

**CITY OF BETHLEHEM
HOUSING REHABILITATION
PRELIMINARY INFORMATION**

DATE OF APPLICATION: _____

ADDRESS: _____

EMAIL ADDRESS: _____

I. PROPERTY INFORMATION:

A. Please circle yes or no relative to the Interior of the Property.

INTERIOR:

Living Room Yes No

Dining Room Yes No

Kitchen Yes No

Number of Bedrooms: _____

Number of Bathrooms: _____

Attic Yes No

Basement Yes No

Central Air-Conditioning Yes No

Garage Yes No

Detached _____

Attached _____

B. Please indicate the appropriate description of the Exterior of property.

EXTERIOR:

Brick: _____ Stone: _____ Wood: _____

Aluminum Siding: _____

Other – State Type: _____

C. Year Property Purchased: _____

Purchase Price: \$ _____

II. RESIDENTS/OWNERS OF PROPERTY:

A. Please list the name, age, social security number, and date of birth for each owner of the property.

NAME

AGE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

B. Telephone Numbers:

Home: _____ **Work/Cell:** _____

C. Please list the age and sex of each person/children other than owners residing at property.

NAME/ RELATIONSHIP

AGE

SEX

III. EMPLOYMENT:

NAME AND ADDRESS OF EACH EMPLOYER FOR EACH RESIDENT WHO IS OVER AGE 18. PLEASE PROVIDE APPROXIMATE YEARLY INCOME. (Be prepared to present pay stubs and recent tax returns on our first visit)

IV. SUPPLEMENTAL HOUSEHOLD INCOME: (Please have copy of benefit verification as received from Social Security – this will be necessary to verify your income.

A. SOCIAL SECURITY (please supply benefit letter at time of first visit)

Monthly amount of check: \$ _____ Social Security Number: _____

B. SSI INCOME (please supply benefit letter at time of first visit)

Monthly Amount of check: \$ _____ Social Security Number: _____

C. Welfare Benefits (if applicable)

Monthly Amount of check: \$ _____ Social Security Number: _____

D. Child Support (if applicable)

NAME OF CHILD/CHILDREN FOR WHOM YOU RECEIVE SUPPORT AND PLEASE INDICATE THE AMOUNT RECEIVED PER MONTH FOR THE CHILD. Please be ready to provide print-out of payments received at time of first visit.

V. PENSIONS:

Name and Mailing address of Employer from which pension is received:

--

VI. RENTAL PROPERTIES:

A. Do you receive income through investment property other than this property? Y / N

B. Do you receive rental income by renting out your garage? Y /N

VII. HOUSING EXPENSES:

A. **MORTGAGE** Monthly Payment: \$ _____ Mortgage Account No.: _____

NAME OF BANK/ MORTGAGE COMPANY: _____

ADDRESS: _____

TELEPHONE NUMBER _____

Are taxes included in your monthly mortgage payment? Yes _____ No _____

**** If home is paid off completely, are you currently involved in any kind of reverse mortgage, or other situation which uses the equity in your property to pay you extra income? Yes _____ No _____**

B. EQUITY LOAN, BANK LINE OF CREDIT AND/OR HOOP LOAN

(We are looking for information regarding any additional mortgages and/or liens against your property.)

Monthly Payment: \$ _____ Account Number: _____

Name/Address of Bank: _____

C. FUEL

Type – oil or gas

If paid monthly, approximate monthly payment: \$ _____

If paid yearly, approximate yearly cost: \$ _____

D. WATER AND SEWER – approximate quarterly billing: \$ _____

E. ELECTRICITY – approximate monthly billing: \$ _____

F. HOUSE/FIRE INSURANCE:

NAME AND ADDRESS OF LOCAL INSURANCE AGENT AND INSURANCE COMPANY:

AMOUNT OF YEARLY PREMIUM: \$

MAJOR CONCERNS THAT NEED REPAIR:

PLEASE LIST ANY AREAS OF YOUR HOUSE THAT YOU ARE MOST CONCERNED ABOUT GETTING REPAIRED.

