



# Home Repair Loan Program Application Packet

## C O N T E N T S

- ✓ **WELCOME LETTER**
- ✓ **LOAN APPLICATION**
- ✓ **LOAN APPLICATION CHECKLIST**
- ✓ **CREDIT REPORT AUTHORIZATION FORM**



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](http://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: \_\_\_\_\_

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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** \_\_\_\_\_

**Living Expenses** (average annual costs to get monthly) –

Medical/Rx's _____	Telephone _____	Travel/Gas _____
Dental/Eye _____	Education _____	Car Insurance _____
Health Ins _____	Day Care _____	Life Insurance _____
Groceries _____	Other _____	Clothing/Linens _____

(Ex: Pet food, tobacco, etc.)

**Total** \_\_\_\_\_

**Other Monthly Expenses** (mortgage loans, auto loans, credit cards, charge accounts, doctor bills, etc.) –

Creditor	Account Number	Balance Due	Monthly Payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Payroll Taxes Withheld –**

	Borrower	Co-Applicant	Combined Withheld
F.I.C.A. Tax	_____	_____	_____
Federal Tax	_____	_____	_____
State Tax	_____	_____	_____
Other (Specify)	_____	_____	_____

**Total** \_\_\_\_\_

**By my (our) signature(s) below, I (we) certify that this is our primary residence.**

\_\_\_\_\_



**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***

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**Financial Summary –**

	Borrower	Co-Applicant	Combined
Income			
Gross Wages	_____	_____	_____
Asset Income	_____	_____	_____
	_____	_____	_____
		Total Income	_____
Less Monthly –			
Housing Expenses	_____	_____	_____
Living Expenses	_____	_____	_____
Other Expenses	_____	_____	_____
Payroll Deductions	_____	_____	_____
		Total Expenses	_____
		Total “Disposable” Income	_____

## 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: \_\_\_\_\_