





## OWNER-OCCUPIED REHABILITATION APPLICATION

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This program is made possible by the United States Department of Housing and Urban Development's HOME Program, which provides low interest loans to qualified households in order to bring a home up to international building codes. This program allows residents, who may not qualify for a traditional home equity loan, to make important improvements to their home. Loan amounts consist of the following \$25,000 (no lead) limit, \$30,000 (lead detected). Additionally, up to \$36,000 is the loan limit for extreme low income sections of the city.

### Eligibility Requirements

- The applicant must own the structure outright or be making mortgage payments to become a homeowner.
- The applicant must be the full-time occupant of the house.
- The dwelling must be in the corporate limits of Wood County.
- The property must be feasible for rehabilitation as determined by the Code Enforcement Officer and or the Development Projects Administrator.
- The household's annual income must be less than 80% of the area's Median Family Income (MFI). Because these income levels are adjusted each year by the Department of Housing and Urban Development (HUD) and the U.S. Census Bureau



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## Household Information

Beginning with yourself, list every person living in your household and the information requested.

First and Last Name	Social Security #	Gross Monthly Income	Source of Income
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Gross income is the total income BEFORE taxes or other items are deducted. Sources of income may include: Employment, Retirement, social Security, SSI, SSD, VA Benefits, Unemployment Income, Annuities/Pension, Alimony, Child Support, TANF, Regular contributions from family, Rental Income, or other regular payments.

The following information is necessary for Federal Reporting and to ensure guidelines are being met:

1. Do you live in a Female-Headed Household?     Yes     No
2. Has the homeowner been deemed disabled?     Yes     No
3. Is the homeowner over the age of 65?     Yes     No
4. Please check one ethnic background:     Hispanic     Not Hispanic
5. Please check the most appropriate race group:
  - White
  - Black/African American
  - Native Hawaiian/Other Pacific Islander

- American Indian/Alaskan Native & White
- Black/African American & White
- American Indian/Alaskan Native & Black/African American
- Asian
- American Indian/Alaskan Native
- Asian & White
- Other Multi-Racial

6. Where you reside, do you:

- Own     Rent     Other

7. To the best of your knowledge, was your home built before or after 1978?

- Before     After

Please circle the income range that represents your family's projected TOTAL yearly income based on your family size. For example, if you have three (3) members in your family, find the row on the left under "Family Size" and circle the income range that contains your total family income. The Owner-Occupied Rehabilitation Program must only accept applications from homeowners at or below 80% of the Area Median Income (AMI) limits.

Family Size	Total Family Income		
	30%	60%	80%
1	\$0 – \$11,250	\$11,251 – \$22,500	\$22,501 – \$30,000
2	\$0 – \$12,850	\$12,851 – \$25,680	\$25,921 – \$34,250
3	\$0 – \$14,450	\$14,451 – \$28,920	\$28,921 – \$38,550
4	\$0 – \$16,050	\$16,051 – \$32,100	\$32,101 – \$42,800
5	\$0 – \$17,350	\$17,351 – \$34,680	\$34,681 – \$46,250
6	\$0 – \$18,650	\$18,651 – \$37,260	\$37,261 – \$49,650
7	\$0 – \$19,950	\$19,951 – \$39,840	\$39,841 – \$53,100
8	\$0 – \$21,200	\$21,201 – \$42,420	\$42,421 – \$56,500

Income guidelines subject to change annually per U.S. Department of Housing and Urban Development. Last Updated: 6/1/2018.

**CERTIFICATION:**

I hereby certify that I own and occupy the home described above as my primary residence, that the above information is complete and true to the best of my knowledge,

and I give the City of Parkersburg permission to verify the contents of this application and to facilitate the repairs of my home.

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Applicant Signature

Date

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Co-Applicant Signature

Date

Information needed for income verification (If Applicable)

- Prior year Income Tax return and W-2's
- 2 months of paycheck stubs
- Social Security Statement (Disability, SS)
- Unemployment Compensation
- TANF Payment
- Other Sources of Income (Alimony, Child Support, Pension, etc.)
- 6 months of Checking Account Statements
- 1 month Savings Account Statement



Annual Income				
Source	Applicant	Coapplicant	Other Household Member 18 or Over	Total
Salary	\$	\$	\$	\$
Bonuses	\$	\$	\$	\$
Interest and/or Dividends	\$	\$	\$	\$
Net Income from Business	\$	\$	\$	\$
Net Rental income	\$	\$	\$	\$
Social Security, Pensions, Retirement, Disability, etc.	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Workers' Compensation, etc.	\$	\$	\$	\$
Alimony, Child Support	\$	\$	\$	\$
Welfare Payments	\$	\$	\$	\$
Other	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$	\$
Assets				
Type	Cash Value	Annual Income from Assets	Bank Name	Account Number
Checking Account(s)	\$	\$		
Savings Account(s)	\$	\$		
Credit Union Account(s)	\$	\$		
Stocks	\$	\$		
Life Insurance	\$	\$		
Other	\$	\$		
Home:				
Estimated Value	\$	\$	\$	\$
Mortgage Value	\$	\$	\$	\$

Liabilities				
List outstanding obligations (your debts), including auto loans, credit cards, charge accounts, union loans, real estate loans (except your home), and all other loans.				
Type	Creditor's Name	Monthly Payment	Unpaid Balance	Due Date
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
Monthly Alimony \$ _____ Monthly Child Support \$ _____ Monthly Child Care \$ _____				
If a "Yes" answer is given to any questions below, please explain on an attached sheet.				
1. Do you have any outstanding unpaid judgements? _____ Yes _____ No Amt. \$ _____				
2. Have you ever declared bankruptcy? _____ Yes _____ No				
3. Are you a party in a law suit? _____ Yes _____ No				
Monthly Housing Expense				
Item	Monthly Payment	Unpaid Principal Balance	Utilities	Monthly Payment (Avg.)
a. First Mortgage (P&I)	\$	\$	a. Gas	\$
b. Other Financing Secured by Property	\$	\$	b. Water/Sewer	\$
c. Property Insurance	\$	\$	c. Electric	\$
d. Real Property Taxes	\$	\$	d. Phone	\$
e. Fire Fees	\$	\$	e. Other	\$
f. TOTAL	\$	\$	f. TOTAL	\$
Household Composition				
List the head of your household and all members who live in your home. Give the relationship of each family member to the head of the household.				
Full Name	Relationship	Age	Social Security No.	
1.				
2.				
3.				
4.				
5.				
6.				



Does anyone live with you now who is not listed in the above table?     Yes     No

Does anyone plan to live with you in the future who is not listed above?     Yes     No

I (we) certify that the statements made by me (us) in this application are true, complete, and correct to the best of my (our) knowledge and belief and are made in good faith to obtain a loan.

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**Signature of Applicant**

**Date**

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**Signature of Coapplicant**

**Date**

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**PENALTY FOR FALSE OR FRAUDULENT STATEMENT:** I understand that under U.S.C. Title 18, Section 1001, any untruthful or deliberately misleading statements made by me on this application or my use of any untruthful or misleading statement on a document supporting this application, can result in prosecution under Federal law, and that I can be fined not more than \$10,000.00 and/or imprisoned for not more than five (5) years if found guilty.