

#### 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 ne    | ext to the major ho | ousing co      | mponent(s)  | that needs to be | addressed. |
| Applicant(s):  |                  |                     |                |             |                  |            |
| Owner Last Name  | First            | Middle Init.        |                | Social Secu | rity Number      | Birthdate  |
| Co-Owner Last Name   | First            | Middle Init.        |                | Social Secu | rity Number      | Birthdate  |
| A 11   |                  |                     | 7.             | (           | )<br>N. 1        |            |
| Address  | Ci               | ty                  | Zip            | Pho         | ne Number        |            |
| E-Mail Address:  |                  |                     | <u> </u>       | Second Phor | ne Number:       |            |
| 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: Yes No Race: Select one or more: White Black or African American Asian Other Multi –Racial Male: Native Hawaiian or Other Pacific Islander Native American Indian or Alaskan Other Multi –Racial Male: Remale: Native American Indian or Alaskan Male: Native |                  |                     |                |             |                  |            |
| Marital Status:  |                  |                     |                |             |                  |            |

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

| NAME AC          |                       | AGE                  | RELATIONSHIP<br>Self                   | INCOME (MONTHLY) \$                           |  |  |
|------------------|-----------------------|----------------------|--|---|--|--|
|                  |                       |                      | Co-Owner                               | \$  |  |  |
|                  |                       |                      |  | \$  |  |  |
|                  |                       |                      |  | \$  |  |  |
|                  |                       |                      |  | \$<br>\$                                      |  |  |
|                  |                       |                      |  | \$  |  |  |
|                  |                       |                      |  | <b>\$</b>                                     |  |  |
|                  |                       |                      |  | \$  |  |  |
|                  |                       |                      |  |   |  |  |
| PREVIOUS SI      |                       | ina rahahilitat      | ion loon through this l                | Danastmant?                                   |  |  |
| nave you ever i  | eceived a nous        |                      | ion loan through this l                | If *yes, what Year                            |  |  |
|                  |                       | L                    |  |   |  |  |
|                  |                       | • 1                  |  | g rehabilitation loan program are eligible to |  |  |
|                  | 5-year waitin         | <b>ig period</b> has | elapsed from the date of               | of the original signed loan document for a    |  |  |
| 4COM loan.       |                       |                      |  |   |  |  |
|                  |                       |                      |  |   |  |  |
|                  |                       |                      |  | mployed, submit a current financial           |  |  |
| statement, copy  | of signed curr        | ent tax return,      | including all schedule                 | s, and current profit and loss statement).    |  |  |
| All income some  | res for all ners      | sons of the hou      | sehold must be stated                  |   |  |  |
| Till medile soul | ees for all per       | ons of the not       | sonora mast se statea                  | •   |  |  |
| Your Annual G    | ross Income \$        | <u> </u>             |  |   |  |  |
|                  |                       |                      |  | number of years employed:                     |  |  |
| Your Employer    | Address               |                      |  |   |  |  |
|                  |                       |                      |  |   |  |  |
| Co-Owner's An    | nual <b>Gross</b> Inc | come \$              |  |   |  |  |
| Co- Owner's Er   |                       |                      |  | er of years employed:                         |  |  |
| Co-Owner's En    | nployer's Addr        | ess                  |  |   |  |  |
|                  |                       |                      |  |   |  |  |
|                  |                       |                      |  |   |  |  |
| Other sources o  | f Household M         | Ionthly Incom        | e:                                     |   |  |  |
| Pension          | \$                    | Unemployn            | nent \$                                | Div/Int \$                                    |  |  |
| Social Security  | \$<br>\$              | VA Benefi            | · ————                                 | Rental Income \$                              |  |  |
| SSI              | \$                    | Alimony              | · ———————————————————————————————————— | Welfare \$                                    |  |  |
| Disability       | \$                    | _ Child Supp         | oort \$                                | 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. Checking Savings |  |  |  |  |
| Name of Financial Institution:  | Checking Savings                        |  |  |  |  |
| Attach 6 most recent bank account statements for each account.  |   |  |  |  |  |
| Do you have any investment accounts/stocks/etc.?  | ☐ 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?  |   |  |  |  |  |
| Do you own any other real estate?   |   |  |  |  |  |
| 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?   | No                                      |  |  |  |  |
| First Mortgage FHA Loan?  | No                                      |  |  |  |  |
| NOTE: Attach most recent Mortgage Statement for each mortgage   | e you have.                             |  |  |  |  |
| HOMEOWNER INSURANCE INFORMATION:  |   |  |  |  |  |
| Annua   | l Premium Amount \$                     |  |  |  |  |
| Name of Homeowner Insurance Company   |   |  |  |  |  |
| Attach declaration page from current homeowners insurance. Mus  | et show dates of coverage.              |  |  |  |  |

