



Community Development Department
115 E. Washington Street
Bloomington, IL 61702

June 2016

Dear Applicant,

Thank you for expressing an interest in the City's Community Development Rehabilitation Loan Program. Before you begin the application, we ask that you please keep a few things in mind.

- **The 2016 application cycle will be open from July 1 – August 31, 2016.** Applications received before or after these dates will not be accepted.
- Applications will be accepted on a first-come, first-served basis.
- Submission of an application does not guarantee you will receive assistance.
- This is not a grant program. All assistance is provided in the form of a loan – not a grant.

If your application is approved, you will be offered one of two types of repayment options:

DEFERRED LOAN: A loan that is "not due" until such time as you are no longer the owner/occupant of the home; with this type of loan, Community Development will place a mortgage on your property in the amount of the rehabilitation work, this will only come due for repayment when you are deceased or sell/rent out the home. At this time the loan amount is due and payable in full with no accumulated interest. This loan is most generally reserved for fixed income households such as the elderly and disabled.

DIRECT PAYBACK: This means the loan payments are due and payable on a monthly basis as in any other traditional loan. The interest rates will either be 0%, 3% or 6%. The percentage rate is determined by your income, debt ratio and your ability to pay.

PLEASE NOTE: If you decide to participate in this loan program, the City of Bloomington may not agree to the subordination of their loan position, in the event of the refinancing of the first mortgage, if any, OR in the event the owner obtains any additional loans which place a burden on the property during the loan term.

If you should have any questions or concerns, please feel free to call me at, 309-434-2244.

Sincerely,

A handwritten signature in black ink, appearing to read "Shannon Ramirez", written over a horizontal line.

Shannon Ramirez
Support Staff IV
Community Development
Enclosure

COMMUNITY DEVELOPMENTS APPLICATION FOR ASSISTANCE

What you need to PROVIDE WHEN YOU TURN IN YOUR APPLICATION:

Transcript Copies (Go <http://www.irs.gov/uac/Tax-Return-Transcripts> or more information) of last 2 years of Federal Income Tax Returns including W-2's.

Photo Copies are no longer accepted.

- _____ Copy of Benefit Statements for other income ie, social security, pension, etc.
- _____ If self-employed, copies of year-to-date profit and loss statement for last 2 years
- _____ Copies of most recent pay stubs for one month
- _____ Copy of divorce decrees and agreements, if applicable
- _____ Copies of checks or other proof of receipt of child support or alimony for past 12 months
- _____ Copies of bank statements for the last three months on all saving and checking accounts
- _____ Copies of most recent brokerage account statement
- _____ Printout / proof that current property taxes have been paid
- _____ Copies of all outstanding debts that would apply to the verification of this application
- _____ Copy of bankruptcy discharge of debtor notice and all related schedules, if applicable

YOU MUST SUPPLY ALL OF THE REQUIRED INFORMATION IN ORDER TO PARTICIPATE IN THE PROGRAM.

PLEASE MAIL OR PRESENT THIS INFORMATION ALONG WITH THE APPLICATION TO:

**SHANNON RAMIREZ
COMMUNITY DEVELOPMENT
OFFICE ADDRESS: 115 E. WASHINGTON
MAILING ADDRESS: P.O. BOX 3157
BLOOMINGTON, IL 61702-3157
(309) 434-2244**

COMMUNITY DEVELOPMENTS APPLICATION FOR ASSISTANCE

The applicant(s) understand that this pre-qualification application is a screening document to insure that potential applicants meet the minimum requirements. This pre-qualification does not guarantee that the applicant has or will qualify for financial assistance.

A. APPLICANT INFORMATION		Date / Time Received: _____
Housing Rehabilitation Program		
Applicant Name: _____ (Last) (First) (Middle Initial)		
(Address, _____ City, State, Zip)		
Social Security Number _____	Home Phone Number _____	Work Phone Number _____
Marital Status ___ Married ___ Separated ___ Unmarried (Includes Single, Divorced, Widowed)		
Number of Dependents: _____		

Current Employer: _____ (Complete Name) _____ (Address, City, State Zip) Date of Employment: _____ (From) (To) If employed in current position less than two (2) years or if currently employed in more than one position, please complete the following: Employer: _____ (Complete Name) _____ (Address, City, State, Zip) Date of Employment: _____ (From) (To)	Gross Income: (Check One) ___ Annual \$ _____ ___ Monthly \$ _____ ___ Weekly \$ _____ ___ Hourly \$ _____ Weekly Hours: _____ Type of Work: _____ _____ ***** Gross Income: (Check One) ___ Annual \$ _____ ___ Monthly \$ _____ ___ Weekly \$ _____ ___ Hourly \$ _____ Weekly Hours: _____ Type of Work: _____ _____	

