

**CITY OF WEST JORDAN
HOUSING REHABILITATION LOAN PROGRAM APPLICATION
CDBG GUIDELINES – PY2020**

DIRECTIONS: First, determine if you are eligible for assistance by comparing your entire household income with the income limits below. If you are eligible, please provide the requested information on all pages. All applications must include income verification as described below, and be signed, dated by the applicant/co-applicant, and returned to Lisa Elgin (801-569-5103), CDBG Coordinator, 8000 South Redwood Road, West Jordan, Utah 84088 or T-T-Y 711 for the hearing impaired.

Only complete applications will be accepted. To be accepted, applications must include the following items:

- 1. Submission of this application does not automatically qualify you for assistance under the West Jordan Housing Rehabilitation Loan Program. It is the applicant’s responsibility to decide for home repairs should it be determined that the applicant does not meet program guidelines. A minimum of 30 days for processing of this application.**
- 2. A copy of the current property deed or Tax Notice.**
- 3. A copy of 2019 Income Tax Forms.**
- 4. Three months of pay stubs or an original income statement from your employer identifying salary and all deductions for each of the past three months.**
- 5. All applications must be turned into the City of West Jordan by the applicant.**
- 6. Faxed/emailed applications will not be accepted, and the City is not responsible for applications submitted by mail.**

INCOME LIMITS: Income limits for the program are based on a maximum of 80 percent of the median family income for West Jordan City, as outlined below:

Family Size	1	2	3	4	5	6	7	8
Income Limit	\$49,250	\$56,250	\$63,300	\$70,300	\$75,950	\$81,550	\$87,200	\$92,800

INCOME VERIFICATION: All applicants must attach a copy of all household members completed and signed Federal Income Tax forms for the latest year and a copy of the latest three (3) months paycheck stubs or other income verification must be attached for **all household members** who are employed. **STATED INCOME** is not allowed.

Information provided in the application must be true to the applicant’s knowledge. West Jordan City reserves the right to terminate assistance and to recover funds expended if the applicant(s) is found to have willfully withheld accurate information or to have deliberately falsified the application.

PROPERTY ELIGIBILITY: Only owner-occupied, single-family units are eligible for rehabilitation under the housing rehabilitation loan program. Prior to rehabilitation, the home must be recorded in the applicant's name only. No relative, friend, or other entity may share ownership of the home. Each property will be inspected by West Jordan City or its designee and pass an environmental review, housing standards review and lead base paint test, if built before 1978.

GENERAL PROGRAM REQUIREMENTS: All applications will be subjected to the following conditions:

1. Only Single-Family Homes are eligible for consideration.
2. All homes must be owner occupied prior to and after rehabilitation.
3. Household income includes every working person residing in the unit over the age of 16 years old.
4. Total loan to value will not exceed 90% of the appraised value of the home after rehabilitation.
5. The City will not approve any subordination agreement for a period of two years. After the two years, the City will sign subordination agreements for only streamline financing with no cash out.
6. The City will not pay for lead base paint testing.
7. The City will not subordinate below second position.
8. It is the applicant's responsibility to verify that the proposed property is within the City of West Jordan.
9. Application processing time is **approximately 30 days** from the date that all required information is received by the City. **Applications are accepted continuously provided funds are available.**

HOUSING REHABILITATION LOAN REPAYMENT REQUIREMENTS:

Housing Rehabilitation Assistance is a loan and a payment schedule will be set up for each loan. Senior Citizens may receive a loan on a deferred basis that is not repaid until the sale of the property.

LOAN TERMS:

Maximum Housing Rehabilitation Loan Assistance: \$30,000.00 /0-5% Interest rate.
5-20-year maximum repayment (determined by the City) (usually 3%). For seniors or disabled, we offer a deferred loan at 0%.

