



Tri-County Housing & Community Development Corporation

36385 Hwy 167 Fowler, Co 81039
(719) 263-5168 www.tchcdc.org



Serving people and communities through facilitation of quality affordable housing & community projects

HOME RENOVATION/ DOWN PAYMENT ASSISTANCE

NOTICE TO APPLICANTS

Important ...Read this before filling out loan application!

- There is no application fee for this program.
- This is a loan application. If you qualify, TCHCDC requires that property taxes be kept current and that you maintain hazard insurance on the home.
- You **MUST OWN THE HOME** and the **LAND** your home is on; the property must be in your name(s).
- To participate in this program, you **MUST RESIDE** in the home being renovated.
- The home must have a minimum of one (1) health, safety, or major system renovation needed to qualify. TCHCDC will inspect the home.
- Your gross annual household income **MUST** be within the federal income guidelines. Income considered includes income from **ANY** source of **ALL** members of the household, including rents or royalties received.
- TCHCDC requires a complete copy of your latest income tax return and/or written income documentation. If you are **SELF-EMPLOYED**, we may require the last three (3) years' returns.
- Each adult, 18 or older, living in the home that has income from any source must sign the correct verification form. Examples of income documentation...SSI or Social Security, the award letter; Veterans Benefits, VA award letter; Pensions and Annuities, your latest check; Alimony/Child Support, court order.
 - Exclusions – Employment income from children, including foster children, under 18 years of age; payments received for the care of foster children.
- If you are receiving Social Security for yourself or for your children, you **MUST** fill in the Social Security number under which you are receiving the benefits. The same applies if you are receiving help from Social Services in the form of TANF, Food Stamps, etc.

Please return this application to:

**Tri-County Housing & CDC
P.O. Box 87
Fowler Co, 81039**



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LOAN APPLICATION

Date: _____

- Program Applying For: Home Renovation (I already own my home and need repairs)
 (Check all that apply) I'm buying a home and need repairs
 Down Payment/Closing Cost Assistance

Applicant Information

Applicant Name: _____

DOB _____ First _____ MI. _____ Last _____ Social Security # _____

Mailing Address: _____ City _____ Zip _____

Email: _____ Daytime Phone _____ Cell _____

___ Married ___ Single Head of Household Gender ___ (M or F)

Indicate Head of Household Race:

___ Asian ___ Black ___ Hispanic ___ Native American ___ White ___

Co-Applicant Name: _____

DOB _____ First _____ MI. _____ Last _____ Co-Applicant Social Security # _____

Household Information

Number of Disabled in Household _____ Disabled Head of House? Y ___ N ___

Names of Dependents	Age	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List other occupants in Household _____ Income _____

Name(s) Property is Listed Under: _____

Property Address: _____

Estimated Home Value: _____ City _____ County _____ Zip _____

Years of residency at this Home: _____ Year House Built: _____ No. of Bedrooms _____

Are any liens or judgments of record recorded against this property?

Yes _____ No _____ If yes please list: _____

Current Employment Information

Applicant Employer: _____

Date of Hire: _____

Address: _____

Phone # _____

Job Title: _____

Monthly Salary: \$ _____

Co-Applicant Employer: _____

Date of Hire: _____

Address: _____

Phone # _____

Job Title: _____

Monthly Salary: \$ _____

Total Monthly Salary/ Wages: _____

If applicant or co-applicant is employed less than two years with current employer, include information below:

Previous Employer: _____

Dates of Employment: _____

Address: _____

Phone # _____

Job Title: _____

Monthly Salary: \$ _____

Previous Employer: _____

Dates of Employment: _____

Address : _____

Phone # _____

Job Title: _____

Monthly Salary: \$ _____

Banking and Credit Information

Name of Bank: _____

Name of Bank: _____

Indicate if Savings Account: ()

Indicate if Savings Account: ()

Indicate if Checking Account: ()

Indicate if Checking Account: ()

Total Household Income and Sources	Monthly	Living Expenses	Monthly
Total Wages/Salary	\$ _____	Medical/Rx's	\$ _____
Social Security	\$ _____	Health Insurance	\$ _____
Social Services	\$ _____	Car Insurance	\$ _____
Retirement	\$ _____	Groceries	\$ _____
Food Stamps	\$ _____	Travel/Gas	\$ _____
Other (Real Estate, Rent, Bonds, Royalties, etc.)	\$ _____	Telephone	\$ _____
_____	\$ _____	Education (Books, Lunches)	\$ _____
_____	\$ _____	Day Care	\$ _____
_____	\$ _____	Clothing/Linens	\$ _____
_____	\$ _____	Heating Bill	\$ _____
_____	\$ _____	Electric Bill	\$ _____
Total Gross Income	\$ _____	Other (TV, Internet, etc)	\$ _____