VIII. CHECKING AND SAVINGS ACCOUNTS:

A. CHECKING: (Please provide recent bank statements at time of visit)

Bank Name:

Address:

Account No.:

B. SAVINGS: (Please provide recent bank statements at time of visit)

Bank Name:

Address:

Account No.:

Bank Name:

Address:

Account No.:

IX. LIABILITIES:**A. LOANS:****1. CAR LOAN**

Bank Name: _____

Address: _____

Account No.: _____

Monthly Payment: \$ _____

2. PERSONAL LOAN

Bank Name: _____

Address: _____

Account No.: _____

Monthly Payment: \$ _____

B. CHARGE ACCOUNTS:**Name of Store****Balance****Monthly Payment**

X. LIFE INSURANCE: (Not associated with employment)

Amount of Insurance Policy: \$ _____

Amount of Premium: \$ _____

Please check type of premium: Monthly _____ Quarterly _____ Yearly _____

XI. Please have the following documentation available at your first appointment. All documentation will be copied; originals will be retained by the applicant.

- **Birth Certificates for minors residing in the household**
- **Photo ID and Social Security Cards for all family members**
- **2 years of Federal Income Tax Returns**
- **Most recent paystubs for the last three months for all employed members of the household, if applicable**
- **Proof of all other income and assets (i.e. Child support, Railroad benefits, disability benefits, social security, SSI, SSD, pensions, annuities, certificates of deposits etc.)**
- **Welfare/ public assistance eligibility letter, if applicable**
- **Unemployment determination letter, if applicable**
- **Most recent stock or investment statement, if applicable**
- **Worker's compensation eligibility letter, if applicable**
- **Most recent bank account statements (three months) for all members of the household (if applicable)**
- **Most recent mortgage statement, or Property deed (if applicable)**
- **Proof of current Homeowner Insurance (declaration page)**

XII The information requested below relates to the head of the household and is required solely to assure non-discrimination in Federally-funded programs. It will not be used to determine eligibility. Check all that apply.

Please check off boxes in both sections.

Ethnicity:

- ☐ I am Hispanic/Latino
- ☐ I am not Hispanic or Latino

Race (Please select one or more statements which best describe your racial composition):

- ☐ I am White.
- ☐ I am Black or African American.
- ☐ I am Asian.
- ☐ I am American Indian or Alaska Native.
- ☐ I am Native Hawaiian or Other Pacific Islander.
- ☐ I am American Indian or Alaskan Native & White.
- ☐ I am Asian & White.
- ☐ I am Black or African American & White.
- ☐ I am American Indian or Alaskan Native & Black or African American.
- ☐ I am Other Multi-Racial.

HOUSEHOLD AND INCOME VERIFICATION (2018)

Please select the number of people in your household under the Household Size column **and** the appropriate income category from one of the columns immediately to the right of the Household Size number.

<u>Household Size</u>	<u>Extremely Low</u>	<u>VERY LOW INCOME</u>	<u>LOW INCOME</u>
_____ 1 person	_____ \$0 – \$16,450	_____ \$16,451 – \$27,450	_____ \$27,451 – \$43,900
_____ 2 people	_____ \$0 – \$18,880	_____ \$18,881 – \$31,400	_____ \$31,401 – \$50,200
_____ 3 people	_____ \$0 – \$21,330	_____ \$21,331 – \$35,300	_____ \$35,301 – \$56,450
_____ 4 people	_____ \$0 – \$25,750	_____ \$25,751 – \$39,200	_____ \$39,201 – \$62,700
_____ 5 people	_____ \$0 – \$30,170	_____ \$30,171 – \$42,350	_____ \$42,351 – \$67,750
_____ 6 people	_____ \$0 – \$34,590	_____ \$34,591 – \$45,500	_____ \$45,501 – \$72,750
_____ 7 people	_____ \$0 – \$39,010	_____ \$39,011 – \$48,650	_____ \$48,651 – \$77,750
_____ 8 people	_____ \$0 – \$43,430	_____ \$43,431 – \$51,750	_____ \$51,751 – \$82,800

I/we certify that all information stated herein is true and accurate. **Warning:** The City of Bethlehem and HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).

By completing this application, I am allowing the Housing Rehabilitation Bureau to use the above information to check my credit and verify income in order to determine eligibility to receive assistance to repair my property. This includes verifying employment directly to my employer and performing any credit checks necessary to determine loan eligibility. It is further understood that this information is strictly confidential and is to be used only to certify my/our eligibility for assistance.

Signature of Applicant

Date_____

Signature of Spouse

Date_____
