

Dear Homeowner:

Thank you for your interest in the City of Mobile's Homeowner Rehab Loan Program. Enclosed is a copy of the application packet. Please review the information to determine whether the program meets your needs according to the income guidelines provided by the U.S. Department of Housing and Urban Development (HUD).

To apply, simply complete the application and return it with the required documentation to:

CITY OF MOBILE
Attn: **REHAB LOAN PROGRAM**
Community Planning & Development Department
205 Government Street, South Tower, Suite 508
Mobile, AL 36602

The approval process will begin upon receipt of your application and all requested documentation.

The Rehab Loan Program is funded by the U.S. Department of Housing and Urban Development, which requires us to verify your gross family/household income to determine your eligibility for the program.

We will also obtain a title report to verify your ownership of the property, taxes paid and any additional liens that may exist.

The difference between your home's market value and the balance of your mortgage is considered equity. The Rehab Loan Program will not provide a loan in which, added to your existing mortgage(s) exceeds 100% of the value. Therefore, it is necessary for us to verify your current balance on all mortgages that exist on your home. After all information is received, verified and you are determined eligible, an appraisal may be conducted on your property to verify the market value.

There may be times when we find it necessary to request additional information. Your cooperation will be greatly appreciated.

Should you have any questions and/or require any additional information, do not hesitate to contact our office at (251) 208-6290.

Sincerely,

City of Mobile
Community Planning and Development Department

In order to expedite the processing of your application, please submit copies of the following documents with your application, where applicable:

PLEASE NOTE:

All Original Documents Will Be Returned To You Upon Your Request

- ✓ Copy of Property Deed as Recorded with Mobile County Probate Court
- ✓ Copy of Most recent Utility Statements (Gas, Electric, Water/Sewer)
- ✓ Proof of Homeowner's Insurance Declaration page that identifies the amount of homeowner's and flood insurance (if applicable), date of coverage and amount of premium.
- ✓ Most recent (4) pay stubs, retirement statement, pension statement or social security/disability income itemization statement
- ✓ 2012 IRS Tax Return
- ✓ Most recent Mortgage Statement that reflects the mortgage balance, your payment and escrow information.
- ✓ Checking and Savings Account Statements for the past six months.
- ✓ Signature ONLY on the attached *Request for Verification of Employment* form for each employer of all household members 18-years of age and older.
- ✓ Signature ONLY on the attached *Request for Release of Information* form for all household members.
- ✓ Signature ONLY on the attached *Request for Mortgage Verification* form for household members listed on mortgage, if applicable.
- ✓ If you have children 18-years of age and older who attend school, please submit a copy of their school registration.
- ✓ Court order for award of monthly child support payments. Please contact the Child Support Enforcement Agency to obtain a printout of your support payment history for the past six months.
- ✓ Copy of your last two quarterly statements for any stocks, bonds, money market, IRA, 401K, Keogh accounts or any similar types of interest bearing accounts.
- ✓ If income is received from rental property, Current IRS Tax Return with the appropriate Schedules (Schedules E).
- ✓ Elevation Certificate, if your property is located within a Flood Zone.



City of Mobile
COMMUNITY PLANNING & DEVELOPMENT

HOMEOWNER REHABILITATION LOAN PROGRAM APPLICATION



Please Return the Completed Application with All Requested Documents to Either CPD Office:

**2318-B St. Stephens Road
Mobile, AL 36617
(Next to *Food for Less*)**

OR

**The Government Plaza
205 Government Street
South Tower, 5th Floor, Suite 508
Mobile, AL 36602**

Applications Will Be Accepted Through Friday, September 27, 2013 at 4:00 p.m.



CITY OF MOBILE
COMMUNITY PLANNING & DEVELOPMENT DEPARTMENT

HOMEOWNER REHAB LOAN PROGRAM APPLICATION

Application Period Begins Friday, August 30, 2013
Application Is Due Friday, September 27, 2013

NOTE: Submission of this application does not obligate the applicant or the City of Mobile's CPD in any way.

What Type of Repairs does Your Home Need?

