



City of Wilmington
Homeowner Rehabilitation Application

Background Information

Owner's Name: _____

Married Unmarried (include single, divorced, widowed)
Separated

Owner's date of birth: _____ Social Security #: _____

Co-Owner's Name: _____

Married Unmarried (include single, divorced, widowed)
Separated

Co-Owner's date of birth: _____ Social Security #: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Other Phone: _____ Email: _____

Household Income Information

Please list the names, relationship, and date of birth of all other people living in the household:

Name: Relationship: DOB:
Name: Relationship: DOB:
Name: Relationship: DOB:
Name: Relationship: DOB:

Present Employer of the owner/borrower:

Name of Employer: _____

Employer's Address: _____

City: State: ZIP: _____

What is your gross income? Weekly Biweekly Other: _____

Length of time on the job: Job title or position held: _____

Present Employer of the co-owner/borrower:

Name of Employer: _____

Employer's Address: _____

City: State: ZIP: _____

What is your gross income? Weekly Biweekly Other: _____

Length of time on the job: Job title or position held: _____

If anyone else in the household works or if the owner or co-owner has a second job, please provide the following:

Other Person or Second Job: _____

Name of Employer: _____

Employer's Address: _____

City: _____ State: _____ ZIP: _____
What is your gross income? _____
Length of time on the job: _____ Job title or position held: _____
 Weekly Biweekly Other: _____

Other Person or Second Job: _____
Name of Employer: _____
Employer's Address: _____
City: _____ State: _____ ZIP: _____
What is your gross income? _____
Length of time on the job: _____ Job title or position held: _____
 Weekly Biweekly Other: _____

Does anyone in the household receive any of the following? If yes, please fill in the amount:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security-Name _____	Amount: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Security Income (SSI) Name _____	Amount: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF: Name _____	Amount: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support: Name _____	Amount: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Pension: Name _____	Amount: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pension or Retirement: Name _____	Amount: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Interest Income: Name _____	Amount: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____ Name _____	Amount: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____ Name _____	Amount: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Allimony: Name _____	

Property Information:

Are you the sole owner of the property? Yes No
If no, list the other owner(s): _____

Is the property your principal residence? Yes No

What type of property is your home?
 Single-family Detached Townhouse
 Duplex Other: _____

Amount of fire and wind insurance coverage on property: \$ _____
Insurance company: _____ Policy #: _____
Agent's name: _____ Annual premium: \$ _____

How many bedrooms are in the property? _____

How many bathrooms are in the property? _____

Please list the major repairs that you feel need to be done to your home: _____

Do you have any special needs based on the disability of any household member? If so, please list them here: _____

Demographic Information

The following questions are for statistical purposes only and have no bearing on the approval of financial assistance. Please check the box that applies to your household: If the race and/or ethnicity of the owner and co-owner are not the same, indicate the categories for each person separately.

Race:

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Other _____

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Sex of the owner: Male Female

Sex of the co-owner: Male Female

Assets

Bank: _____ Acct. # _____ Balance: \$ _____
Bank: _____ Acct. # _____ Balance: \$ _____
Other: _____ Acct. # _____ Balance: \$ _____
Vested Retirement Account: _____ Balance: \$ _____
Vehicle Make: _____ Year _____ Value \$ _____
Vehicle Make: _____ Year _____ Value \$ _____
Real estate owned:
Address: _____ Value: \$ _____
Address: _____ Value: \$ _____
Address: _____ Value: \$ _____

Liabilities

Mortgage: _____ Pmt.: \$ _____ Balance: \$ _____
Mortgage: _____ Pmt.: \$ _____ Balance: \$ _____
Auto Loan: _____ Pmt.: \$ _____ Balance: \$ _____
Auto Loan: _____ Pmt.: \$ _____ Balance: \$ _____
Student Loan: _____ Pmt.: \$ _____ Balance: \$ _____

Charge Acct.:	_____	Pmt.:	\$ _____	Balance:	\$ _____
Charge Acct.:	_____	Pmt.:	\$ _____	Balance:	\$ _____
Charge Acct.:	_____	Pmt.:	\$ _____	Balance:	\$ _____
Charge Acct.:	_____	Pmt.:	\$ _____	Balance:	\$ _____
Charge Acct.:	_____	Pmt.:	\$ _____	Balance:	\$ _____
Loan Acct:	_____	Pmt:	\$ _____	Balance:	\$ _____
Loan Acct:	_____	Pmt:	\$ _____	Balance:	\$ _____

Child support owed to: _____ Monthly Pmt.:\$ _____

U.S.C. TITLE 18, SECTION 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 statement of entry, shall be fined not more than \$10,000, or imprisoned not more than five years, or both. In addition, any fraudulent, fictitious or false statement on this application will result in the calling in of any note, deferred grant or other financial help in full."

Owner's Signature: _____ Date: _____

Co-Owner's Signature: _____ Date: _____

Return completed application to:
 City of Wilmington, Community Services Department
 Community Development Division
 305 Chestnut Street
 Post Office Box 1810
 Wilmington, North Carolina 28402-1810

The City of Wilmington does not discriminate on the basis of race, sex, color, age, national origin, religion or disability in its employment opportunities, programs, services or activities.

This application was taken by: _____

Face to Face By mail By telephone

Interviewer: _____

