

# CITY OF JACKSONVILLE

Development Services  
*Community Development Division*



## Residential Rehabilitation Application

To apply for funds, complete the attached application and submit to:

Development Services Department  
**Community Development Division**  
Attn: Tracy Jackson, CD Specialist  
P.O. Box 128  
Jacksonville, NC 28541-0128  
(910) 938-5286

### SUBMISSION CHECKLIST

Project Address: \_\_\_\_\_

The list below represents the items which must be included in an application for CDBG Rehabilitation Program funds. The CD Specialist shall thoroughly review all items listed. This list may not be all inclusive, depending upon the nature of the specific project.

- City of Jacksonville CDBG Rehabilitation Application Form
- Evidence of ownership of the property to be rehabilitated
- Evidence of insurance on the property to be rehabilitated
- Evidence the current taxes are paid on the property to be rehabilitated
- Application Fee (\$25.00 payable to City of Jacksonville) maybe waived for persons 65 years of age or older or disabled individuals.

**Please list below the repairs needed on your home:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



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Date:

## CDBG REHABILITATION APPLICATION FORM

PLEASE NOTE: Complete **ALL** information on this application. Blank spaces will delay the processing of your application. If you have any questions in filling out this application, contact the City of Jacksonville at (910) 938-5286.

### APPLICANT INFORMATION:

Applicant's Status

Married  Never Married  Divorced  Separated  Widower

Applicant's Full Legal Name:

Spouse's Full Legal Name (if applicable):

Applicant's Social Security No.:

Spouse's Social Security No.:

Applicant's Address (Street, City, State, Zip):

Telephone

Home:

Work:

Fax:

Telephone

Home:

Work:

Fax:

E-mail:

E-mail:

Applicant's Employer's Name or Source of Income:

Spouse's Employer's Name or Source of Income:

Address:

Address:

City/State/Zip Code

City/State/Zip Code

Avg. Gross Pay:  Weekly  Monthly  Yearly

Avg. Gross Pay:  Weekly  Monthly  Yearly

How Long? \_\_\_\_\_  Full Time  Part-time

How Long? \_\_\_\_\_  Full Time  Part-time

Total income: \$

Total income: \$

**Assets:** Please list all assets of income available from any individual in the household.

Savings Account:

Account Number:

Balance: \$

Checking Account:

Account Number:

Balance: \$

U.S Savings Bond:

Cash Value: \$



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Retirement Account (401K etc. Must be able to access without retiring or terminating work)	\$
Cash Available for Project	\$
Life Insurance	\$
Real Estate	\$
Total Assets	\$

## Other Sources of Income

Please list all other individuals living in the household and sources of income received by any (you **MUST INCLUDE** child support, alimony, social security, SSI, AFDC, retirement, etc. if you receive.) Attach additional sheets if necessary.

Name of Recipient	Relationship	Age	Social Security Number	Source of Income (Monthly)
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
<b>Total Amount</b>				<b>\$</b>

## Liabilities

List all outstanding debt such as **CHILD SUPPORT (COURT ORDERED OR OTHERWISE), AUTO LOANS, CREDIT CARDS, DEPARTMENT/FURNITURE/JEWELRY STORES, PERSONAL LOANS, ETC.** Attach additional sheets if necessary.

Creditor	Type of Debt	Monthly Payment	Balanced Owed
1.			
2.			
3.			
4.			
5.			
		<b>Total: \$</b>	<b>Total: \$</b>

When returning this application into the Community Development Division, please submit the following if applicable:

- Last 60 days pay stubs per employer (2 month history)
- Last two (2) years tax returns and W-2s attached
- Last two (2) bank statements per account (2 month history)
- Valid photo ID for applicant & co-applicant
- Proof of ALL HOUSEHOLD INCOME (Child Support and Alimony require 12 month history)
- Copy of recorded separation agreement and/or final divorce decree
- Current profit and loss statement (if self-employed)



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## Certification

### **Accuracy of Information**

I certify that the information I have provided to determine my eligibility for assistance through the City of Jacksonville's Community Development Division Program is true and complete to the best of my knowledge. I understand that if the City discovers new information that indicates that I am not eligible for the program; my participation in the program could be cancelled prior to program assistance approval. For the purpose of verification of information required by this application, I give my consent to the City of Jacksonville's Community Development Division its agents and contractors to examine my confidential information given herein. I further grant permission, and authorize any bank, employer, credit bureau, or other public or private agency to disclose information deemed necessary to complete this application.

### **Program Details**

I further certify that the details of the Program have been fully explained to me. I also understand that for the Program, I will receive assistance as a loan, and I understand the situation in which I have to repay the loan I receive. I further understand that the Program is funded by the City of Jacksonville and I must abide by its program rules and requirements.

### **Professional Advice**

I understand that obtaining a loan can be a complicated process involving a variety of legal and financial issues, and I certify that the City of Jacksonville has advised me to seek the advice of real estate, home inspections, financial and legal professionals.

### **Release of Responsibility**

Other than ensuring that the house that is rehabilitated through program complies with all the applicable City Minimum Housing & North Carolina Building Codes and is free of any obvious health and safety violations, I understand that the City of Jacksonville, its employees and elected officials accept no other responsibilities through this program.

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

Co-Borrower's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