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | EMERGENCY |
| <input type="checkbox"/> | REHABILITATION |

HOMEOWNER APPLICANT(S) *Married borrowers must have their spouse sign the mortgage deed.*

| | | | |
|--------------------|-------------------|-----------------------|---------------|
| Owner Last Name | First | Social Security # | Date of Birth |
| | | | |
| Co-Owner Last Name | First | Social Security # | Date of Birth |
| | | | |
| Street Address | | City | Zip |
| | | | |
| Home Phone Number | Work Phone Number | Cellular Phone Number | |
| | | | |

HOUSEHOLD INFORMATION

Do You Currently Own The Above-listed Property? Yes No

Do You Live in the Above Listed Property as Your Primary Residence? Yes No

Is This a Single Family Home? or a Two Family Home?

Number of Bedrooms?

Demographic data is obtained for statistical purposes and will not be considered by the City in determining eligibility.

HEAD OF HOUSEHOLD: Male Female

ETHNICITY: Are you of Hispanic Origin? Yes No

RACE: Select One or More of the Following Categories:

| | |
|--------------------------|--|
| <input type="checkbox"/> | African American |
| <input type="checkbox"/> | Asian American |
| <input type="checkbox"/> | Caucasian |
| <input type="checkbox"/> | Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> | Native American Indian or Native Alaskan |
| <input type="checkbox"/> | Multi-Racial |

MARITAL STATUS: Married Unmarried (Includes Single, Divorced, Widowed)

Please list all of the people that currently reside at this property including yourself:

| NAME | AGE | RELATIONSHIP | MONTHLY INCOME |
|------|-----|--------------|----------------|
| | | OWNER | |
| | | CO-OWNER | |
| | | | |
| | | | |

PREVIOUS SERVICES:

Have you ever received a housing rehab loan through the City of Mobile or Mobile Housing Board?

Yes No If yes, in what year did you receive assistance

INCOME AND EMPLOYMENT:

(If any person listed is self-employed, submit a current financial statement, copy of signed current tax return and current profit and loss statement).

Did you file an IRS Tax Return for 2012? Yes No If you answered No, Please Provide Reason:

All Income Sources for all persons in the household that are age 18 or over must be stated:

Your Gross Annual Income \$ _____

Name of Employer _____ No. of Years Employed: _____

Employer Address _____

Co-Owner's Gross Annual Income \$ _____

Co-Owner's Name of Employer _____ No. of Years Employed: _____

Employer Address _____

Total Monthly Household Income From Other Sources:

| | | | |
|----------------------------------|----------------------|-----------------------|----------------------|
| a. MONTHLY SALARY | <input type="text"/> | g. ALIMONY | <input type="text"/> |
| b. SOCIAL SECURITY OR DISABILITY | <input type="text"/> | h. DIVIDENDS/INTEREST | <input type="text"/> |
| c. CHILD SUPPORT | <input type="text"/> | i. VA BENEFITS | <input type="text"/> |
| d. UNEMPLOYMENT | <input type="text"/> | j. PENSION | <input type="text"/> |
| e. RENTAL INCOME | <input type="text"/> | k. RETIREMENT | <input type="text"/> |
| f. TEMP ASSIST TO NEEDY FAMILIES | <input type="text"/> | l. OTHER | <input type="text"/> |

| | |
|---|----------|
| TOTAL MONTHLY HOUSEHOLD INCOME FOR ALL SOURCES | \$ _____ |
|---|----------|

FAMILY ASSETS: (Please Attach Additional Account Information on a Separate Sheet if Needed)

CHECKING ACCOUNT INFORMATION

| NAME & ADDRESS OF BANK OR CREDIT UNION | CHECKING ACCOUNT NUMBER |
|--|-------------------------------------|
| | |
| | TELEPHONE NO. FOR BANK/CREDIT UNION |
| | |

SAVINGS ACCOUNT INFORMATION

| NAME & ADDRESS OF BANK OR CREDIT UNION | SAVINGS ACCOUNT NUMBER |
|--|-------------------------------------|
| | |
| | TELEPHONE NO. FOR BANK/CREDIT UNION |
| | |

Do you own any other REAL ESTATE? Yes No

MORTGAGE INFORMATION:

