

**THE CITY OF BERWYN**  
**SINGLE FAMILY REHAB PROGRAM**  
**LOAN APPLICATION**

Please print clearly:

<b>A. General Information</b>		Application No. _____
Date: _____		
Applicant Name: _____	Age: _____	Sex: _____
Co-Applicant Name: _____	Age: _____	Sex: _____
Address: _____		Berwyn, IL 60402
Home Phone: _____	Cell Phone: _____	
E-mail: _____		
<b>B. Household Information</b>		
Number in household: _____	Number in household age 60 or older: _____	
Female headed household? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Race/Ethnicity: (please check all that apply)		
<input type="checkbox"/> White	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Native American/Alaskan Native	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other Multi Race
In addition to the applicant and co-applicant, who lives in your house?		
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
<b>C. Employment History</b>		
Applicant Name: _____	Employer: _____	
Employment Address: _____		
Job Title: _____	Years Employed: _____	
Co-Applicant Name: _____	Employer: _____	
Employment Address: _____		
Job Title: _____	Years Employed: _____	
<b><i>Other household members who also are employed.</i></b>		
Name: _____	Employer: _____	
Employment Address: _____		
Job Title: _____	Years Employed: _____	
Name: _____	Employer: _____	
Employment Address: _____		
Job Title: _____	Years Employed: _____	
<b>D. Dwelling Information</b>		
<input type="checkbox"/> Single family dwelling <input type="checkbox"/> Two To Four Unit <input type="checkbox"/> Condominium		
Unpaid balance of first mortgage: _____		\$ _____
Name of 1 <sup>st</sup> mortgage lender: _____		
Property Identification number (PIN): _____		
House Built: _____	<input type="checkbox"/> Before 1978	<input type="checkbox"/> After 1978
Is your home currently in foreclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Please note: A title search will be performed on the property. This cost is an eligible loan item. <b>If you have a Reverse mortgage, it may affect your eligibility for this program.</b></i>		
Title to my property is held by: _____		
Is your home in a Land Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Appraised value of home: _____		\$ _____
Please identify areas of your home that need repair. <i>Please note that code violations and health and safety issues are to be addressed before any other work is permitted.</i>		

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<input type="checkbox"/> Roof	<input type="checkbox"/> Windows	<input type="checkbox"/> Water & Sewer	<input type="checkbox"/> ADA Access
<input type="checkbox"/> Tuck-Pointing	<input type="checkbox"/> Doors	<input type="checkbox"/> Gutters, Soffit, Fascia	<input type="checkbox"/>
<input type="checkbox"/> Stairs - Front or Back	<input type="checkbox"/> Storm Doors	<input type="checkbox"/> Ceilings, Interior walls	
<input type="checkbox"/> Property Walkway	<input type="checkbox"/> Electrical	<input type="checkbox"/> Hot water heater	
<input type="checkbox"/> Foundation	<input type="checkbox"/> Plumbing	<input type="checkbox"/> HVAC	

**E. Financial Statement for Household Income Information**

**F. Items to Submit with this Application – as applicable to your household**

- Copies of last three (3) consecutive pay stubs for each job held by any member of the household 18 and over – including unemployment compensation
- Copy of Social Security benefit letter(s) or copy of most recent Social Security check
- Copies of your last two (2) tax returns (1040's) and W2's
- Copies of last three checking and savings bank statements
- Documentation showing other sources of income as listed on your financial statement
- Copy of Declarations Page of homeowners insurance policy
- Proof of current mortgage balance – most recent payment letter from mortgage company
- Copy of Land Trust Agreement if your home is in a Land Trust
- Copy of most recent real estate tax bill from Cook County
- Copy of existing plat of survey (if available)
- Copy of title/deed or title insurance policy from your purchase (if available)
- Signed IRS form 4506 (attached)
- Signed "Financial Statement" (attached)
- Signed Certificate of Eligibility (attached)
- Signed Certification of Marital Status (attached)
- Signed "*Notification: Protect Your Family From Lead In Your Home*" (attached)
- Signed "Third Party Authorization and Agreement to Release" (attached)
- Condominium Association document stating responsibilities of Association (if applicable)
- Copies of state I.D., student I.D., or other type of I.D. when applicable

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT.** U.S.C. TITLE 18, SEC 1001, PROVIDES: WHOMEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS, OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED NOT MORE THAN FIVE (5) YEARS, OR BOTH.

**The City of Berwyn will forward all fraudulent applications to the Cook County State's Attorney's Office for prosecution.**

**WARNING:** Costs associated with this rehab **WILL NOT BE PAID** unless the applicant has been approved by the Community Development Dept. and all procedures have been followed. **DO NOT** enter into any agreements, either verbal or written until approved for participation in this program. All contractors must be registered with the Community Development Dept. and work must pass inspection. If there is a dispute about the finished product of a contractor, the Homeowner may file a complaint with Berwyn and/or avail themselves of the remedies allowed by law.

