



CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS  
DEPARTMENT OF DEVELOPMENT  
2079 East 9<sup>th</sup> Street, 7th Floor  
Cleveland, Ohio 44115  
(216) 348-4066

## FOUR COMPONENT (4COM) HOME REPAIR LOAN PROGRAM APPLICATION

Services are limited to the following:

Roof     Furnace (HVAC)     Electrical     Plumbing

*Please make a check in the box next to the major housing component(s) that needs to be addressed.*

**Applicant(s):**

Owner Last Name                      First                      Middle Init.                      Social Security Number                      Birthdate

Co-Owner Last Name                      First                      Middle Init.                      Social Security Number                      Birthdate

Address                                      City                                      Zip                                      (    )  
Phone Number

Second Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_

*Please (✓) check mark.*

Single Family Home     Two Family     Multi Family (3 or more)

*Demographic data is obtained for statistical purposes and will not be considered by the County in determining eligibility. Married borrowers must have their spouse sign the mortgage deed. Please (✓) check mark.*

Head of Household:    Male:                       Female:   
Ethnicity: Select only one: Hispanic/Latino    Yes     No   
Race: Select one or more:    White     Black or African American     Asian   
Native Hawaiian or Other Pacific Islander     Native American Indian or Alaskan   
Other Multi-Racial

Marital Status:     Married     Unmarried (Including single, divorced, widowed)

Please list all of the people living at this property including yourself:

NAME	AGE	RELATIONSHIP	INCOME (MONTHLY)
_____	_____	<u>Self</u>	\$ _____
_____	_____	<u>Co-Owner</u>	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**PREVIOUS SERVICE:**

Have you ever received a housing rehabilitation loan through this Department?

\*Yes       No      If \*yes, what Year \_\_\_\_\_.

\*Repeat applicants that have previously participated in the housing rehabilitation loan program are eligible to re-apply **after a 5-year waiting period** has elapsed from the date of the original signed loan document for a 4COM loan.

**INCOME AND EMPLOYMENT:** (If any person listed is self-employed, submit a current financial statement, copy of signed current tax return, including all schedules, and current profit and loss statement).

All income sources for all persons of the household must be stated:

Your Annual **Gross** Income \$ \_\_\_\_\_  
 Name of Your Employer \_\_\_\_\_ # number of years employed: \_\_\_\_\_  
 Your Employer Address \_\_\_\_\_  
 \_\_\_\_\_

Co-Owner's Annual **Gross** Income \$ \_\_\_\_\_  
 Co- Owner's Employer \_\_\_\_\_ # number of years employed: \_\_\_\_\_  
 Co-Owner's Employer's Address \_\_\_\_\_  
 \_\_\_\_\_

Other sources of Household **Monthly** Income:

Pension	\$ _____	Unemployment	\$ _____	Div/Int	\$ _____
Social Security	\$ _____	VA Benefits	\$ _____	Rental Income	\$ _____
SSI	\$ _____	Alimony	\$ _____	Welfare	\$ _____
Disability	\$ _____	Child Support	\$ _____	Other	\$ _____

Attach proof of gross income from all sources for each adult member and/or minor of the household that receives assistance.

**HOUSEHOLD EXPENSES**

Attach most recent electric, gas, water, and sewer bills only.

**FAMILY ASSETS:**

Name of Financial Institution: \_\_\_\_\_ *Please (✓) check mark.*  
Name of Financial Institution: \_\_\_\_\_  
Checking  Savings   
Checking  Savings

Attach 6 most recent bank account statements for each account.

Do you have any investment accounts/stocks/etc.?  Yes  No

If yes, attach 2 most recent quarterly statements.

Do you own life insurance that allows you to borrow cash before death?  Yes  No

If yes, attach statement showing cash value of policy.

Are there any revocable trusts that are available to the family?  Yes  No

Do you own any other real estate?  Yes  No

If yes, attach most recent federal signed tax return (including schedule E), mortgage statement (if applicable), and list addresses of properties here:

\_\_\_\_\_  
\_\_\_\_\_

**MORTGAGE INFORMATION:**

Purchase Price of Home \$ \_\_\_\_\_ Year \_\_\_\_\_

Do you have a mortgage(s) on your home?  Yes  No

First Mortgage FHA Loan?  Yes  No

**NOTE:** Attach most recent Mortgage Statement for each mortgage you have.

**HOMEOWNER INSURANCE INFORMATION:**

\_\_\_\_\_ Annual Premium Amount \$ \_\_\_\_\_  
Name of Homeowner Insurance Company

Attach declaration page from current homeowners insurance. Must show dates of coverage.

**MISCELLANEOUS:**

Have you any past obligations owed to Cuyahoga County in the past five (5) years?

Yes       No

Has either owner or co-owner declared bankruptcy in the past two (2) years?

Yes       No

How did you hear about the program? *Please (✓) check mark.*

- City Building Department
- Cuyahoga County Website
- Newspaper
- Television
- Other \_\_\_\_\_
- City Newsletter

The owner and co-owner certify that all information on this application, and all information furnished in support of this application, is given for the purpose of obtaining financial assistance under the Cuyahoga County Four Component (4COM) Home Repair Loan Program, and is true and complete to the best of the applicants' knowledge and belief. Verification may be obtained from any source herein. A credit report may be obtained on the owner and co-owner by Cuyahoga County. **PENALTY FOR FALSE OR FRAUDULENT STATEMENT**, U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Owner

\_\_\_\_\_  
Date

**(You must mail in your signed original application. Faxed applications are not accepted.)**





**Request for Verification of Mortgage**

**CUYAHOGA COUNTY FOUR COMPONENT (4COM) HOME REPAIR LOAN PROGRAM**

A. Name and Address of Homeowner(s)	B. Name and Address of Mortgage Lender
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I hereby authorize the release of information on my mortgage loan to the Cuyahoga County Department of Development.

\_\_\_\_\_  
**Signature of homeowner (1)** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of homeowner (2)** \_\_\_\_\_  
**Date**

**NOTE TO MORTGAGE LENDER**

The applicant identified above has applied for a Cuyahoga County loan for property rehabilitation. The applicant has authorized the County to obtain verification from any source named in the application. Your verification of mortgage is for the confidential use of Cuyahoga County Dept. of Development only. Please furnish the information requested below and return this form along with if any signed **Loan Modification, Forbearance Agreement, or Re-Payment Plan** documents.

*To be filled-out by Mortgage Lender only.*

Type of Mortgage:	Monthly Payment Information:
Account Number:	Principal and Interest \$ _____
Original Amount of Mortgage: \$	Taxes \$ _____ (if applicable)
Present Mortgage Balance: \$	Insurance \$ _____ (if applicable)
	Total Monthly Payment \$ _____
	Is the borrower current on this mortgage? <input type="checkbox"/> Yes or <input type="checkbox"/> No
	If No, how many payments behind? _____
	Has borrower entered into a repayment plan or loan modification? If so, please forward a copy of such agreement.

\_\_\_\_\_  
 Signature of Authorized Lender Title \_\_\_\_\_  
Date

Name and Address of Agency to which this Form is to be returned:

**Attn: Rehab. Loan Officer**  
 Cuyahoga County Administrative Headquarters  
 Department of Development  
 2079 East 9<sup>th</sup> Street, 7<sup>th</sup> Floor  
 Cleveland, Ohio 44115