COMMUNITY DEVELOPMENTS APPLICATION FOR ASSISTANCE

CO-APPLICANT INFORMATION

Applicant Name: _____
(Last) (First) (Middle Initial)

(Address)

(City, State, Zip)

Social Security Number Home Phone Number Work Phone Number

Marital Status ___Married ___Separated ___Unmarried (Includes Single, Divorced, Widowed)

Number of Dependents: _____

<p>Current Employer:</p> <p>_____ (Complete Name)</p> <p>_____ (Address, City, State Zip)</p> <p>Date of Employment: _____ (From) (To)</p> <p>If employed in current position less than two (2) years or if currently employed in more than one position, please complete the following:</p> <p>Employer:</p> <p>_____ (Complete Name)</p> <p>_____ (Address, City, State, Zip)</p> <p>Date of Employment: _____ (From) (To)</p>

<p>Gross Income: (Check One)</p> <p>___ Annual \$ _____</p> <p>___ Monthly \$ _____</p> <p>___ Weekly \$ _____</p> <p>___ Hourly \$ _____</p> <p>Weekly Hours: _____</p> <p>Type of Work: _____</p> <p>_____</p> <p>*****</p> <p>Gross Income: (Check One)</p> <p>___ Annual \$ _____</p> <p>___ Monthly \$ _____</p> <p>___ Weekly \$ _____</p> <p>___ Hourly \$ _____</p> <p>Weekly Hours: _____</p> <p>Type of Work: _____</p> <p>_____</p>
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COMMUNITY DEVELOPMENTS APPLICATION FOR ASSISTANCE

APPLICANT PLEASE FILL OUT

DECLARATIONS:

- 1) Have you declared bankruptcy in the past 7 years? Yes No
- 2) Are there any outstanding judgments against you? Yes No
- 3) Are you presently delinquent or in default on any Federal Debt? Yes No
- 4) Are you a co-maker or endorser on a note? Yes No
- 5) Have you ever been obligated on a home loan /home improvement loan which resulted in foreclosure, deed in lieu of foreclosure or judgment? Yes No
- 6) Are you a party to a lawsuit? Yes No
- 7) Are you obligated to pay alimony, child support or separate maintenance? Yes No
- 8) Are you a permanent resident alien? Yes No
- 9) Are you a U.S. Citizen? Yes No
- 10) Do you intend to occupy the property as you primary residence? Yes No

CO-APPLICANT PLEASE FILL OUT

DECLARATIONS:

- 1) Have you declared bankruptcy in the past 7 years? Yes No
- 2) Are there any outstanding judgments against you? Yes No
- 3) Are you presently delinquent or in default on any Federal Debt? Yes No
- 4) Are you a co-maker or endorser on a note? Yes No
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- 6) Are you a party to a lawsuit? Yes No
- 7) Are you obligated to pay alimony, child support or separate maintenance? Yes No
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- 9) Are you a U.S. Citizen? Yes No
- 10) Do you intend to occupy the property as you primary residence? Yes No

COMMUNITY DEVELOPMENTS APPLICATION FOR ASSISTANCE

HOUSEHOLD INFORMATION (Complete for each person who is living in the household other than the applicant(s))					
Name:	Relationship:	Age:	Sex:	Employment Status:	Social Security #:

HOUSEHOLD INCOME: Income received in the last twelve (12) months			
	Applicant	Co-Applicant	Other Adults (Anyone 18 years or older.)
Total Earnings			
Over Time			
Commission			
Bonuses			
Social Security			
AFDC			
Child Support/ Alimony			
Rental Income			
Pension			
Interest / Dividends			
Other			
TOTAL INCOME			
FUTURE INCOME			

COMMUNITY DEVELOPMENTS APPLICATION FOR ASSISTANCE

SIGNATURES

The applicant(s) understands that this application is a screening document to insure that applicants meet the minimum requirements. This pre-qualification does not guarantee that the applicant has or will qualify for financial assistance.

Applicants Signature

Date

Co-Applicants Signature

Date

IMPORTANT - READ BEFORE SIGNING:

I/We certify that the above statements are true, accurate, and complete to the best of my/our knowledge and belief. I/We hereby authorize the City of Bloomington to verify the information contained in the above statements from any source whatsoever and hereby authorize and direct the release of such information. I/We hereby authorize photocopies of this form to be valid as the original.

Applicants Signature

Date

Co-Applicants Signature

Date

PENALTY FOR FALSE OR FRAUDULENT STATEMENTS: U.S.C. Title 18, Sec. 1001, provides: Whoever 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 documents 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 5 years or both.

EQUAL CREDIT OPPORTUNITY ACT

You are hereby provided the following "Equal Credit Opportunity Act": notice as prescribed under Section 202.4(d):
"The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex marital status, age (provided that the applicant has the capacity to enter into a binding contract;; because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the Federal Home Loan Bank Board, 111 E. Wacker Drive, Chicago, Illinois."