THE APPLICANT HEREBY CERTIFIES ALL INFORMATION IN THIS APPLICATION, AND ALL INFORMATION FURNISHED IN SUPPORT OF THIS APPLICATION, IS GIVEN FOR

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THE PURPOSE OF OBTAINING A LOAN UNDER THE SINGLE FAMILY REHAB PROGRAM AND IS TRUE AND COMPLETE TO THE BEST OF THE APPLICANT'S KNOWLEDGE. VERIFICATION MAY BE OBTAINED FROM ANY SOURCE NAMED HEREIN. THE APPLICANT HAS RECEIVED A COPY OF THE PROGRAM DOCUMENT AND AGREES TO ABIDE BY THE REQUIREMENTS OF THE PROGRAM IN CONNECTION WITH ANY LOAN THAT MAY BE MADE BY THE COMMUNITY DEVELOPMENT DEPARTMENT OF THE CITY OF BERWYN.

APPLICANT UNDERSTANDS THAT IF HE/SHE QUALIFIES FOR THE PROGRAM, HE/SHE WILL BE REQUIRED TO SIGN A MORTGAGE AND NOTE FOR THE MAXIMUM ASSISTANCE AVAILABLE. THIS MORTGAGE WILL BE RECORDED AS A LIEN AGAINST THE PROPERTY. WHEN THE WORK IS COMPLETED THE MORTGAGE WILL BE MODIFIED TO REFLECT THE EXACT AMOUNT BORROWED.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Conflict of Interest**

CDBG recipients and sub-recipients must comply with procurement requirements found in 24 CFR 570.611 and 24 CFR 85 (state and local governments) and 84.42 (non-profits). As a general rule no employee, officer or agent of the grantee will participate in selection, or in the award or administration of a contract supported by federal funds if a conflict of interest, real or apparent, would be involved. Such a conflict would arise when: the employee, officer or agent; any member of their immediate family; their partner; or an organization which employs, or is about to employ, any of the above, has a financial or other interest in the firm selected for award. The grantee's officers, employees or agents will neither solicit nor accept gratuities, favors or anything of monetary value from contractors, potential contractors, or parties to sub-agreements, during office tenure or for one year after the close out of the grant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**E. Financial Statement**

Applicant: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Co-Applicant: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address: \_\_\_\_\_ Berwyn, IL 60402  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Gross Income:**

**Yearly**

Applicant's Gross Wages	_____
Co-Applicants Gross Wages	_____
Other Occupant's Gross Wages	_____
Other Occupant's Gross Wages	_____
Retirements/ Pensions	_____
Disability	_____
VA Benefits	_____
Unemployment	_____
Social Security Benefits	_____
Social Security Supplemental Income	_____
Gross Income from Real Estate	_____
Dividends	_____
Interest	_____
Aid to Families with Dependent Children	_____
Alimony	_____
Child Support	_____
Other Income Support	_____
Other Income Support (List Type)	_____
Other Income Support (List Type)	_____
<b>Total Yearly Income</b>	_____

**Assets:**

**Amount**

<b>Checking Account</b>	_____
(Bank/Location) _____	
<b>Savings Account</b>	_____
(Bank/Location) _____	

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**Equity in Home** \_\_\_\_\_

**Money Market Account** \_\_\_\_\_

(Bank/Location) \_\_\_\_\_

**IRA, KEOGH** \_\_\_\_\_

(Bank/Location) \_\_\_\_\_

**Stock & Bonds** \_\_\_\_\_

(Bank/Locations) \_\_\_\_\_

**Marketable Securities** \_\_\_\_\_

(Bank/Location) \_\_\_\_\_

**Certificate of Deposit** \_\_\_\_\_

(Bank/Location) \_\_\_\_\_

**Cash Value Insurance Policies** \_\_\_\_\_

**Other Owned Real Estate** \_\_\_\_\_

(Include Address) \_\_\_\_\_

**List Other Assets:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Housing Expenses:**

**Yearly**

**Mortgage Payment** \_\_\_\_\_

\_\_\_\_\_

**Mortgage Balance** \_\_\_\_\_

\_\_\_\_\_

**Homeowner's Insurance** \_\_\_\_\_

\_\_\_\_\_

**Property Taxes** \_\_\_\_\_

\_\_\_\_\_

# THE CITY OF BERWYN

## Single Family Rehab Program Applicant's Certification of Marital Status

In order to fully understand the ownership interests in the property being purchased, and the relationship between the occupants who will, or could potentially, be living in the home, it is necessary for you to provide the following information:

1.  Married (Spouses Name): \_\_\_\_\_)
2.  Unmarried
3.  Civil Union (Other Persons Name): \_\_\_\_\_)
4.  Legally separated (Date of Decree): \_\_\_\_\_)
5.  Divorced
6.  Widowed (Date of Decree): \_\_\_\_\_)  
(Former spouses' name): \_\_\_\_\_)

If you wish to have a marital property agreement, court order or other document considered in connection with your application, you may attach a copy of it with this form.

