



LEAD SAFE AND HOME REHABILITATION PROGRAM APPLICATION

The information requested in this form is to be used by the City in the accounting of your loan and grant, and in the monitoring of program funds. It will not be disclosed outside of our requirements to determine creditworthiness purposes and factuality of income.

Certain information (i.e. marital status, race, sex, etc.) is requested solely for the purpose of determining compliance with federal Civil Rights Law. Your response will not affect consideration of your application. The personal information is used for statistical purposes only.

APPLICATION SHOULD BE SIGNED AND DATED TWICE: PAGE 4 AND 6.

APPLICANT: _____ SSN#: _____ Age: _____

CO-APPLICANT: _____ SSN#: _____ Age: _____

Street: _____ City: _____ Zip: _____

Phone (home): _____ Phone (work): _____ Email Add: _____

MARITAL STATUS: Married Divorced Widowed Single

RACE/ETHNICITY: White Black Cape Verdean
Check all that apply. Portuguese Hispanic Native American
 Asian Pacific Islander Other: _____

Female-headed household? Yes No

Number of people in household? _____ No. of children: _____ Ages: _____

Number of children under 6 yrs. of age visiting regularly (at least 14 times per year) _____

List all Household Members per unit:

Unit #	First Name	Last Name	Age

PROPERTY TO UNDERGO WORK

- Address (if different from above): _____ Year house was built _____
 - Rental property? Yes No Number of units: _____
 - Number of children under six living at property: _____ Ages: _____
- Has any child living at this property had an elevated blood level above 10ug/dL? Yes No

Rental Property:

Unit #	Resident name*	Resident phone

**A Tenant Information Form must be completed for each unit.*

HOUSEHOLD'S EMPLOYMENT Please make copies of this section for each household member's income

1. EMPLOYMENT INFORMATION: Current employment (If self-employed, submit current financial statement)	
<i>Name of company</i>	
<i>Address</i>	
<i>From (mo./yr.)</i>	
<i>To (mo./yr.)</i>	
<i>Weekly income</i>	
<i>Type of employment</i>	

2. PREVIOUS EMPLOYMENT	
<i>Name of company</i>	
<i>Address</i>	
<i>Type of employment</i>	

3. EMPLOYMENT INFORMATION FOR SPOUSE: Current employment	
<i>Name of company</i>	
<i>Address</i>	
<i>From (mo./yr.)</i>	
<i>To (mo./yr.)</i>	
<i>Weekly income</i>	
<i>Type of employment</i>	

4. PREVIOUS EMPLOYMENT FOR SPOUSE	
<i>Name of company</i>	
<i>Address</i>	
<i>Type of employment</i>	

5. OTHER INCOME

List below any other household member over age 18 living in the dwelling and the source of income for the past twelve (12) months.

Name	Gross income	Source

6. BANK ACCOUNT INFORMATION

Type of Account	Balance	Institution
Savings	\$	
Checking	\$	
Other:	\$	

7. DEBTS AND OBLIGATIONS

Please list all debts, obligations and installment accounts, such as home mortgage, car loan, credit cards or other debts to banks, finance companies or private parties.

Home Mortgage (where you currently reside)	
Balance owed	
Monthly payment	
Taxes	
Insurance	
With whom	

Mortgage on proposed property for lead hazard reduction work (if different from above)	
Balance owed	
Monthly payment	
Taxes	
Insurance	
With whom	

- *If you own other properties, please list on a separate sheet of paper the above mortgage information for each.*

CAR LOAN		
Balance owed	Monthly payment	With whom

CREDIT CARDS OR OTHER INSTALLMENT ACCOUNTS	
Please list	Monthly payment

AFFIDAVIT AND CERTIFICATION

The undersigned being duly sworn on oath do(es) hereby depose and say: That to the best of his/her/their knowledge set forth below is his/her/their total GROSS INCOME from all sources as defined in Section 143 of the Internal Revenue Code of 1986.

	APPLICANT	CO-APPLICANT
A. Current WEEKLY/BI-WEEKLY GROSS Salary or Hourly Wages		
B. Current YEARLY GROSS Salary/Hourly Wages For weekly, line A x 52 (weeks) For bi-weekly, line A x 26 (weeks)		
C. Additional Monthly/Periodic Income		
1. Overtime		
2. Bonuses		
3. Dividends		
4. Interest		
5. Pension		
6. Veterans Administration Compensation		
7. Gross rental income		
8. Alimony		
9. Public Assistance		
10. Social Security benefits		
11. Unemployment compensation		

12. Income received from business activities		
13. Other: (list)		
14. Subtotal (add lines 1 to 13)		
15. Subtotal for Addition Monthly/Periodic Income for YEAR		
16. TOTAL YEARLY GROSS INCOME (add lines B and 15)		
D. Rental Income from ALL property owned		
17. \$ _____ X 12 (months) = TOTAL MONTHLY RENT(\$)		
Deductions: Annual deductions taken in proportion to the number of units rented (not allowed for room and board income). No deductions should be taken for owner's unit:		
18. Interest		
19. Insurance		
20. Maintenance/Utilities		
21. Depreciation		
22. TOTAL DEDUCTIONS (add lines 18 to 21)		
23. NET ANNUAL RENT INCOME (subtract line 22 from 17)		
NOTE: Schedule E from borrower's 1040 should be the basis for the rental property information, but should be adjusted to reflect current circumstances, for instance increased rents.		
E. TOTAL GROSS ANNUAL INCOME (add 16 and 23)		

The undersigned also says that he/she/they are current and up-to-date on payment of City Property Tax and Water bill.

APPLICANT'S CERTIFICATION

I/We certify that the statements contained in this Affidavit and Certification are true and correct to the best of my/our knowledge and belief.

I/We understand that if any statement contained in this Affidavit and Certification is not true or correct, I/We may be subject to criminal prosecution or, as applicable, my/our application may be denied or the property acquired with the proceeds of the loan and/or grant may be foreclosed upon.

Applicant's Signature

Date

Co-Applicant

Office Use Only:

- 1. HH with child under the age of 6 with elevated blood level YES_____
- 2. HH with child under the age of 6 living in target area YES_____
- 3. Rental property in target area YES_____
- 4. Property built before 1940 YES_____
- 5. Property with moderate-severe interior or exterior deterioration YES_____

PRIORITY PROPERTY: Yes_____ No_____

Family Size _____ Total Income_____ HUD Income Limit_____

Rental Property:

Tenant 1: Family Size_____ Total Income_____ HUD Income Limit_____

Tenant 2: Family Size_____ Total Income_____ HUD Income Limit_____

Tenant 3: Family Size_____ Total Income_____ HUD Income Limit_____

INCOME ELIGIBLE: YES_____ NO_____ Application Date:_____

DESCRIPTION OF IMPROVEMENTS NEEDED

EMERGENCY REPAIRS & CODE VIOLATIONS

Please describe any emergency repairs needed to correct a severe roof leak, broken heating system or other problems?

IMPORTANT: Applicant please read before signing.

The selection of a contractor, acceptance of material used and work performed is the applicant's responsibility. The City of East Providence does not guarantee the material and workmanship performed. The Contractor will guarantee all material and workmanship for one year. Inspections are performed, however, by the City to ensure work performance and completion.

I/We HEREBY certify that all information in this application is true and accurate to the best of my/our knowledge.

Applicant's Signature

Date

Co-Applicant