



## Rental Rehabilitation Application

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

Department of Development Services  
Community Development Division  
Attn: Tracy Jackson, CD Specialist  
PO 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 Rental 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 Rental 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 (\$100.00 payable to City of Jacksonville)



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Date:

## CDBG RENTAL 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'S INFORMATION:

Applicant's Status

Married  Never Married  Divorced  Separated

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:

Spouse's Employer's Name:

Address:

Address:

City/State/Zip Code

City/State/Zip Code

Average Gross Pay:  Weekly  Monthly  Yearly

Average 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.

Date:

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 sources of income received by any individual in the household (you **MUST INCLUDE** child support, alimony, social security, SSI, AFDC, retirement, etc. if you receive.)

Name of Recipient	Source of Income (Monthly)
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
Total Amount	\$

## 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>

## Unit Occupancy Status At Time Of Application ( if applicable)

Unit #	Status (occupied or vacant)	Tenant Name	Monthly Rent	Avg. Utility Costs	# Bedrms	#Persons in Household	Gross Household Income

Occupant's Race/Ethnicity (for HUD reporting purposes)

White    Black    American Indian    Hispanic    Asian/Pacific Islander    Other



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Unit #	Status (occupied or vacant)	Tenant Name	Monthly Rent	Avg. Utility Costs	# Bedrms	#Persons in Household	Gross Household Income
Occupant's Race/Ethnicity (for HUD reporting purposes) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other							
Unit #	Status (occupied or vacant)	Tenant Name	Monthly Rent	Avg. Utility Costs	# Bedrms	#Persons in Household	Gross Household Income
Occupant's Race/Ethnicity (for HUD reporting purposes) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other							

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

- 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 (if applicable)
- Current profit and loss statement (if self-employed)

**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 hereby waive my rights to confidentiality and privacy and give my consent to the City of Jacksonville's Community Development Division its agents and contractors to examine my confidential and private 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.



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## **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: \_\_\_\_\_

