

HUNTINGTON COMMUNITY DEVELOPMENT AGENCY  
CONFIDENTIAL FINANCIAL INFORMATION  
**REHABILITATION PROGRAM APPLICATION**

*\*Applicant must meet all Community Development guidelines\**

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_  
\_\_\_\_\_

Business Phone #: \_\_\_\_\_

Position: \_\_\_\_\_

Gross Pay: \_\_\_\_\_

Weekly / Biweekly/Annual (circle one)

Co- Name: \_\_\_\_\_  
\_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone #: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_  
\_\_\_\_\_

Position: \_\_\_\_\_

Gross Pay: \_\_\_\_\_

Weekly / Biweekly/Annual (circle one)

**ALL FAMILY MEMBERS/PERSONS LIVING AT THE ADDRESS:** (including you) \_\_\_\_\_

Below please provide income information for all dependants living with you:

Name: \_\_\_\_\_

Social Security# : \_\_\_\_\_

Age: \_\_\_\_\_

Sex: Male Female (circle one)

Name: \_\_\_\_\_

Social Security# : \_\_\_\_\_

Age: \_\_\_\_\_

Sex: Male Female (circle one)

Name: \_\_\_\_\_

Social Security# : \_\_\_\_\_

Age: \_\_\_\_\_

Sex: Male Female (circle one)

Name: \_\_\_\_\_

Social Security# : \_\_\_\_\_

Age: \_\_\_\_\_

Sex: Male Female (circle one)

Name: \_\_\_\_\_

Social Security# : \_\_\_\_\_

Age: \_\_\_\_\_

Sex: Male Female (circle one)

Are any of the above receiving, or have you ever received, Social Services Assistance? \_\_\_\_\_

Do you have a DSS Lien? \_\_\_\_\_ (Copies of all documents must be retained by the Agency.)

How did you hear about this program? \_\_\_\_\_

What repairs are needed on your home? \_\_\_\_\_  
\_\_\_\_\_

**PROPERTY TO BE REHABILITATED**

ADDRESS: \_\_\_\_\_

**CREDIT CHARACTER**

**Name and Address of Lending Institution of the property to be Rehabilitated:**

FIRST MORTGAGE: \_\_\_\_\_ Initial Amount : \_\_\_\_\_

\_\_\_\_\_ Payment Amount: \_\_\_\_\_

SECOND MORTGAGE: \_\_\_\_\_ Initial Amount : \_\_\_\_\_

\_\_\_\_\_ Payment Amount: \_\_\_\_\_

**Below please list all other properties in which you have an interest:**

1: \_\_\_\_\_

2: \_\_\_\_\_

(List all other on a plain sheet or paper and attach to this document)

**LIST ALL INSTALLMENT DEBTS**

(Including revolving charge accounts and auto loans)

\* Creditor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Balance: \_\_\_\_\_

\* Creditor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Balance: \_\_\_\_\_

\* Creditor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Balance: \_\_\_\_\_

\* Creditor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Balance: \_\_\_\_\_

## CHECKING AND SAVINGS ACCOUNTS

\* Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Balance: \_\_\_\_\_

\* Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Balance: \_\_\_\_\_

\* Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Balance: \_\_\_\_\_

\* Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Balance: \_\_\_\_\_

## STOCKS AND BONDS

Name of Stock: \_\_\_\_\_ Amount of Shares: \_\_\_\_\_

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Name of Stock: \_\_\_\_\_ Amount of Shares: \_\_\_\_\_

Type of Bond: \_\_\_\_\_ Face Value: \_\_\_\_\_

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## CREDIT CHARACTER

A major consideration in the granting of credit by a lending Institution is the financial character of the prospective borrower.

In order to assist us in obtaining a loan or deferred loan for you, we need to know if you have ever had a lien, garnishment of wages, judgment or any other legal proceeding filed against you, which would affect your good financial character.

**YES OR NO** I/We have NEVER had a lien, garnishment or judgment field on me/us.

**YES OR NO** I/We have had a lien, garnishment or judgment field on me/us. *(If the Answer is yes, please attach copies of the legal documents and explanation of what your financial circumstances were at the time.)*

**YES OR NO** I/We have filed for bankruptcy.

## EXTRA ORDINARY EXPENSES

### Hospital Bills

Monthly: \_\_\_\_\_ Annual: \_\_\_\_\_

### Doctor Bills

Monthly: \_\_\_\_\_ Annual: \_\_\_\_\_

### Pharmacy Bills

Monthly: \_\_\_\_\_ Annual: \_\_\_\_\_

Other: \_\_\_\_\_

Monthly: \_\_\_\_\_ Annual: \_\_\_\_\_

Other: \_\_\_\_\_

Monthly: \_\_\_\_\_ Annual: \_\_\_\_\_

Other: \_\_\_\_\_

Monthly: \_\_\_\_\_ Annual: \_\_\_\_\_

