

Credit Application for Property Improvement Loan

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0328
(exp. 12/31/2015)

See Public Reporting Burden and Privacy Act Statements on the last page before completing this application
This application is submitted to obtain credit under the provisions of Title I of the National Housing Act. Please answer all questions.

I/We hereby apply for a loan of \$ _____ (net) to be repaid in _____ months Date _____

1. Do you have any past due obligations owed to or insured by any agency of the Federal Government? Yes No
(If the answer is "Yes," you are **not eligible** to apply for an FHA Title I loan until the existing debt has been brought current.)

2. Have you any other application for an FHA Title I loan pending at this time? Yes No

If "Yes," with whom? _____

3. Are you refinancing a Title I loan? Yes No

If "Yes," enter _____
... the loan number _____

... and balance owing \$ _____

4. Are there any unsatisfied judgments against you? Yes No

6. Have you been declared bankrupt in the last seven years? Yes No

Explain any "Yes" answers to items 4 thru 7. _____

5. Are you a party in a pending lawsuit? Yes No

7. Has your property been foreclosed upon Yes No

in the last seven years?

Applicant			Co-Applicant		
Name of Applicant			Name of Co-Applicant (if any)		
Social Security Number	Telephone Number		Social Security Number	Telephone Number	
Present Address			Present Address		
How long	Own or Rent		How long	Own or Rent	
Previous Address			Previous Address		
How long	Own or Rent		How long	Own or Rent	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. Single, Divorced, Widowed)			Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. Single, Divorced, Widowed)		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	No. of Dependents	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	No. of Dependents
Ethnicity: (select only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			Ethnicity: (select only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
Race: (select one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander			Race: (select one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
Name and Address of Nearest Relative Not Living with You			Name and Address of Nearest Relative Not Living with You		
Relationship	Telephone No.		Relationship	Telephone No.	

Employment & Income. If self-employed, submit a current financial statement. (Note: Alimony, child support, or separate maintenance income need not be reported unless you will rely upon it for repaying this loan.)

Applicant		Co-Applicant	
Employer's Name & Business Address		Employer's Name & Business Address	
Business Phone	Type of Work or Position	Business Phone	Type of Work or Position
Number of Years	Salary Per Week or Month \$ _____ per	Number of Years	Salary Per Week or Month \$ _____ per
Previous Employer's Name & Business Address (if less than two years earlier)		Previous Employer's Name & Business Address (if less than two years earlier)	
Business Phone	Type of Work or Position	Business Phone	Type of Work or Position
Number of Years	Salary Per Week or Month \$ _____ per	Number of Years	Salary Per Week or Month \$ _____ per
Other Income Source	Amount Per Week or Month \$ _____ per	Other Income Source	Amount Per Week or Month \$ _____ per
Bank Accounts <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> None Name & Address of Bank or Branch		Bank Accounts <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> None Name & Address of Bank or Branch	

Debts. List all fixed obligations, installment accounts, FHA loans, and debts to banks, finance companies and Government agencies.

If more space is needed, list additional debts on separate pages and attach them to this form.

Automotive Lienholder	Year & Make	Original Amount of Debt \$	Present Balance \$	Monthly Payment \$
Automotive Lienholder	Year & Make	Original Amount of Debt \$	Present Balance \$	Monthly Payment \$
Real Estate Lienholder	FHA Insured (yes/no)	Original Amount of Debt \$	Present Balance \$	Monthly Payment \$
Real Estate Lienholder	FHA Insured (yes/no)	Original Amount of Debt \$	Present Balance \$	Monthly Payment \$
To Whom Indebted	Account No.	Original Amount of Debt \$	Present Balance \$	Monthly Payment \$
To Whom Indebted	Account No.	Original Amount of Debt \$	Present Balance \$	Monthly Payment \$
To Whom Indebted	Account No.	Original Amount of Debt \$	Present Balance \$	Monthly Payment \$
To Whom Indebted	Account No.	Original Amount of Debt \$	Present Balance \$	Monthly Payment \$
To Whom Indebted	Account No.	Original Amount of Debt \$	Present Balance \$	Monthly Payment \$
To Whom Indebted	Account No.	Original Amount of Debt \$	Present Balance \$	Monthly Payment \$
To Whom Indebted	Account No.	Original Amount of Debt \$	Present Balance \$	Monthly Payment \$
To Whom Indebted	Account No.	Original Amount of Debt \$	Present Balance \$	Monthly Payment \$
To Whom Indebted	Account No.	Original Amount of Debt \$	Present Balance \$	Monthly Payment \$
To Whom Indebted	Account No.	Original Amount of Debt \$	Present Balance \$	Monthly Payment \$
To Whom Indebted	Account No.	Original Amount of Debt \$	Present Balance \$	Monthly Payment \$
To Whom Indebted	Account No.	Original Amount of Debt \$	Present Balance \$	Monthly Payment \$
To Whom Indebted	Account No.	Original Amount of Debt \$	Present Balance \$	Monthly Payment \$
To Whom Indebted	Account No.	Original Amount of Debt \$	Present Balance \$	Monthly Payment \$

