



NEIGHBORHOOD HOUSING SERVICES OF GREATER CLEVELAND, INC.

5700 Broadway Avenue, Cleveland, Ohio 44127 ■ 216.458.HOME (4663) ■ FAX 216.458.4672 ■ www.nhscleveland.org ■ info@nhscleveland.org

NHSGC HOME REPAIR LOAN PROGRAM

Loan Information

Interest Rate: 6.5%

Minimum Loan Amount: \$1,000

Maximum Loan Amount:

Maximum Term: 30 years

Target Area: Cuyahoga County

Income Level: None

Security: Mortgage

Special Notes:

- 1-4 units must be owner-occupied
- Loan can be used for most repair and remodeling requests
- Property taxes and house insurance must be current
- New homeowners must be in the home for 1 year to apply unless they have a credit score of 660 or higher
- Chapter 7 Bankruptcy must be discharged for 1 year
- Chapter 13 Bankruptcy must be in plan for 6 months and receive approval from the Bankruptcy Court

NHS of Greater Cleveland

Neighborhood Housing Services of Greater Cleveland, Inc.

5700 Broadway Avenue, Cleveland, OH 44127

Phone: 216-458-HOME (4663) Fax: 216-458-4672

Dear Homeowner:

Thank you for your interest in our home rehabilitation loan. In order to continue processing your loan request, the following information should be forwarded to NHS of Greater Cleveland, Inc. as soon as possible.

- Most recent pay stubs covering a full thirty-day period
- Social Security and/or pension award letter (if applicable)
- The last two years of tax returns with all schedules
- The last two years of W2 forms
- 1099 Interest statements (for self employed applicants)
- Last month of bank or credit union statements for all accounts
- Proof of rental income i.e. rental receipts or Schedule E of 1040 Tax Return (if applicable)
- Proof of house insurance (declarations page of insurance policy)
- Credit explanation letter for all derogatory credit (if applicable)
- Copy of citation from the City for code violations (if applicable)
- Divorce Decree (if applicable)
- Copies of bankruptcy discharge papers and list of paid creditors (if applicable)

Please sign and return the enclosed pre-qualification application along with the requested documentation as soon as possible. Upon receipt of your pre-qualification application and all required documents, our Rehab Specialist will schedule a walk-thru of the repairs you would like to have done and our Loan Officer will schedule an appointment for you to review and sign your loan application and review your credit report.

PLEASE NOTE – If you have owned your home for less than 1 year you must have a credit score of 660 or higher in order for your application to be reviewed. If not, you must wait until 1 year after purchase to apply.

Should you have any questions or concerns, please feel free to contact our office at 216-458-4663.

Sincerely,

NHS of Greater Cleveland
Home Rehabilitation Loan Program

Date Sent to Applicant

Date received to NHSGC

Revised 1/23/2006



Re-habilitation Loan Program Pre-Application Form

Do you currently have a loan with Neighborhood Housing Services? Circle one: Yes No

Applicant Name _____ Social Security # _____ D.O.B. _____
 Co- Applicant Name _____ Social Security # _____ D.O.B. _____
 Property Address _____ City _____ State _____
 Zip Code _____ Home Phone _____ Ward _____ 1 or 2 Family Home?: _____
of people in Household: _____ **# of children under the age of 6:** _____
Name of Children under age of 6: Child 1: _____ **Date of Birth** _____
 _____ **Child 2:** _____ **Date of Birth** _____
Last year of school completed: Applicant _____ **Co-Applicant** _____
Marital Status: Circle One: Married, Unmarried, Separated

Applicant Employer _____ Phone _____
 Address _____ Zip _____
 Occupation _____ Supervisor _____
 How Long _____ Monthly Gross _____
 Pay Schedule: (Check One) Weekly _____ Bi-Weekly _____ Twice a month _____ Once a month _____
 If less than two years, previous employer _____ Phone _____

Co- Applicant Employer _____ Phone _____
 Address _____ Zip _____
 Occupation _____ Supervisor _____
 How Long _____ Monthly Gross _____
 Pay Schedule: (Check One) Weekly _____ Bi-Weekly _____ Twice a month _____ Once a month _____
 If less than two years, previous employer _____ Phone _____

OTHER SOURCE OF INCOME

	<u>Applicant</u>	<u>Co-Applicant</u>
Social Security	\$ _____	\$ _____
V.A. Benefits	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____
Stocks/Bonds	\$ _____	\$ _____
IRA/CD	\$ _____	\$ _____
Other (please specify)	\$ _____	\$ _____

SAVINGS/CHECKING ACCOUNT INFORMATION

(if you do not have a bank/credit union account please state that you do not have one)

