information, please check the box. (Lender must review the above material to assure that the disclosure satisfies all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for.)

Applicant

Race/National Origin:

- I do not wish to furnish this information
- American Indian or Alaskan Native
- Hispanic
- Asian or Pacific Islander
- Other (specify _____)
- White not of Hispanic origin
- Black not of Hispanic origin

Sex:

- Male - Head of Household
- Female - Head of Household

Co-Applicant

Race/National Origin:

- I do not wish to furnish this information
- American Indian or Alaskan Native
- Hispanic
- Asian or Pacific Islander
- Other (specify _____)
- White not of Hispanic origin
- Black not of Hispanic origin

Sex:

- Male - Head of Household
- Female - Head of Household



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Assets

Please list all assets of income available from any individual in the household.

Savings Account	Account Number:	Balance: \$
Checking Account	Account Number:	Balance: \$
	US Savings Bond:	Cash Value: \$
Retirement Account: (Must be able to access without retiring or terminating work)		\$
Cash available for project:		\$
Life Insurance:		\$
Real Estate:		\$
Total Assets		\$

Other Sources of Income

Please list all other individuals living in the household and sources of income received by any (must include child support, alimony, social security, SSI, AFDC, retirement, etc.) Attach additional sheets if necessary.

Name of Recipient	Relationship	Age	Social Security Number	Source of Income (Monthly)
1.				
2.				
3.				
4.				
5.				
6.				
Total Amount				\$

Liabilities

List all outstanding debt such as child support (court ordered or otherwise); auto loans; credit cards; department, furniture, or jewelry stores; personal loans, etc. Attach additional sheets if necessary.

Creditor	Type of Debt	Monthly Payment	Balance Owed
1.			
2.			
3.			
4.			
5.			
6.			
		Total: \$	Total: \$



Residential Rehabilitation Application

Please return completed form to: City of Goldsboro, Community Relations Department
PO Drawer A
Goldsboro, NC 27533-9701

Email: kmfuller@goldsboronc.gov | **Phone:** 919-580-4318

Email: jwilson@goldsboronc.gov | **Phone:** 919-580-4359

When returning this application to Community Relations Department, please submit the following if applicable for all household members:

- Last 60 days pay stubs per employer (2-month history)
- Current SSI/SSDI statement
- Last two (2) years tax returns and W-2s attached
- Signed Non-Filing statement (if applicable)
- Last two (2) bank statements per account (2-month history)
- Valid photo ID for applicant & co-applicant
- Proof of all household income (child support and alimony require 12-month history) Copy of recorded separation agreement and/or final divorce decree
- Current profit and loss statement (if self-employed)
- City of Goldsboro CDBG Home Rehabilitation Application Form
- Evidence of ownership of the property to be rehabilitated
- Evidence of insurance on the property to be rehabilitated
- Evidence current taxes are paid on the property to be rehabilitated

Certification

Accuracy of Information

I certify that the information I have provided to determine my eligibility for assistance through the City of Goldsboro Community Relations Department is true and complete to the best of my knowledge. I understand that if the City discovers new information that indicates that I am not eligible for the program; my participation in the program could be canceled prior to program assistance approval. For the purpose of verification of information required by this application, I give my consent to the City of Goldsboro Community Relations Department, its agents, and contractors to examine my confidential information given herein. I further grant permission, and authorize any bank, employer, credit bureau, or other public or private agency to disclose information deemed necessary to complete this application.

Program Details

I further certify that the details of the Program have been fully explained to me. I also understand that for the Program, I will receive assistance as a loan, and I understand the situation in which I have to repay the loan I receive. I further understand that the Program is funded by the City of Goldsboro, and I must abide by its program rules and requirements.

Professional Advice

I understand that obtaining a loan can be a complicated process involving a variety of legal and financial issues, and I certify that the City of Goldsboro has advised me to seek the advice of real estate, home inspections, financial and legal professionals.

Release of Responsibility

Other than ensuring that the house that is rehabilitated through program complies with all the applicable City Minimum Housing & North Carolina Building Codes and is free of any obvious health and safety violations, I understand that the City of Goldsboro, its employees, and elected officials accept no other responsibilities through this program.

Borrower Signature: _____

Date: _____

Co-Borrower Signature: _____

Date: _____