| MISCELLANEOUS:   |  |
|--|--|
| Have you any past obligations owed to Cuy  | yahoga County in the past five (5) years?  Yes No  |
| Has either owner or co-owner declared ban  | kruptcy in the past two (2) years?  Yes No   |
| How did you hear about the program? Plea   | ıse (✔) check mark.  |
| <ul> <li>☐ City Building Department</li> <li>☐ Cuyahoga County Website</li> <li>☐ Newspaper</li> <li>☐ Television</li> <li>☐ Other</li> </ul>  | City Newsletter  |
| of this application, is given for the purpose Component (4COM) Home Repair Loan Paknowledge and belief. Verification may be on the owner and co-owner by Cuyahoga CSTATEMENT, U.S.C. Title 18, Sec. 1001, department or agency of the United States I fraudulent statements or representations, or | formation on this application, and all information furnished in support of obtaining financial assistance under the Cuyahoga County Four rogram, and is true and complete to the best of the applicants' e obtained from any source herein. A credit report may be obtained County. PENALTY FOR FALSE OR FRAUDULENT provides: "Whoever, in any matter within the jurisdiction of any knowingly and willfully falsifies or makes any false, fictitious or makes or uses any false writing or document knowing the same to atement or entry, shall be fined not more than \$10,000 or imprisoned |
| Owner  | Date   |
| Co-Owner   | Date   |
| (You must mail in your <u>signed</u> original a  | pplication. Faxed applications are <u>not</u> accepted.)   |

H:Common:Housing:Rehab:Forms:Application Revised 06-15-2015.doc



## CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS DEPARTMENT OF DEVELOPMENT

2079 East 9<sup>th</sup> Street, 7th Floor Cleveland, Ohio 44115 (216) 348-4066

#### **RELEASE OF INFORMATION**

**Purpose**: To make sure that assistance is used properly, Federal laws require that the information that you provide be verified. To receive assistance from The U.S. Department of Housing and Urban Development, applicants and all household members who are 18 years of age or older are required to sign this form that authorizes the above-named organization to obtain information from third parties relative to your eligibility and participation in its programs.

Consequences for Not Signing the Consent Form. If you fail to sign this form, or the individual verification forms, this may result in your assistance being denied.

*Types of Information to be released.* I authorize the above-named organization and the U.S. Department of Housing and Urban Development to obtain information about me and my household that is pertinent to eligibility for participation in the Four Component Home Repair Loan Program and/or the Lead Hazard Control Grant Program. Information may be made about the following items:

- ✓ Income (all sources)
- ✓ Assets (all sources)

#### I acknowledge that:

- 1) A photocopy of this form is as valid as the original.
- 2) I have the right to review the file and the information received using this form.
- 3) I have the right to copy information from this file and to request correction of information that I believe is inaccurate.
- 4) All adult household members will sign this form and cooperate with the above-named organization in this process.

**Instructions:** Each adult member of the household (18 years of age or older) must sign the release of information form prior to the receipt of assistance.

#### Please <u>print</u> and <u>sign</u> your name and <u>date</u>:

| Head of Household         | Date | Other Adult Member of Household | Date |
|---------------------------|------|---------------------------------|------|
|                           |      |                                 |      |
|                           |      |                                 |      |
| Adult Member of Household | Date | Other Adult Member of Household | Date |

# CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS DEPARTMENT OF DEVELOPMENT 2079 East 9<sup>th</sup> Street, 7th Floor

