



TO BE COMPLETED BY OFFICE ONLY.
 Application Number: _____

LOAN APPLICATION
 CITY OF FARMINGTON HILLS
 HOUSING REHABILITATION PROGRAM

APPLICANT PLEASE PROVIDE THE FOLLOWING INFORMATION AS REQUIRED FOR CONSIDERATION

NAME: _____
 Last First Middle Date Application Filled Out

ADDRESS: _____
 Street Zip Code Home Telephone Number

MARITAL STATUS: SINGLE MARRIED SEPARATED DIVORCED _____
 Date of Birth

LIST OF DEPENDENTS/OTHER RESIDENTS:

_____ Name	_____ Relationship	_____ Age	_____ Name	_____ Relationship	_____ Age
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HOUSING INFORMATION Previous Address: _____

LENGTH OF TIME IN PRESENT HOUSE _____ ORIGINAL MORTGAGE AMOUNT OF PRESENT HOME \$ _____
 PURCHASE PRICE OF PRESENT HOME \$ _____

NAME AND ADDRESS OF MORTGAGE HOLDER OR LAND CONTRACT HOLDER _____ BALANCE REMAINING TO DATE ON MORTGAGE \$ _____

NAME _____
 ADDRESS _____
 MORTGAGE ACCOUNT NO. _____
 AGE OF PRESENT HOUSE _____

HAVE YOU EVER BEEN OBLIGATED OR ARE YOU PRESENTLY OBLIGATED ON A HOME LOAN, OR A HOME IMPROVEMENT LOAN, WHICH RESULTED OR IS RESULTING IN FORECLOSURE, DEED IN LIEU OF FORECLOSURE, OR JUDGEMENT? YES NO

IS HOUSE INSURED? YES NO

DESCRIPTION OF HOUSING PROBLEM (PRIORITIES) _____

DO YOU OWN ANY OTHER SINGLE-FAMILY HOUSE? YES NO

EMPLOYMENT INFORMATION

APPLICANT'S OCCUPATION _____
 NAME OF EMPLOYER AND ADDRESS _____
 BUSINESS PHONE NUMBER _____ NO. OF YEARS EMPLOYED _____
 CO-APPLICANT'S OCCUPATION _____
 NAME OF EMPLOYER AND ADDRESS _____
 BUSINESS PHONE NUMBER _____ NO. OF YEARS EMPLOYED _____ DATE TERMINATED _____

FINANCIAL INFORMATION

INCOME BY MONTH

APPLICANT'S GROSS SALARY \$ _____
CO-APPLICANT'S GROSS SALARY \$ _____
CHILDREN OR OTHER WORKING PERSON'S CONTRIBUTION TO INCOME \$ _____
PENSIONS, ANNUITIES, SOCIAL SECURITY, A.D.C., PUBLIC ASSISTANCE, FOOD STAMPS, ETC.\$ _____
EARNINGS FROM SAVINGS: RENTS, INTERESTS \$ _____
OTHER (EXPLAIN) \$ _____
TOTAL MONTHLY INCOME \$ _____

ASSETS

AMOUNT OF U.S. SAVINGS BONDS \$ _____
SECURITIES (STOCKS, BONDS) \$ _____
OTHER REAL ESTATE (MARKET VALUE) \$ _____
BANK ACCOUNTS:
SAVINGS \$ _____
CHECKING: \$ _____
OTHER (EXPLAIN) \$ _____
TOTAL ASSETS \$ _____

IN THE SPACE BELOW, PLEASE EXPLAIN ANY UNUSUAL CIRCUMSTANCES PERTAINING TO THIS APPLICATION FOR ASSISTANCE. YOU MAY ADD ADDITIONAL PAGES IF NECESSARY.

Please Return This Application with Proof Of:

- Ownership (Deed Or Title)
- Income (Tax Returns, Last 2 Years)
- Copy Of Homeowners Insurance

TO: Housing Rehabilitation Program
City of Farmington Hills
31555 Eleven Mile Road
Farmington Hills, Mi 48336
(248) 871-2543 www.fhgov.com

How did you hear about the Housing Rehabilitation Program?

____Newspaper or newsletter ____Previous applicant
____Referral ____Other _____

LIABILITIES BY MONTH

MONTHLY HOUSE PAYMENT \$ _____
TAXES AND INSURANCE INCLUDED IN PAYMENT?
YES NO
IF NO:
PROPERTY TAXES \$ _____
HOME INSURANCE \$ _____:
APPROXIMATE MONTHLY COST FOR:
MAINTENANCE \$ _____
GAS BILL \$ _____
ELECTRIC BILL \$ _____
TELEPHONE BILL \$ _____
CABLE TV \$ _____
OTHER (EXPLAIN) \$ _____
TOTAL MONTHLY COSTS \$ _____

OTHER LIABILITIES

MONTHLY PAYMENT/ UNPAID BALANCE

AUTOMOBILE LOANS \$ _____ \$ _____
NAME OF LENDER _____
LOANS:
PERSONAL \$ _____ \$ _____
HOME IMPROVEMENT \$ _____ \$ _____
LIFE INSURANCE \$ _____ \$ _____
CREDIT:
MONTHLY INSTALLMENT/LOAN PAYMENT
VISA \$ _____ \$ _____
MASTER CARD \$ _____ \$ _____
OTHER \$ _____ \$ _____
OTHER (EXPLAIN) \$ _____ \$ _____

TOTAL OTHER LIABILITIES

\$ _____ \$ _____

*******READ CAREFULLY*******

APPLICANT'S CERTIFICATION

I hereby certify that the foregoing information is true and complete to the best of my knowledge. Inquiries may be made herein. I understand that any false information given on this application is considered a violation of law and may result in prosecution.

Signature Date

Signature Date