First Mortgage Loan Yes No Second Mortgage Loan Yes No

Original Purchase Price of Home \$ _____ Year _____

FIRST MORTGAGE

| NAME & ADDRESS OF MORTGAGE COMPANY | ACCOUNT NUMBER |
|------------------------------------|-----------------|
| | |
| | CURRENT BALANCE |
| | |

SECOND MORTGAGE

| NAME & ADDRESS OF MORTGAGE COMPANY | ACCOUNT NUMBER |
|------------------------------------|-----------------|
| | |
| | CURRENT BALANCE |
| | |

PROPOSED REPAIR PROJECT

Please Check All Applicable Boxes Regarding the Type of Repairs That Are Needed to Your Home:

- Roof Repair
- Rotten Wood or Siding Repair/Replacement
- Windows/Doors Repair/Replacement
- Deteriorated Foundation Repair
- Repainting
- Structural Repair

In Addition to the Information Provided Above, Please Describe Any Additional Repairs Needed:

How Did You Hear About Our Program? Please check ALL that apply.

CPD Department Television Direct Mail City Website Newspaper
Other (Please Explain: _____)

MISCELLANEOUS:

Have you any past obligations owed to City of Mobile in the past five (5) years? Yes No

Are there currently any unsatisfied judgments against you? Yes No

Has either owner or co-owner declared bankruptcy in the past two (2) years? Yes No

HOMEOWNERS INSURANCE

| NAME & ADDRESS OF INSURANCE AGENT | POLICY NUMBER |
|-----------------------------------|----------------|
| | |
| | YEARLY PREMIUM |
| | |

The owner and co-owner certify that all information contained in this application and all information furnished in support of this application, are given for the purpose of obtaining financial assistance under the City of Mobile's Homeowner Rehab Loan Program and are true and complete to the best of the applicants' knowledge and belief. The applicants further acknowledge that if any of the information provided is found to be false, the City of Mobile may refuse to process this application. In addition, the applicants may be subject to penalties of \$5000-\$10,000 as outlined in the *False Claims Act*. Verification may be obtained from any source herein. A credit report may be obtained on the owner and co-owner by City of Mobile.

Owner

Date

Co-Owner

Date



City of Mobile
Community Planning & Development Department
Government Plaza
205 Government Street, South Tower, 5th Floor, Suite 508
Mobile, AL 36602
(251) 208-6290

RELEASE OF INFORMATION FORM

Purpose

To insure that assistance is used properly as directed, Federal laws require that the information that you provide be verified. In order to receive assistance from the U.S. Department of Housing and Urban Development (HUD), applicants and all household members who are 18 years of age or older are required to sign this form that authorizes the above-named organization to obtain information from third parties relative to your eligibility and participation in its programs.

Consequences for Not Signing the Consent Form

If you fail to sign this form, or the individual verification forms, this may delay processing or your assistance being denied.

Types of Information to be Released

I authorize the above-named organization and the U.S. Department of Housing and Urban Development to obtain information about me and my household that is pertinent to eligibility for participation in the Home Rehab Loan Program and/or the Lead Hazard.

Information may be requested regarding the following items:

- Income (all sources)
- Assets (all sources)

I acknowledge that:

- 1) A photocopy of this form is as valid as the original.
- 2) I have the right to review the file and the information received using this form.
- 3) I have the right to copy information from this file and to request correction of information that I believe is inaccurate.
- 4) All adult household members will sign this form and cooperate with the above-named organization in this process.

Instructions. Each adult member of the household (18 years of age or older) must sign the release of information form prior to the receipt of assistance.

Please print and sign your name and date:

Head of Household

Other Adult Member of Household

Other Adult Member of Household

Other Adult Member of Household



**CITY OF MOBILE
REHAB LOAN PROGRAM**

Community Planning and Development Department
205 Government Street, South Tower, 5th Floor, Mobile, AL 36602
(251) 208-6290 Office Number (251) 208-6296 Fax Number

Request for Verification of Mortgage

| | |
|--------------------|-----------------|
| Application Number | Date of Request |
|--------------------|-----------------|

| | |
|----------------------------------|----------------------------------|
| A. Name and Address of Applicant | B. Name and Address of Mortgagee |
|----------------------------------|----------------------------------|

NOTE TO MORTGAGEE

The applicant identified in Block A has applied for a City of Mobile Rehab Loan for property rehabilitation. The applicant has authorized the City to obtain verification from any source named in the application. Your verification of mortgage is for the confidential use of the City. Please furnish the information requested below and return this form to the address referenced above.

