



## DOWNPAYMENT ASSISTANCE/REHAB APPLICATION

### PART I: GENERAL INFORMATION

<b>Name of Applicant:</b>	<b>Date of Birth:</b>	<b>Social Security No.:</b> - -		
<b>Name of Co-Applicant:</b>	<b>Date of Birth:</b>	<b>Social Security No.:</b> - -		
<b>Address:</b>	<b>City:</b> East Lansing	<b>State:</b> MI	<b>County/Township:</b> Ingham	<b>Zip Code</b> 48823
<b>Home Phone #:</b>	<b>Work Phone #:</b>		<b>Mobile Phone #:</b>	
<b>Marital Status:</b> (CHECK ONE) <div style="text-align: center;"> <input type="checkbox"/> Married              <input type="checkbox"/> Separated              <input type="checkbox"/> Unmarried (includes widowed, divorced, or single)         </div>				
<b>Contact Person:</b> (person to contact in your absence)	<b>Home Phone #:</b>		<b>Work Phone #:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Relationship:</b>

The information below is required solely for the purpose of determining compliance with Federal civil rights law and your response will not affect consideration of your application.

<b>Gender of Applicant:</b> (CHECK ONE)	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female
<b>Race/Ethnicity of Applicant:</b> (CHECK ONE)	1. <input type="checkbox"/> White not Hispanic 2. <input type="checkbox"/> Black not Hispanic 3. <input type="checkbox"/> Hispanic 4. <input type="checkbox"/> American Indian or Alaskan Native 5. <input type="checkbox"/> Asian or Pacific Islander



## PART II: HOUSEHOLD INFORMATION

How many people live permanently in your household?	
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List all household members, their monthly gross income and source of income including; Social Security Number, Wages, Pensions, DHS, Child Support or Alimony, SSI, General Assistance, self-employment, farm income, and rental income: (For self-employed persons, farm and rental property income, use the appropriate line for "adjusted gross income" from the 1040 IRS Income Tax Return.)

	NAME	AGE	MONTHLY GROSS INCOME	SOURCE OF INCOME
a.				
b.				
c.				
d.				
e.				

Have you made all your monthly payments (housing payments, utilities, loans, credit cards) in a timely manner? (CHECK ONE)	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If "No" please explain below.)
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Have you ever received a Loan through the Hometown Housing Partnership Programs? (CHECK ONE)	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If "Yes" please explain below.)
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## PART III: EMPLOYMENT

Occupation of Applicant:		Employer:			
Employer Address:	City:	State:	Zip Code:	Phone Number:	
Occupation of Co-Applicant:		Employer:			
Employer Address:	City:	State:	Zip Code:	Phone Number:	



## PART IV: CREDIT HISTORY

Please answer the questions listed below. If you answer “Yes” to any question, please attach a written explanation.

Are there any financial judgments or liens against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you declared Bankruptcy within the last 36 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you lost any property through foreclosure or given title or deed to anyone to avoid foreclosure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a co-signer on any note or loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## PART V: EXPENSES

Please list household expenses

Health Insurance	\$	Insurance	\$
Electricity	\$	Other Expenses	\$
Cell Phone	\$	Other Expenses	\$

## PART VI: DEBTS

Please list all current financial obligations, child support or alimony, installment account, charge accounts, debts to banks, finance companies, mortgage companies, land contract holders and government agencies.

Creditor:	Year Loan Account was Opened	Amount Borrowed	Present Balance	Monthly Payments	Is Debt Business Related?
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	



**SIGNATURE AND CERTIFICATION PAGE FOLLOWS.  
PART VII: CERTIFICATION**

**I certify that the information stated above is true and correct to the best of my knowledge. I understand that giving false information will result in disqualifying me from assistance in the Homeowner Rehabilitation Program.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Co-applicant**

\_\_\_\_\_  
**Date**