**By signing below, I hereby certify that the information provided above is accurate.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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## Co- Applicant's Certification of Marital Status

In order to fully understand the ownership interests in the property being purchased, and the relationship between the occupants who will, or could potentially, be living in the home, it is necessary for you to provide the following information:

1.  Married (Spouses Name): \_\_\_\_\_)
2.  Unmarried
3.  Civil Union (Other Persons Name): \_\_\_\_\_)
4.  Legally separated (Date of Decree): \_\_\_\_\_)
5.  Divorced
6.  Widowed (Date of Decree): \_\_\_\_\_)  
(Former spouses' name): \_\_\_\_\_)

If you wish to have a marital property agreement, court order or other document considered in connection with your application, you may attach a copy of it with this form.

**By signing below, I hereby certify that the information provided above is accurate.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

# THE CITY OF BERWYN

## THIRD PARTY AUTHORIZATION AND AGREEMENT TO RELEASE (Autorización tercera y acuerdo de liberación)

Applicant (Solicitante): \_\_\_\_\_ Co-Applicant (Co-Solicitante): \_\_\_\_\_

Address (Dirección de Propiedad): \_\_\_\_\_

### ***English***

I/We, the applicant and co-applicant listed above, hereby authorize the release of all records and pertinent financial information to the City of Berwyn and HUD, or their designated agents (hereafter collectively referred to as the "City"), for the use in determining my/our eligibility for participation in the Single Family Rehab Program. This authorization hereby gives the City the right to request all information that I/we can or could obtain from any persons, company or firm on any matter dealing with my/our finances. I/we agree to have no claim for defamation, violation of privacy, or otherwise against any person, company or firm by reason of any statement of information released by them to the City for purposes of this program. The term of this authorization shall commence on the written below and be in full force and effect for a period of two (2) years.

This authorization entitles release of information including, but not limited to, the following:

- All financial institutions in which I/we have/had business transactions
- Places of employment
- Title Company
- Any other organization having access to pertinent information to release said information to the City of Berwyn Community Development Department and HUD when a written request is supplied along with a copy of this document.

### ***Español***

Yo/nosotros, el solicitante y co-aplicante mencionados, autorizo la liberación de todos los registros y la información financiera pertinente a la ciudad de Berwyn y HUD o sus agentes designados (en adelante designados como la "ciudad"), para el uso en la determinación de mi/nuestra elegibilidad para participación en el programa de rehabilitación de casa individual de familia. Esta autorización presente da a la ciudad el derecho de solicitar toda la información que yo/nosotros puede o podríamos obtener de cualquier persona, empresa o firma en cualquier materia lidiando con mis/nuestras finanzas. / Estamos de acuerdo en que ninguna demanda por difamación, violación de privacidad, u otro tipo contra cualquier persona, empresa o firma por causa de cualquier declaración de información publicado por ellos a la ciudad para los propósitos de este programa. El término de esta autorización se iniciará por escrito abajo y estar en plena vigencia y efecto por un período de dos 2 años. Esta autorización permite la divulgación de información, incluyendo, sin limitarse a, las siguientes:

- todas las instituciones financieras en que yo/nosotros tiene/tuvo transacciones de negocios
- lugares de empleo
- Compañía de Títulos de cualquier otra organización tener acceso a información pertinente para liberar dicha información a la ciudad de Berwyn Departamento de CDBG y HUD cuando se suministra una solicitud por escrito junto con una copia de este documento.

\_\_\_\_\_  
Applicant signature (Firma de Solicitante)

\_\_\_\_\_  
Date (Fecha)

\_\_\_\_\_  
Co-Applicant signature (Firma de Co-Solicitante)

\_\_\_\_\_  
Date (Fecha)

State of Illinois )  
County of Cook )

I, the undersigned, a Notary Public in and for said County of Cook and State of Illinois, DO HEREBY CERTIFY the above named person(s) is/are known to me to be the same person(s) whose name(s) is/are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal this \_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**THE CITY OF BERWYN**

**LEAD NOTIFICATION**

I have received and read a copy of the publication from HUD and EPA,  
#EPA-747-K-99-001 or #EPA-740-F-08-002, entitled

Protect Your Family from Lead in Your Home  
And / or  
Renovate Right

Applicant Signature: \_\_\_\_\_

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

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