

CITY OF LAKE FOREST
HOUSING REHABILITATION LOAN APPLICATION

The information collected below will be used to determine whether you potentially qualify as a borrower under the City of Lake Forest Housing Rehabilitation Program. This document is not a public record. The information will only be used to process your loan application and to comply with HUD requirements. After a preliminary review of this application, **you will be required to submit documentation of income, employment, and other items for verification, as required and permitted by law.**

Applicant's Name

Co-Applicant's Name

Address

City

Zip Code

Home Telephone No.

E-Mail Address

Work or Cell Telephone No.

Others listed on Title at above Address

Briefly describe the improvements that you wish to be completed. Please note that any code violations existing on the property must be corrected as a condition of receiving funding.

Estimate Value of Property _____ Original purchase price \$ _____

Year purchased home _____ Remaining loan balance (if any) _____

Approximate value of ALL assets including, but not limited to: bank accounts, cars, real estate, stocks, bonds, other property (**not** including your residence and designated retirement funds) \$ _____

Approximate value of assets in a 401K or other Designated Retirement Funds \$ _____

Any recent bankruptcies or credit issues? If yes, please explain

Approximate MONTHLY GROSS income from all sources, including but not limited to: salary, commissions, tips, bonuses, social security, interest, pensions, business or rental income, disability, unemployment, alimony and child support: \$ _____

Approximate MONTHLY payments including but not limited to: mortgages, association dues, real estate taxes, credit cards, car payments, space rent and homeowner's insurance: \$ _____

Do you participate in any type of rent deferment program? _____ If yes, how much is currently deferred? _____

HOUSEHOLD COMPOSITION

List the head of your household and ALL members who live in the home, and their relationship to the head of the household.

Full Name	Relationship	Age	Social Security Number
	Head of House		

Does anyone plan to live with you in the future who is not listed above, and if yes, please explain. _____

Please list anyone in the household who is handicapped or disabled:

The information provided above is true and complete to the best of my/our knowledge, under penalty of perjury. I/we consent to the disclosure of income and financial information from my/our employers and financial references for purposes of income and asset verification related to my/our application and understand that nondisclosure of any information can be a basis for denial.

Applicant Signature: _____ Date _____

Co-Applicant Signature _____ Date _____

You must return this application to: Theresa Dobbs, Lake Forest City Hall, 100 Civic Center Drive, Lake Forest, California 92630.