



Home Repair Loan Program

Application Packet

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Upper Arkansas Area Council of Governments
3224-A Independence Road, Cañon City, CO 81212
(719) 275-4191 Fax: (719) 275-2907
Housing Rehabilitation – uaacog.com

Chaffee Custer Fremont Lake Park Teller

Dear Homeowner:

Thank you for your interest in UAACOG's Home Repair Program. This program is designed to help homeowners who:

- Own and occupy their home
- Meet income guidelines
- Need home repairs and/or have overcrowding issues
- Or would like to improve their home's energy efficiency

Our goal is to make this process as friendly and easy as possible. Therefore, we have several staff members available to assist you with any application, loan and/or construction questions.

Included in this packet, you will find the following forms:

- Loan application
- Loan application checklist
- Authorization & Hold Harmless Agreement
- Privacy Act information

We ask that you pull your own credit reports. This prevents us from adding an inquiry to your credit report. You can obtain a free credit report by calling 1-877-322-8228 or logging into <http://www.annualcreditreport.com>. By law, individuals are entitled to receive one free credit file disclosure every 12 months from each of the nationwide consumer credit reporting companies- Equifax, Experian and TransUnion. As your credit report will not have your credit score, we also ask that you pull your current scores. You can find this through Credit Karma or your credit card company may offer you a free report. You should be able to obtain 3 credit reports and 3 credit scores.

Contact the program loan officer, Jackie Wolf, at 719-275-8350 for assistance with this application. Once you've completed the application, contact Jackie to schedule an application intake appointment. At this appointment, your application will be reviewed and, if needed, additional information will be requested.

Again, I would like to thank you for your interest in our program. Please feel free to contact this office with any questions or for additional information or assistance.

Sincerely,

Regional Housing Director

Home Repair Application Checklist

Please provide the following information:

- _____ 1. Employment Information (all adults in the household) –
 - Most recent two-months' paycheck stubs with year-to-date totals
 - Employer's name, address and phone number
 - Current wage, number of hours worked and how often paid
- _____ 2. Non-employment Income Information (current award letters/court orders) –
 - Social Security
 - Supplemental Security Income (SSI)
 - Pensions and Annuities
 - Veteran's Benefits
 - Alimony/Child Support
 - Support for Foster Children
 - Workmen's Compensation
 - Trade Union Benefits
 - Unemployment Insurance
 - Other Public Assistance (LEAP, Food Stamps, TANF, AND, etc.)
- _____ 3. Bank Statements – Need 3-months of statements or a “*verification of deposit*” 3 mo. average balance
 - Most recent checks, savings, retirement and other investment statements
- _____ 4. Expenses Information –
 - Most recent credit card statements
 - Medical insurance expense/proof of “out-of-pocket” medical expenses
- _____ 5. Utility Bills –
 - Last twelve (6) months of utility bills
 - Gas/Heating
 - Electricity
 - Phone/Cell Phone
 - Cable or Dish TV/Internet/Streaming Services
 - Other (Water/Sewer/Trash...)
- _____ 6. Income Tax Information –
 - Most current income tax information.
- _____ 7. Additional Information –
 - Current property tax statement
 - Current homeowner's policy/payment statement
 - Copy of driver's license or state I.D. (all adults in the household)
 - Current auto insurance and/or auto loan statements
 - Most recent mortgage statement or rent statement

Contact the office at (719) 275-8350 if you need assistance or need copies made.

**UAACOG
HOUSING REHABILITATION
PROGRAM
3224-A Independence Rd.
CAÑON CITY, CO. 81212**

AUTHORIZATION AND HOLD HARMLESS AGREEMENT

I/We accept the services of UAACOG Housing Rehabilitation and authorize UAACOG to act as a technical assistant and advisor in connection with:

repair, remodeling, and/or rehabilitation services
 housing replacement services

on the property commonly known as:

Street address: _____

City: _____ State: _____ Zip code: _____

I/We further agree to hold harmless the employees, members, board members, and officers of the UAACOG and the Housing Rehabilitation Program in connection with acts performed by them which would be associated with consultation, technical advice, financial counseling, loan processing, property inspection, and other related activities.

I/We authorize the Housing Rehabilitation staff to obtain specific reports, such as personal income reports, property title and tax searches, inspection reports, repair specifications, cost estimates, contractor bids, and such other reports which said staff deems necessary to perform its functions.

I/We have been informed that the Upper Arkansas Area Council of Governments, which administers the Housing Rehabilitation Program, has a Section 504/Americans with Disabilities Act Grievance Procedure that is available upon request at the receptionist's desk.

Dated this _____ day of _____, 20 _____

Applicant's Signature

Co-applicant's Signature



**HOME REPAIR PROGRAM
LOAN APPLICATION**

Application Date _____

Applicant / Resident Information –

Applicant _____ Date of Birth _____ Age _____
First _____ Middle _____ Last _____

Co-Applicant _____ Date of Birth _____ Age _____
First _____ Middle _____ Last _____

Social Security Number _____
Applicant _____ Co-Applicant _____

Telephone Number _____
Home _____ Work _____ E-Mail _____

Dependents / Other Residents _____ Social Security Number _____ Date of Birth _____

Property Information –

Property Address _____

City _____ County _____ State _____ Zip Code _____

Legal Description _____

Years of Residency at This Address _____

Property Owner(s) of Record _____

Are there any liens or judgments of record against this property? Yes _____ No _____

If so, please list _____

Other Real Estate Owned _____ Value _____

Employment Information –

Employer _____

How long employed? _____

Address _____

Job Title _____

Gross Monthly Salary _____

If employed here less than two (2) years, give information about previous employer.

