



# Residential Rehabilitation Application

All fields below must be completed to be considered for CDBG Rehabilitation Program funds. Neighborhood Improvement Services will thoroughly review all items listed. This list may not be all inclusive, depending upon the nature of the specific project.

- City of Jacksonville CDBG Rehabilitation Application Form
- Evidence of ownership of the property to be rehabilitated
- Evidence of insurance on the property to be rehabilitated
- Evidence current taxes are paid on the property to be rehabilitated
- Application Fee (\$35 payable to City of Jacksonville). *May be waived for persons 65 years of age or older or disabled individuals.*

## Project Address:

Please list below the repairs needed on your home.

1.

2.

3.

4.

5.

## CDBG Rehabilitation Application Form

## Date:

Please complete all information on this application. Blank spaces will delay the processing of application. If you have any questions in filling out application, contact the City of Jacksonville Neighborhood Improvement Services at 910 938-5286.

## Applicant Information

Applicant's Status:      Married      Never Married      Divorced      Separated      Widower

Applicant's Full Legal Name:	Spouse's Full Legal Name (if applicable):
Applicant's Social Security Number:	Spouse's Social Security Number:
Applicant's Address: (street, city, state, zip)	
Home Phone Number: Work Number: Fax Number:	Home Phone Number: Work Number: Fax Number:
Applicant's Email Address:	Spouse's Email Address:
Applicant's Employer's Name or Source of Income:	Spouse's Employer's Name or Source of Income:
Applicant's Employer's Address: (street, city, state, zip)	Spouse's Employer's Address: (street, city, state, zip)
How long has applicant been with current employer? Full Time      Part-Time	How long has spouse been with current employer? Full Time      Part-Time
Applicant's Average Gross Pay: Weekly   Monthly   Yearly	Spouse's Average Gross Pay: Weekly   Monthly   Yearly
Applicant's Total Income:	Spouse's Total Income:



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## Assets

Please list all assets of income available from any individual in the household.

Savings Account	Account Number:	Balance: \$
Checking Account	Account Number:	Balance: \$
	US Savings Bond:	Cash Value: \$
Retirement Account: (Must be able to access without retiring or terminating work)		\$
Cash available for project:		\$
Life Insurance:		\$
Real Estate:		\$
<b>Total Assets</b>		\$

## Other Sources of Income

Please list all other individuals living in the household and sources of income received by any (must include child support, alimony, social security, SSI, AFDC, retirement, etc.) Attach additional sheets if necessary.

Name of Recipient	Relationship	Age	Social Security Number	Source of Income (Monthly)
1.				
2.				
3.				
4.				
5.				
6.				
<b>Total Amount</b>				\$

## Liabilities

List all outstanding debt such as child support (court ordered or otherwise); auto loans; credit cards; department, furniture, or jewelry stores; personal loans, etc. Attach additional sheets if necessary.

Creditor	Type of Debt	Monthly Payment	Balance Owed
1.			
2.			
3.			
4.			
5.			
6.			
		<b>Total: \$</b>	<b>Total: \$</b>



# Residential Rehabilitation Application

**Please return completed form to:** City of Jacksonville, Neighborhood Improvement Services  
Attn: Tracy Jackson  
PO Box 128  
Jacksonville, NC 28541-0128

**Email:** tjackson@jacksonvillenc.gov • **Phone:** 910 938-5286

*When returning this application to Neighborhood Improvement Services, please submit the following if applicable:*

- Last 60 days pay stubs per employer (2 month history)
- Last two (2) years tax returns and W-2s attached
- Last two (2) bank statements per account (2 month history)
- Valid photo ID for applicant & co-applicant
- Proof of all household income (child support and alimony require 12 month history)
- Copy of recorded separation agreement and/or final divorce decree
- Current profit and loss statement (if self-employed)

## Certification

### Accuracy of Information

I certify that the information I have provided to determine my eligibility for assistance through the City of Jacksonville Neighborhood Improvement Services is true and complete to the best of my knowledge. I understand that if the City discovers new information that indicates that I am not eligible for the program; my participation in the program could be cancelled prior to program assistance approval. For the purpose of verification of information required by this application, I give my consent to the City of Jacksonville Neighborhood Improvement Services, its agents, and contractors to examine my confidential information given herein. I further grant permission, and authorize any bank, employer, credit bureau, or other public or private agency to disclose information deemed necessary to complete this application.

### Program Details

I further certify that the details of the Program have been fully explained to me. I also understand that for the Program, I will receive assistance as a loan, and I understand the situation in which I have to repay the loan I receive. I further understand that the Program is funded by the City of Jacksonville and I must abide by its program rules and requirements.

### Professional Advice

I understand that obtaining a loan can be a complicated process involving a variety of legal and financial issues, and I certify that the City of Jacksonville has advised me to seek the advice of real estate, home inspections, financial and legal professionals.

### Release of Responsibility

Other than ensuring that the house that is rehabilitated through program complies with all the applicable City Minimum Housing & North Carolina Building Codes and is free of any obvious health and safety violations, I understand that the City of Jacksonville, its employees and elected officials accept no other responsibilities through this program.

**Borrower Signature:** \_\_\_\_\_

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

**Co-Borrower Signature:** \_\_\_\_\_

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