Applicant's Signature

Date

Co-Applicant's Signature

Date

COMMUNITY DEVELOPMENTS APPLICATION FOR ASSISTANCE

Please list the major repairs which you feel need to be done to your home.

DEMOGRAPHIC INFORMATION

1. The following questions are for statistical purposes only and have no bearing on the awarding of any financial assistance. Please place an "X" on the line which applies to your household:

White (non-Hispanic) _____
Black (non-Hispanic) _____
Hispanic _____
Asian or Pacific Islander _____
American Indian _____
Other _____

2. Please place an "X" on the line which applies to your household:

Single _____ Disabled _____
Single Parent w/Children _____ 2 Parents w/ Children _____
Married _____
Elderly _____

3. Sex of Head of Household: (M) _____ (F) _____

U.S.C. TITLE 18, SECTION 1001 PROVIDES: "Whoever 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 statement of entry, shall be fined not more than \$10,000, or imprisoned not more than five years, or both. In addition, any fraudulent, fictitious or false statement on this application will result in the calling in of any note, deferred grant or other financial help in full."

Signature _____ Signature _____

Date: _____/_____/_____

COMMUNITY DEVELOPMENTS APPLICATION FOR ASSISTANCE

SELF-HELP RESTRICTION

I further understand that if I choose to work (self-help) or act as a subcontractor or as a general contractor on the renovation of my property that this option is only available with permission of the Program Managers of Community Development.

As borrower/contractor for a rehabilitation loan from the City of Bloomington, Community Development, I acknowledge and accept the following restrictions:

_____ I/We freely and willingly **CHOOSE** to perform work (self-help) or act as a subcontractor or as a general contractor on the renovation of my property.

_____ I/We **DO NOT CHOOSE** to perform work (self-Help) or act as a subcontractor as a general contractor on the renovation of my property.

1. The rehabilitation loan amount will not include funds to pay the borrower or family members, whether they act as laborers, subcontractors, or general contractors for any labor they complete with regard to their rehabilitation loan.
2. Disbursements from the rehabilitation escrow account may be made only for per-approved specified materials and equipment, and will be made only AFTER proper installation and approval by Building Safety Division and/or Community Development Division.
3. No compensation allowance will be made to the borrower for loan proceeds for his/her performance of the function of subcontractor or general contractor.
4. Rehabilitation loan funds can be utilized for subcontractor (non-family, independent). A written contract between the borrower and each subcontractor is required and shall be reviewed and approved by the City of Bloomington prior to loan approval. During the progress of the work of each subcontractor, a percentage of payment will be retained. However, upon satisfactory completion of an individual subcontract, the entire amount due may be released.
5. The borrower/contractor will complete his/her portion of rehabilitation within a reasonable time schedule as outlined in the proceeding order and agreement.
6. The borrower/contractor agrees to allow the City of Bloomington to prepare bid specifications, obtain cost estimate, increase the rehabilitation loan amount accordingly and complete rehabilitation with other contractors in the event that borrower/contractor is unable to or unwilling to accomplish the rehabilitation as specified.
7. This restriction applies equally to the borrower who is either a nonprofessional subcontractor, nonprofessional general contractor, a recognized subcontractor or recognized general contractor for the types and level of proposed construction.

Applicants Signature

Co-Applicant Signature

COMMUNITY DEVELOPMENTS APPLICATION FOR ASSISTANCE

AUTHORIZATION TO RELEASE INFORMATION

Program Administrator (Sponsor) Name: COMMUNITY DEVELOPMENT DIVISION
PLANNING AND CODE ENFORCEMENT DEPT.
CITY OF BLOOMINGTON

Program Administrator (Sponsor) Address:

Office Located at: 115 E. Washington Street, Bloomington, IL 61701
Mailing Address: P.O. Box 3157, Bloomington, IL 61702

I hereby authorize the above Sponsor to verify my bank accounts, employment records, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make other inquiries pertaining to my qualification for financial assistance from City of Bloomington, Community Development Division. The Sponsor may make copies of this letter for distribution to any party with which I have a financial or credit relationship and such party may rely on such copy as if the same were an original.

