



Rehabilitation Information Sheet

Please Note: This is **NOT** an application for a loan. The information provided will be used to determine eligibility for homeowner rehabilitation assistance. It is important that you provide complete and accurate information. Each person who will be on the loan needs to submit a separate information sheet.

**PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS ALONG WITH THIS INFORMATION SHEET:
(If married, please provide a separate sheet for spouse)**

- Verification of Income (One month current pay stubs, social security statement, disability statement, retirement, etc.)
- Last two (2) months bank statements
- Two (2) years Federal Income Tax Returns with W-2's. If you have not filed tax returns, please provide a written statement as to the reason why.
- Proof of Homeowners Insurance (Hazard and Wind & Hail)
- Two Months Utility Bills

Date _____

Homeowner Information

Last Name _____ First Name _____ MI _____

Street Address: _____ City: _____ State: _____ ZIP: _____

How long at this address? _____ Mailing Address: (if different from street address): _____

City: _____ State: _____ ZIP: _____

Social Security Number ____-____-____ Date of Birth ____/____/____

Marital Status Married Unmarried Separated Home Phone: () _____ Work Phone: () _____

Other Phone: _____ Email: _____

Preferred method of contact: Mail Email Phone: _____

If phone, may we leave messages of a sensitive nature on this number? _____

If not, please provide alternate number _____

Next of Kin : Last Name _____ First Name _____ MI _____

Address: _____ Phone: () _____

Household Income Information

Size of Household _____ Number of legal dependents _____ Ages of legal dependents _____

Please list the names, ages, income and sources of income (if applicable) of all people living in the household:
(Examples of Sources of Income: Social Security, SSI, AFDC, Disability, Child Support, Pension, Retirement, etc.)

Last Name: _____	First Name: _____	Age: _____	Income: \$ _____ per _____	Source _____
Last Name: _____	First Name: _____	Age: _____	Income: \$ _____ per _____	Source _____
Last Name: _____	First Name: _____	Age: _____	Income: \$ _____ per _____	Source _____
Last Name: _____	First Name: _____	Age: _____	Income: \$ _____ per _____	Source _____
Last Name: _____	First Name: _____	Age: _____	Income: \$ _____ per _____	Source _____
Last Name: _____	First Name: _____	Age: _____	Income: \$ _____ per _____	Source _____

According to you latest tax return, does anyone in the household have any of the following adjustments to income? If yes, please fill in the amount:

- | | | |
|--|--|---------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | IRA Deductions | Amount: _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Moving Expenses | Amount: _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | ½ of Self-Employment Tax | Amount: _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Self-Employed Health Insurance Deduction | Amount: _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Keogh or Self-Employed SEP Plan | Amount: _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Penalty on Early Withdrawal of Savings | Amount: _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Alimony Paid | Amount: _____ |

Assets

Real Estate Owned

Address _____ Value\$ _____
Address _____ Value\$ _____

Automobiles

Vehicle: Year _____ Make _____ Model _____ Value\$ _____
Vehicle: Year _____ Make _____ Model _____ Value\$ _____

Debt

Company _____ Minimum Monthly Payment \$ _____ Balance Owed \$ _____
Company _____ Minimum Monthly Payment \$ _____ Balance Owed \$ _____
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(List only the debt you have applied for credit to obtain. Use additional sheet if necessary)

Present Employer(s) of the Homeowner:

(Provide additional sheet if necessary)

Name: _____ Job Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____ Present Salary _____ Weekly Monthly Other: _____

Property Information

Are you the sole owner of the property? Yes No

If no, list the other owner(s): _____

Do you have a mortgage? _____ Balance owed:\$ _____ Monthly Payment" \$ _____

Have you been notified and/or are currently involved in a foreclosure action? _____

Is the property your primary residence? Yes No

What type of property is your home?

- Single-family Detached Cooperative
- Mobile Home (permanently affixed to the ground)
- Other: _____

What year was the property built? _____ Number of bedrooms _____ Number of bathrooms _____

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

Demographic Information

The following questions are voluntary and for statistical purposes only and have no bearing on the approval of financial assistance. Please check the box that applies to your head of household:

- White (non-Hispanic)
- Black (non-Hispanic)
- Hispanic
- Asian or Pacific Islander
- American Indian
- Other: _____
- Do not wish to disclose

Please check the box that best describes your household:

- Single, Non-Elderly (one person household in which the person is not elderly)
- Elderly, (one or two person household in which one person is at least 62 years of age)
- Disabled
- Single Parent
- Two Parent
- Other: _____

Sex of head of household: Male Female

U.S.C., SECTION 1001, TITLE 18 PROVIDES: among other things that whoever knowingly and willfully makes or uses a document in writing containing any false, fictitious or fraudulent statement or entry in any manner within the jurisdiction of any department or agency in the United States shall be fined not more than \$10,000, or imprisoned for not more than five years, or both.

In addition, per the City of Wilmington’s financial practices, any fraudulent, fictitious or false statement on this application may result in the calling in of any note, deferred grant or other financial help in full.

By signing below I/We certify that the information provided is truthful and correct to the best of my/our knowledge:

Owner’s Signature: _____ Date: _____

Co-Owner’s Signature: _____ Date: _____

Power of Attorney and/or Authorized Legal Representative: _____ Date: _____
(Please attach a true copy of the authorizing document for authority to act as agent)

Return Completed Information Sheet and Accompanying Documents to:

City of Wilmington, Community Services Department
Community Development Division
Post Office Box 1810 ~ 305 Chestnut Street 2nd Floor
Wilmington, North Carolina 28402-1810

****Please note that that an incomplete form or missing documentation may delay response time.****



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