Name of Bank	Address	Type of Account	Account #	Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CREDITORS ACCOUNT INFORMATION

Please do not include utility payments

Name of Account	Account Number	Original Amount	Present Balance	Monthly Payment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER DEBTS:

Are you aware of any past or current credit problems that may show up on a credit report (slow pays garnishment, bankrupt, etc)

PROPERTY INFORMATION

Title of property in name of _____

Purchase Price: _____ Date of Purchase _____

Lender/Mortgagor _____ Address: _____

Balance of Mortgage _____ Account # _____

Type of Purchase VA___ CONVENTIONAL___ FHA___ Other___

Permanent Parcel Number _____

INSURANCE INFORMATION

Insurance Company _____ Policy Number _____

Address: _____

Amount _____ Type of Coverage _____

Premium (monthly, quarterly) _____

Expiration Date _____

Fire & Extended Coverage ___ Yes ___ No

Agent _____

Phone Number _____

**RACE – Please check 1 box in each section
(Check one)**

Applicant

- I do not wish to disclose this information
- White
- Black – African American
- Asian
- American Indian – Alaskan Native
- Native Hawaiian – Other Pacific Islander

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

Do you consider yourself to be: (check one)

- I do not wish to disclose this information
- Hispanic or Latino
- Not Hispanic or Latino

Co-Applicant

- I do not wish to disclose this information
- White
- Black – African American
- Asian
- American Indian – Alaskan Native
- Native Hawaiian – Other Pacific Islander

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

Do you consider yourself to be: (check one)

- I do not wish to disclose this information
- Hispanic or Latino
- Not Hispanic or Latino

Applicant Gender

- Male
- Female

Co-Applicant Gender

- Male
- Female

What types of repairs would you like to have done? _____

Please answer the following questions, if a "YES" answer is given to any of these questions, please explain in the space below.

- Have you any outstanding civil judgments against you?
- In the last 10 years, have you declared bankruptcy?
- Have you had property foreclosed upon or given title or deed lieu thereof?
- Are you a co-maker or endorser on a note?
- Are you a U.S. citizen?

Applicant	Co-Applicant

IMPORTANT – PLEASE READ BEFORE SIGNING

I (We), represent that all of the information contained in this pre-application for credit is true, complete and correct. I (We) have listed all my (our) debts on this form and understand that **Neighborhood Housing Services of Greater Cleveland, Inc.** will rely on the truth of the foregoing statements in granting a loan to me and or (we) the applicant(s). In connection with this pre-application form for credit, I (We) the applicant(s) hereby authorize all consumer-reporting agencies to furnish **Neighborhood Housing Services of Greater Cleveland, Inc.** with reports and/or investigative consumer reports on myself and/or (us) the applicant(s).

APPLICANT _____ Date _____

CO-APPLICANT _____ Date _____

I Was Referred By: _____

2004 INCOME VERIFICATION FORM

ALL INFORMATION IS KEPT CONFIDENTIAL

CLIENT NAME _____

ADDRESS _____

Each participant in this program is required by the Department of Housing and Urban Development and the City of Cleveland, Department of Community Development to provide their income level to establish eligibility to participate in this federally funded program and for data collection purposes only, to verify race/ethnicity

From the income levels listed below, please circle the number of persons in your household and the income level that matches your household size and race/ethnicity. Sign your name to verify that the information you supplied to the Agency is true.

Number of Persons In Household (Circle one)	Very Low Income (0 to 30% of MFI)	Low Income (31 to 50% of MFI)	Moderate Income (51 to 80% of MFI)
1	12,600 or less	12,601-21,000	21,001-33,600
2	14,400 or less	14,401-24,000	24,001-38,400
3	16,200 or less	16,201-27,000	27,001-43,200
4	18,000 or less	18,001-30,000	30,001-48,000
5	19,450 or less	19,451-32,400	32,401-51,850
6	20,900 or less	20,901-34,800	34,801-55,700
7	22,300 or less	22,301-37,200	37,201-59,500
8+	23,750 or less	23,751-39,600	39,601-63,350

RACE & ETHNICITY (Check one)			
White/Hispanic or Latino	Asian & White/Hispanic or Latino	Black-African American & White/Hispanic or Latino	
Black-African American/Hispanic or Latino	African Indian-Alaskan Native & White/Hispanic or Latino	Native Hawaiian-Other Pacific Islander/Hispanic or Latino	
Asian/Hispanic or Latino	Asian & White/Hispanic or Latino	Other Multi-Racial/Hispanic or Latino	
American Indian-Alaskan Native & Black/Hispanic or Latino			

Client Signature _____

Date _____

TO BE COMPLETED BY AGENCY

Census Tract Number _____