Housing Expenses

	Monthly Payment	Balance	Creditor
First Mortgage	\$ _____	\$ _____	_____
Second Mortgage	\$ _____	\$ _____	_____
Property Taxes	\$ _____	\$ _____	<input type="checkbox"/> Check if taxes are included in mortgage.
Home Insurance	\$ _____	\$ _____	<input type="checkbox"/> Check if insurance is included in mortgage.

Vehicle Expenses

Year _____	Make _____	Lien Holder _____
Purchase Price \$ _____	Balance Owed \$ _____	Monthly Payment \$ _____
Year _____	Make _____	Lien Holder _____
Purchase Price \$ _____	Balance Owed \$ _____	Monthly Payment \$ _____

Other - List all other monthly payments below (Credit Cards, Charge Accounts, Medical Bills, etc.)

Creditor	Balance	Monthly Payment
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Applicant(s) Certification

I (we) hereby certify that the statements made by me (us) are true and correct to the best of my (our) belief and knowledge. Intentional misrepresentation made by me (us) regarding information contained in the application may subject me (us) to disqualification and/or legal prosecution. All qualified applicants will receive consideration without regard to race, religion, color, sex, age, national origin, and disabilities.

Signature: _____ Signature: _____

Date: _____ Date: _____

“WE ARE AN EQUAL OPPORTUNITY LENDER DISCRIMINATION IS PROHIBITED BY FEDERAL LAW.”

**Please return all 4 pages of this application to:
Tri-County Housing & CDC P.O. Box 87 Fowler CO 81039**

BORROWER'S CERTIFICATION AND AUTHORIZATION

Certification

1. I/We have applied for a mortgage loan from Tri-County Housing & Community Development Corp. In applying for the loan:

I/We completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information and assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application or other documents; neither did I/We omit any pertinent information.
2. I/We understand and agree that Tri-County Housing & Community Development Corp., reserves the right to change the mortgage loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.
3. I/We full understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, Section 1014.

Authorization to Release Information

TO WHOM IT MAY CONCERN:

1. I/We have applied for a mortgage loan from Tri-County Housing & Community Development Corp. As part of the application process, Tri-County Housing & Community Development Corp., may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
2. I/We authorize you to provide to Tri-County Housing & Community Development Corp., and to any investor to whom Tri-County Housing & Community Development Corp., may sell my mortgage, any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market and similar account balances; credit history and copies of income-tax returns. Tri-County Housing & Community Development Corp. or any investor that purchases the mortgage may address this authorization to any party named in the loan application.
3. A copy of this authorization may be accepted as an original.
4. Your prompt reply to Tri-County Housing & Community Development Corp. or the investor that purchased the mortgage is appreciated.

(Borrower's signature)

(Social Security Number)

(Borrower's signature)

(Social Security Number)

TRI-COUNTY HOUSING & CDC
APPLICATION DOCUMENTATION CHECKLIST

NAME _____

We will request the information below, after your initial application has been pre-approved.

Employment and Income History

- 2 most recent pay stubs for all borrowers
- Social Security, SSI, pension or other benefit letters
- Evidence of other income (child support, part-time employment, seasonal, unemployment)
- Explanation for all gaps in employment over 1 month

Tax Returns

- Past 2 yr signed and dated federal income tax returns
- Schedule F (if self employed)
- If you don't file, submit a letter stating why and for which years you did not

Credit Items

- Explanation in writing for slow payments
- Explanation in writing for derogatory credit
- If Bankruptcy-court documents including discharge notice
- Bank and/or loan statements

Deposit and Income Verification

- If child support or alimony is used, proof of receipt or order
- Bank statements checking and savings last 2 months
- If SSI, AFDC or Retirement provide award letter
- Evidence of any stocks, bonds or certificates

Other

- 2 yrs rental or mortgage history
- Divorce decree and property settlement agreement
- Social Security and driver's license or picture ID-all adults in house
- Proof of family size, birth certificates, custody or school records for minors
- Copy of last 2 months utility bills
- Homeowners insurance
- Paid property tax receipt
- Other