Property to be Improved

Type of Property <input type="checkbox"/> Single family <input type="checkbox"/> Multifamily (No. of units _____) <input type="checkbox"/> Nonresidential (Type of use _____) <input type="checkbox"/> Manufactured home (not classed as realty) <input type="checkbox"/> Historic residential structure (No. of units _____) <input type="checkbox"/> Health care facility		Is this property Owned by you? <input type="checkbox"/> Yes <input type="checkbox"/> No Leased from someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No Being purchased on a land installment contract? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a mortgage or deed of trust on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (number, street, city, State & zip code)		Name & Address of Property Owner (if different from the applicant)	
Year Built	Date of Purchase	Monthly Lease Payment \$	Lease Expiration Date
Purchase Price \$	Present Value \$	If this is a new residential structure, has it been completed and occupied for 90 days or longer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Improvements (itemized cost breakdown **must** be attached)

Description of Improvements	Name & Address of Dealer / Contractor
Estimated Cost \$	

Notice: If this structure was built before 1978, it may contain lead-based paint which, if eaten, may cause mental retardation, blindness, paralysis, or even death. Symptoms may include stomach aches, vomiting, headaches, a loss of appetite, crankiness or frequent tiredness. A child who is suspected of having eaten lead-based paint should be taken immediately to your local doctor, clinic or hospital for screening or treatment. The best way to prevent lead-based paint poisoning is to keep your home in good condition and remove any lead-based paint hazards. For detailed information on the prevention and elimination of lead-based paint hazards, please contact your local HUD office for a free pamphlet entitled "Lead Poisoning: Watch Out for Lead-Based Paint."

Important! Applicant, Read this before Signing.

I /We certify that the above statements are true, accurate, and complete to the best of my (our) knowledge and belief. This application shall remain the property of the lending institution to which it is submitted for the purpose of obtaining a loan.

I /We hereby consent to and authorize the lending institution or HUD, after giving reasonable notice, to enter the improved property to determine that the improvements specified in this application have been completed.

I /We understand that the selection of a dealer or contractor and the acceptance of the materials used and the work performed is my (our) responsibility, and HUD does not guarantee the quality or workmanship of the property improvements.

Applicant's Signature

X

Co-Applicant's Signature

X

Note to Salesperson. If the loan proceeds will be disbursed to a dealer or contractor, the person selling the improvements must sign the following certification:

I certify that: **1)** I am the person who sold the job; **2)** the Contract contains the whole agreement with the borrowers; **3)** the borrowers have not been given or promised any cash payment, rebate, cash bonus, sales commission, or anything of value in excess of \$25 as an inducement to enter into this loan transaction; **4)** the improvements have not been misrepresented; **5)** no promises have been made that are impossible of attainment, encourage trial purchase, or imply that the improvements will be used as a model for advertising or other demonstration purposes; and **6)** no offer of debt consolidation has been made.

Salesperson's Name

Salesperson's Signature

X

Name of Dealer/Contractor

If this application is prepared by someone other than the applicants, that person must sign below. I certify that the statements made herein are based upon information given to me by the applicants and are true, accurate and complete to the best of my knowledge and belief.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1011, 1012; 31 U.S.C. 3729, 3802)

Prepared by

X

Representing

Address

Name & Address of the Lending Institution	Information verified with applicant by <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Telephone interview <hr/> By (Signature of Loan Officer) X
Social Security Number Verification <hr/> Applicant <hr/> Co-Applicant	Credit Alert Access Code <hr/> Applicant <hr/> Co-Applicant

Reserved for use by the Lending Institution

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Privacy Act Statement: The Department of Housing and Urban Development (HUD) is authorized to collect this information by Title I, section 2 of the National Housing Act (12 U.S.C. 1703), and to obtain and verify your Social Security Number (SSN) by section 165 of the Housing and Community Development Act of 1967 (42 U.S.C. 3543). **You must provide all of the information requested.** This information will be used to determine your creditworthiness and to assist HUD in accounting for and monitoring the use of Title I funds. Your SSN is a unique identifier which may be used to conduct computer matches to verify the information you provide. This information may be given to Federal, State, or local agencies when relevant to civil, criminal, or regulatory investigations or prosecutions. It will not be otherwise disclosed or released outside of HUD or the lending institution which will provide the loan funds, except as required or permitted by law. Failure to provide any of the requested information may result in delay or rejection of your application.

General Information: You are required to answer the questions on sex, race and ethnic background. Your answers are needed to determine the characteristics of Title I program beneficiaries, and will not affect consideration of your application. By providing this information, you will assist us in ensuring that this program is administered in a nondiscriminatory manner. If you feel you have been discriminated against and you want to report it, the Fair Housing and Equal Opportunity Hotline Number is (800) 424-8590.

This information is being collected to permit more efficient risk management of the Title I loan portfolio as well as facilitate claims processing for loan defaults. The information provides a more comprehensive basis for evaluating Title I lender underwriting practices and there by improving risk management of the loan portfolio and also enhances management's ability to determine appropriate policy changes affecting the Title I portfolio as a whole. Responses are required in order to obtain benefits. No assurance of confidentiality is provided.