Applicant Signature

Date

Applicant Name (Print)

Co-Applicant Signature

Date

Co-Applicant Name (Print)

COMMUNITY DEVELOPMENTS APPLICATION FOR ASSISTANCE



**CITY OF BLOOMINGTON, COMMUNITY DEVELOPMENT DIVISION
HUD INCOME GUIDELINES FOR FY 2016-17/ PROJECT YEAR 42
Effective 3-28-16**

(Median Income = \$89,300 - Based on a Household of 4)

Household Size	<30% AMI Ext. Low	31-50% AMI Low	51-81% AMI Moderate
1	\$0 - \$18,450	\$18,451 - \$30,700	\$30,701 - \$46,000
2	\$0 - \$21,050	\$21,051 - \$35,100	\$35,101 - \$52,600
3	\$0 - \$23,700	\$23,701 - \$39,500	\$39,501 - \$59,150
4	\$0 - \$26,300	\$26,301 - \$43,850	\$43,851 - \$65,700
5	\$0 - \$28,450	\$28,451 - \$47,400	\$47,401 - \$71,000
6	\$0 - \$32,580	\$32,581 - \$50,900	\$50,901 - \$76,250
7	\$0 - \$36,730	\$36,731 - \$54,400	\$54,401 - \$81,500
8	\$0 - \$40,890	\$40,891 - \$57,900	\$57,901 - \$86,750

COMMUNITY DEVELOPMENTS APPLICATION FOR ASSISTANCE

HOMEOWNER EXPECTATIONS WHAT TO EXPECT (AND NOT EXPECT) FROM THE THIS PROGRAM

THINGS PROPERTY OWNERS DO IN THE PROGRAM

This program will provide you with assistance during the housing rehabilitation process, but as property owner, you are responsible for making choices and for conducting the work listed below:

1. You should help the Program Administrator inspect the house and point out problems.
2. In most cases you, not the Program Administrator chooses which contractors will work on your house.
3. You need to allow access to your property for viewing by the Program Administrator and by contractors for bidding purposes.
4. You must sign the Rehabilitation Contracts with the contractor.
5. You will be responsible for providing access to your property for the contractor to perform the requirements of the Rehabilitation Contract during normal business hours.
6. You will approve payments to the contractor(s).
7. You will inspect and approve the work performed by their contractors.
8. You will work with contractors to settle disagreements during the job.
9. You will contact the contractor to ask them to correct problems covered by the contractor warranty during the warranty period following completion of the work.
10. You will be required to sign legal documents related to the financial assistance you receive.

THINGS PROPERTY OWNERS SHOULD THINK ABOUT BEFORE TAKING ON A REHABILITATION PROJECT

1. Rehabilitation work has its limitations - it is not new construction.
2. Not all work that you may wish to be done can be accomplished by this Program.
3. Repairs will correct most problems, but probably not all of them.
4. Don't expect your property to be completely new when work is done.
5. Don't expect all floors, walls, ceilings, doors, windows, and so on in older houses to be completely smooth, plumb, level and square when work is done.
6. It can be stressful living in a house while a contractor is performing work. Furniture may be rearranged or stacked with a great deal of disorder. It can also be very messy, noisy, and dusty.

COMMUNITY DEVELOPMENTS APPLICATION FOR ASSISTANCE

7. You are responsible for securing all belongings, for example, pictures on the walls, items in the cabinets, nick-knacks on shelves and clothes in the closets when the area is being affected by the work.
8. Very few times in life is anyone completely satisfied with things they buy or have repaired. Buying a house or having one repaired is no different.
9. Houses always need maintenance. It is a good idea for you to save a little each month for future repairs and maintenance.
10. The Program Administrator is not necessarily a contractor; the contractor does not work for the state, and the Program Administrator does not guarantee that the owner will be satisfied with the work done by their contractor

I have read the above statement and understand the implications of participating in the housing rehabilitation program.

Owner

Date

COMMUNITY DEVELOPMENTS APPLICATION FOR ASSISTANCE

PRIVACY NOTICE

CITY OF BLOOMINGTON, an Illinois unit of local government ("Recipient") would like to advise you of its privacy policies. Recipient has collected non-public personal information from your application and consumer reporting agencies. This non-public personal information includes your address and other contact information, demographic background, loan status, family income, social security number, employment information, collection and repayment history, and credit history.

We disclose non-public personal information to third parties: only as necessary to process and service your loan; only as necessary to effect, administer or enforce your loan; with your consent or as permitted or provided by applicable laws, including the Illinois Freedom of information Act ("FOIA") and the Privacy Act of 1974. Applicable laws permit disclosure to third parties for certain purposes. Examples of such disclosures include (i) disclosure in connection with enforcement purposes or litigation, audits or other investigations; (ii) to comply with proper requests under FOIA or other federal, state, or other local laws and regulations; and (iii) to federal and state agencies to the extent specifically permitted or required by law. We do not sell or otherwise make available any information about you to any third parties for marketing purposes.

We protect the security and confidentiality of non-public personal information by limiting and monitoring all physical access to sites where non-public personal information is kept. A complete copy of our written privacy policy is available upon request. If we decide to change our privacy policy, we will provide you with a revised privacy policy containing such changes.

If you have any questions, please get in touch with:

Shannon Ramirez
Community Development Division
309-434-2244 or sramirez@cityblm.org