Mortgagee's Verification

MONTHLY PAYMENT BREAKDOWN:

| | | |
|------------------------------------|------------------------|----------|
| <i>Type of Mortgage</i> | Principal and Interest | \$ _____ |
| <i>Account Number</i> | Taxes | \$ _____ |
| <i>Original Amount of Mortgage</i> | Insurance | \$ _____ |
| <i>Present Mortgage Balance</i> | TOTAL PAYMENT | \$ _____ |

Loan Payment Experience Excellent Good Fair Poor

| | | |
|---------------------------------|-------|------|
| Signature of Authorized Officer | Title | Date |
|---------------------------------|-------|------|

| |
|--|
| <p>Please Return this Form to:</p> <p style="text-align: center;">City of Mobile Community Planning & Development 205 Government St, South Tower, 5th Floor Mobile, AL 36602</p> |
|--|

I hereby authorize the release of the above requested information to the City of Mobile CPD Department.

Print Name and Sign

Date



**CITY OF MOBILE
REHAB LOAN PROGRAM**

Community Planning and Development Department
205 Government Street, South Tower, 5th Floor, Mobile, AL 36602
(251) 208-6290 Office Number (251) 208-6296 Fax Number

Request for Verification of Employment

SOCIAL SECURITY NUMBER ____-____-____

| | |
|---|--|
| APPLICATION NUMBER: | DATE OF REQUEST: |
| | |
| A. Name and Address of Applicant | B. Name and Address of Applicant's Employer |
| | |

NOTE TO EMPLOYERS

The applicant identified in Block A has applied for the City of Mobile Homeowner Rehab Loan Program for property rehabilitation under the City Rehabilitation Program. The applicant has authorized the City in writing to obtain verification from any source named in the application. Your verification of employment is for the confidential use of the City of Mobile. Please furnish the information requested below and return this form to the address referenced above.

EMPLOYER'S VERIFICATION

| | | |
|------------------|------------------------|--|
| C. Position Held | D. Dates of Employment | E. Probability of Continued Employment |
| | | |

| | | | |
|--------------------|--------------|--------------|--|
| Rate of Pay | Hourly: \$ | Annually: \$ | |
| | BiWeekly: \$ | | |

| | |
|--|----|
| Overtime | \$ |
| Commission | \$ |
| Bonus | \$ |
| Other Taxable Benefit or Compensation | \$ |

If applicant has military service, provide monthly income basis as follows:

| | |
|---------------------------------|----|
| Base Pay | \$ |
| Quarters & Sustenance | \$ |
| Flight or Hazard Duty Allowance | \$ |

| |
|------------------|
| F. Other Remarks |
|------------------|

Signature of Employer _____ Title _____ Date _____

Please Return this Form to: City of Mobile
Community Planning & Development
205 Government St
South Tower, Suite 508
Mobile, AL 36602

I hereby authorize the release of the above requested information to the City of Mobile CPD Department.

Print Name and Sign

Date



Thank You for Your Interest in the Homeowner Rehab Program!

PLEASE INSURE THAT ALL REQUESTED DOCUMENTS HAVE BEEN INCLUDED IN YOUR APPLICATION PACKAGE PRIOR TO SUBMITTING TO OUR OFFICE FOR CONSIDERATION.

**All Documents and Forms MUST be Received By
Friday, September 27, 2013 at 4:00 p.m.**

Applications May Be Delivered or Mailed to the Following Addresses:

**CITY OF MOBILE
COMMUNITY PLANNING & DEVELOPMENT**

**205 Government Street
South Tower - 5th Floor
Mobile, AL 36602**

Or

**2318-B St. Stephens Road
Mobile, AL 36617
(Next to Food for Less)**

If you have any questions or need additional information, please contact our office at:

(251) 208-6294 ♦ (251) 457-4603 ♦ (251) 208-6290