

## LAKE FOREST HOUSING REHABILITATION LOAN PROGRAM APPLICATION

The information collected below will be used to determine whether you potentially qualify as a borrower under the Lake Forest Housing Rehabilitation Loan Program. This document is not a public record. The information will only be used to process your 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.**

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Applicant's Name

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Co-Applicant's Name

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Street Address

City

Zip Code

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Home Phone No.

Work or Cell Phone No.

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Others listed on Title at above Address

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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.

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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		

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.