Employer _____

How long employed? _____

Address _____

Job Title _____

Gross Monthly Salary _____

Co-Applicants Employer _____

How long employed? _____

Address _____

Job Title _____

Gross Monthly Salary _____

List all other sources of income, i.e., Social Security, Retirement, VA, Alimony, Child Support, TANF, Wages, Tips, Overtime, Rental Properties, Interest, etc.

Household Member	Source	Monthly Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Assets –

Real property or other capital investments not listed above.

Property	Equity Value*	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* *Equity is the estimated current market value less the unpaid balance on loans and on reasonable costs that would be incurred in selling the asset (such as broker fees).*

Stocks, bonds, savings certificates, money market funds and/or other investment securities:

Value _____
Value _____

Name of Bank _____

Address _____

Savings Account # _____ Average Balance _____

Checking Account # _____ Average Balance _____

Name of Bank _____

Address _____

Savings Account # _____ Average Balance _____

Checking Account # _____ Average Balance _____

Monthly Housing Expenses –

Creditor

Balance Due

Monthly
Payment

Current Mortgage _____

Second Mortgage _____

Property Taxes _____

Homeowner Insurance _____

Flood Insurance _____

Water _____

Sewer _____

Trash _____

Electricity _____

Natural Gas _____

Propane _____

Wood or Other Fuel _____

Total _____

Additional Information Requested

This voluntary information is for HUD statistical purposes only.

Number of disabled in home _____

Please indicate which racial/ethnic group to which you belong:

() Hispanic () Non-Hispanic White () American Indian or Alaskan Native
() Black or African American () Asian () Native Hawaiian or other Pacific Islander

() American Indian or Alaskan Native AND White () Asian AND White
() Black or African American AND White
() American Indian or Alaskan Native AND Black/African American

() Other Multi-Racial not listed above

Do not write below this line – Office Use Only

Financial Summary –

NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION

The information requested on this form is authorized to be collected by the Upper Arkansas Area Council of Governments (UAACOG) (the agency).

Disclosure of information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Identification Number, may result in a delay in the processing of an application or its rejection. Information provided may be used outside of the agency for the following purposes:

1. When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, State, local, or tribal, or other public authority responsible for enforcing, investigating, or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.
2. A Record from this system of records may be disclosed to a Member of Congress or to a congressional staff member in response to an inquiry of the congressional office made at the written request of the constituent about whom the record is maintained.
3. Referral of names, home addresses, social security numbers, and financial information to a collection or servicing contractor, financial institution, or a local, State, or Federal agency, when UAACOG determines such referral is appropriate for servicing or collecting the borrower's account or as provided for in contracts with servicing or collection agencies.
4. It shall be a routine use of the records in this system of records to disclose them in a proceeding before a court or adjudicative body, when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee; or (d) the UAACOG is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation, provided; however, that in each case, the agency determines that disclosure of the records is a use of the information contained in the records that is compatible with the purpose for which the agency collected the records.
5. Referral of names, home addresses, and financial information for selected borrowers to financial consultants, advisors, lending institutions, packagers, agents and private or commercial credit sources, when UAACOG determines such referral is appropriate to encourage the borrower to refinance the UAACOG indebtedness as required by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471), or assist the borrower in the sale of the property.
6. Referral of names, home addresses, and financial information to lending institutions when UAACOG determines the individual may be financially capable of qualifying for credit with or without a guarantee.
7. Disclosure of names, home addresses, social security numbers, and financial information to lending institutions that have a lien against the same property as UAACOG for the purpose of the collection of the debt.
8. Referral to private attorneys under contract with the Upper Arkansas Area Council of Governments for the purpose of foreclosure and possession actions and collection of past due accounts in connection with UAACOG.

9. Referral of names, home addresses, social security numbers, and financial information to the Department of Labor, State Wage Information Collection Agencies, and other Federal, State and local agencies, as well as those responsible for verifying information furnished to qualify for Federal benefits, to conduct wage and benefit matching through manual and/or automated means, for the purpose of determining compliance with Federal regulations and appropriate servicing actions against those not entitled to program benefits, including possible recovery of improper benefits.
10. Referral of names, home addresses, and financial information to financial consultants, advisors, or underwriters, when UAACOG determines such referral is appropriate for developing packaging and marketing strategies involving the sale of UAACOG loan assets.
11. Upper Arkansas Area Council of Governments, in accordance with 31 U.S.C. 3711(e)(5), will provide to consumer reporting agencies or commercial reporting agencies information from this system indicating that an individual is responsible for a claim that is current.
12. Referral of names, home and work addresses, home telephone numbers, social security numbers, and financial information to escrow agents (which also could include attorneys and title companies) selected by the applicant or borrower for the purpose of closing the loan.
13. Disclosures pursuant to 5 U.S.C. 552a(b)(12): Disclosures may be made from this system to consumer reporting agencies as defined in the Fair Credit Reporting Act (15 U.S.C. 1681a(f) or the Federal Claims Collection Act (31 U.S.C. 3701(a)(3)).

Signature: _____ Date: _____

Signature: _____ Date: _____