Cleveland, Ohio 44115

#### **Request for Verification of Mortgage**

| CUYAHOGA COUNTY FOUR COMPONEN                                    | T (4COM) HOME REPAIR LOAN                                  | PROGRAM               |                                    |
|--|--|-----------------------|------------------------------------|
| A. Name and Address of Homeowner(s)                              | B. Name and Address of                                     |                       |                                    |
|  |  |                       |                                    |
|  |  |                       |                                    |
|  |  |                       |                                    |
| I hereby authorize the release of information on n               | ny mortgage loan to the Cuyahoga Co                        | ounty Department of   |                                    |
| i notedy additionate the release of information on in            | iy mortgage roan to the Cuyanoga Co                        | unty Department of I  | bevelopment.                       |
|  |  |                       |                                    |
| G' 4 61 (4)  |  |                       | <del></del>                        |
| Signature of homeowner (1)                                       |  | Date                  |                                    |
|  |  |                       |                                    |
|  |  |                       |                                    |
| Signature of homeowner (2)                                       |  | Date                  |                                    |
|  |  |                       |                                    |
|  |  |                       |                                    |
| NOTE TO MORTGAGE LENDER  |  |                       |                                    |
| The applicant identified above has applied for                   | or a Cuyahoga County loan for pro                          | operty rehabilitation | n. The applicant has               |
| authorized the County to obtain verification:                    |  |                       |                                    |
| the confidential use of Cuyahoga County De                       | pt. of Development only. Please f                          | furnish the informa   | tion requested below and           |
| return this form along with if any signed ${f Lo}$               | an Modification, Forbearanc                                | e Agreement, or       | Re-Payment Plan                    |
| documents.   |  |                       | -                                  |
|  |  |                       |                                    |
| To be filled-out by Mortgage Lender only.                        |  |                       |                                    |
| Type of Mortgage:  | Monthly Payment Inform                                     | nation:               |                                    |
| Type of Mortgage.  |  |                       |                                    |
|  | Principal and Interest                                     | \$                    |                                    |
| Account Number:  | Taxes  | \$                    | (if applicable)                    |
|  |  |                       |                                    |
| Original Amount of Mortgage: \$                                  | Insurance \$   | \$                    | (if applicable)                    |
| Original Amount of Mortgage: \$                                  | Total Monthly Payment S                                    | \$                    |                                    |
|  |  |                       |                                    |
| Present Mortgage Balance: \$                                     | Is the borrower current or                                 | n this mortgage?      | Yes or □ No                        |
|  | If No, how many paymen                                     | its behind?           |                                    |
|  | Has borrower entered into                                  | o a repayment plan o  | r loan modification? If so, please |
|  | forward a copy of such ag                                  |                       |                                    |
|  |  |                       |                                    |
|  |  |                       |                                    |
|  |  |                       |                                    |
|  |  |                       |                                    |
| Signature of Authorized Lender                                   | Title  |                       | Date                               |
|  | Attn: Rehab. Loan Officer                                  |                       |                                    |
| Name and Address of Agency to                                    |  | ua Haadayaataa        |                                    |
| Name and Address of Agency to which this Form is to be returned: | Cuyahoga County Administrativ<br>Department of Development | ve neadquarters       |                                    |
| which and I offit is to be returned.                             | 2079 Fast 9 <sup>th</sup> Street 7 <sup>th</sup> Floor     |                       |                                    |

Cleveland, Ohio 44115



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(216) 348-4066

#### **Request for Verification of Employment**

| CUYAHOGA COUNTY FOUR COMPONENT (4   | COM) HOME REPAIR LOAN PROGRAM   |
|---|---|
|   | SOCIAL SECURITY NUMBER / /  |
| A.NAME ADDRESS, AND ZIP CODE OF APPLICANT   | C. APPLICATION NUMBER   |
|   | D. DATE OF REQUEST  |
| B. NAME, ADDRESS, AND ZIP CODE, PHONE # OF APPLICANT'S EMPLOYER                       | NOTE TO EMPLOYERS  The applicant identified in Block A has applied for a loan/grant for property rehabilitation under the County Rehabilitation Program. The applicant has authorized the County in writing to obtain verification from any source named in the application. Your verification of employment is for the confidential use of the County.   |
| Employer's Verification   | I = 1 = |
| E. POSITION HELD:   | RATE OF PAY \$ per hour. Approximate # of Hours per pay period:   |
|   | Pay Period is: ☐ WEEKLY ☐ BI-WEEKLY ☐ MONTHLY   |
| F. DATES OF EMPLOYMENT:   | ANTICIPATED ANNUAL SALARY: \$   |
| G. PROBABILITY OF CONTINUED EMPLOYMENT:   | ADDITIONAL COMPENSATION – ACTUAL AMOUNTS RECEIVED PAST 12 MONTHS: Overtime \$ Commission \$ Bonus \$  |
| H. OTHER REMARKS:   | If applicant is in <b>military service</b> , give income on monthly basis as follows:  Base Pay  Quarters & Sustenance  \$  |
| J. SIGNATURE OF EMPLOYERS   | Flight or Hazard Duty allowance \$  |
| The above information is furnished in strict confidence, in response to your request. | K. NAME, ADDRESS, AND ZIP CODE TO WHICH THIS FORM IS TO BE RETURNED:  |
| D<br>ate  | ATTN: Rehab. Loan Officer Cuyahoga County Administrative Headquarters Department of Development   |
| Signature   | 2079 East 9 <sup>th</sup> Street, 7 <sup>th</sup> Floor<br>Cleveland, Ohio 44115  |
| Title   |   |
|   | sted information to the Cuyahoga County Department of Development.  |
| Applicant's Signature   |   |