ELSMERE CITYWIDE LOAN PROGRAM



APPLICATION FOR HOUSING/BUSINESS REHABILITATION ASSISTANCE

Instructions: Please complete the application in its entirety. Applicants must submit a copy of their credit report, credit score and at least two estimates from licensed contractors at the time of submitting the City Wide Loan Application. If the work is to be completed by the applicant, a cost estimate for supplies and materials must be submitted at the time of the City Wide Loan Application.

PART I - TO BE COMPLETED BY APPLICANT

APPLICANT NAME:					
SPOUSE/CO-OWNER NAME:					
PRESENT ADDRESS:					
PRESENT CITY, STATE AND ZIP					
TELEPHONE:		EMAIL:			
ELL NO. :		WORK PHONE:			
SSN:	SPOUSE/CO-APP. SSN:				
ADDRESS OF REHAB (IF DIFFER	ENT FROM ABOVE):				
OWNER OF REHAB LOCATION	(IF DIFFERENT FROM	1 ABOVE):			
LANDLORD ADDRESS:					
LANDLORD CITY, STATE AND 2	ZIP:				
TELEPHONE:		EMAIL:			
CELL NO. :					
HOUSEHOLD COMPOSITIO	N: (LIST EACH HOUSEH	IOLD MEMBER WHO WILL	LIVE IN T	ГНЕ	
HOUSEHOLD COMPOSITIC DWELLING. CLEARLY IDENTIFY FULL		IOLD MEMBER WHO WILL	LIVE IN T	ГНЕ	
	TIME STUDENTS)	OLD MEMBER WHO WILL I	<u> </u>	THE GENDER	STUDENT?
DWELLING. CLEARLY IDENTIFY FULL	TIME STUDENTS)		<u> </u>		STUDENT?
NUMBER FULL NAME	TIME STUDENTS)		<u> </u>		STUDENT?
NUMBER FULL NAME	TIME STUDENTS)		<u> </u>		STUDENT?
NUMBER FULL NAME	TIME STUDENTS)		<u> </u>		STUDENT?
NUMBER FULL NAME 1	RELATIONS	HIP TO APPLICANT	AGE		STUDENT?
NUMBER FULL NAME 1	RELATIONS		AGE		STUDENT?
NUMBER FULL NAME 1	RELATIONS RELATIONS ADDITIONAL FAMILY N	HIP TO APPLICANT MEMBERS ON SEPARATE P	AGE		STUDENT?
DWELLING. CLEARLY IDENTIFY FULL NUMBER FULL NAME 1 (LIST	RELATIONS RELATIONS ADDITIONAL FAMILY N	HIP TO APPLICANT MEMBERS ON SEPARATE P	AGE AGE)	GENDER	

	(*USE ADJUSTED GRO	OSS INCOME FROM THE	TAX RETURN FOR ALL HO	USEHOLD MEMBERS)			
EXPLAIN	STATUS OF MORT	GAGES. LAND CO	ONTRACTS, ETC.:				
		,					
-							
		(ATTACH PROOF O	F OWNERSHIP/LEASE)				
CERTIEI	CATION BY APPLIC	ANT(C)					
			ation and all information	n furnished			
	The Applicant certifies that all information in this application, and all information furnished in support of this application is true and complete to the best of the applicant's knowledge and						
belief.		, , , , , , , , , , , , , , , , , , ,	TI				
The Applic	cant further certifies that	he or she is the owner	r of the property describe	ed in this			
			used only for the work a				
		•	applicable for the prope				
in this app		,					
PENALTY	FOR FALSE OR FRAU	DULENT STATEMEN'	TS: U.S.C. Title 18, SEC.	1001, provides:			
			epartment or agency of the	•			
	•	•	se, fictitious or fraudulen				
entry, shall	l be fined not more than	\$10,000 or imprisoned	l not more than five year	s, or both."			
SIGNATUI	RE/TITLE		DATE				
6. CONSI	ENT OF OWNER/LA	NDLORD (IF APPL	ICABLE)				
The unders	signed being the owner	or lessor of the subject	property acknowledges	that			
he/she has	reviewed the application	n for the Elsmere City	wide Loan Program and				
consents to	the proposed improve	nents and waives all n	otice required under the				
present lea	se from the City of Elsn	nere, Kentucky. The u	ndersigned further				
agrees to p	ermit a lien securing thi	s Elsmere Citywide Lo	oan to be placed against t	the .			
title to this	real estate.						
CICNIATII	DE/TITI E	<u></u>	DATE				
SIGNATUI	NC/111LE		DATE				
PRINTED	NAME OF LESSOR						

PART II - TO BE COMPLETED BY PROJECT MANAGER

1. APPLICANT TOTAL HOUSEHOLD INCOME:
2. ELDERLY SMALL FAMILY LARGE FAMILY HANDICAPPED
3. NUMBER OF HOUSEHOLD MEMBERS:
4. ANNUAL INCOME VERIFIED ON:
PART III - DESCRIPTION OF WORK