APPLICATION FOR HOUSING REHABILITATION LOAN ASSISTANCE CDBG PROGRAM

Date of Application _____

Date received _____

1. APPLICANTS INFORMATION

APPLICANT SOCIAL SECURITY #:

Applicants Name _____ Home Phone _____
(Last) (First) (Middle)

Present Address _____ # Years _____
(Street) (City) (State) (Zip)
Single Divorced

Marital Status Married _____ Unmarried _____ Separated _____
of Dependents living in the home _____

Employer (Name and Address) _____ Self Employed? _____

Work Phone # _____ Title _____ Type of Business _____ # of years there _____

Name and Address of Previous Employer (if at current job for less than 2 years) _____
Phone # _____ # of years at previous job _____

2. CO-APPLICANT INFORMATION

SOCIAL SECURITY #:

Applicants Name _____ Home Phone _____
(Last) (First) (Middle)

Present Address _____ # Years _____
(Street) (City) (State) (Zip)
Single Divorced

Marital Status Married _____ Unmarried _____ Separated _____
of Dependents living in the home _____

Employer (Name and Address) _____ Self Employed? _____

Work Phone # _____ Title _____ Type of Business _____ # of years there _____

Name and Address of Previous Employer (if at current job for less than 2 years) _____
Phone # _____ # of years at previous job _____

3. HOUSEHOLD COMPOSITION

Please list all household members in the box below. List the head of the household in box #1, and give the relationship of each member to the head.

Family Member #	Full Name	Relationship	Age	Gender	Ethnic Origin
1					
2					
3					
4					
5					
6					
7					
8					

* List additional family members on a separate page.

1. Have any of your children been tested for lead paint poisoning?

Yes	No

2. Does anyone live with you now who is not listed above?

Yes	No

3. Does anyone plan on living with you in the future who is not listed above?

Yes	No

Please explain if you answered Yes to any of the questions above

4. ANNUAL INCOME (all working household members' income must be reported. Provide Social Security Numbers for all working household members).

Source	Applicant	Co-Applicant	Other Household Members	Total
Salary: H M				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest and/or dividends				
Net Business Income				
Net Rental Income				
Social Security, Pension				
Unemployment Benefits				
Workers Compensation				
Alimony, Child Support				
Welfare Payments				
Other				
TOTAL				

5. MONTHLY HOUSING

Item	Monthly Pmt.	Unpaid Principle Balance	Balloon Pmt.		Amount Balloon	Due Date
			Yes	No		
Mortgage Pmt.	\$	\$			\$	
Other Financing	\$	\$				
Insurance	\$	\$				
Taxes	\$	\$				
Maintenance	\$	\$				
Utilities	\$	\$				
Water	\$	\$				
Other	\$	\$				
TOTAL	\$	\$				

*Down-payment assistance applicants please fill in what your housing expense will be for the house you are planning to buy.

6. PROPERTY INFORMATION

DATE HOME WAS BUILT:

Address of property to be Repaired

Street Address City State Zip

Number of bedrooms _____

Purchase Price _____

Qualified for first mortgage

Yes	No

Type of Mortgage _____

FHA

VA

Conventional

Contract

Mortgage Company _____
 Loan Officer's Name _____ Phone # _____
 Real Estate Agent _____ Company _____ Phone # _____
 Have you ever declared bankruptcy? If yes, please give explanation and date filed. _____

7. HOUSING CONDITION:

Type of Exterior: Brick: _____ Stone _____ Vinyl: _____ Wood: _____ Other: _____

 Roof Condition: New: _____ Good: _____ Deteriorated: _____ Condition: Paint _____ Good: _____ Chipping: _____ Flaking: _____

8. CREDITOR INFORMATION (This will be verified by a credit agency)

Creditor	Acct. #	Orig. Balance	Present Balance	Due Date	Monthly Pmt.	Past Due Amt.
		\$	\$		\$	\$
		\$	\$		\$	\$
		\$	\$		\$	\$
		\$	\$		\$	\$
		\$	\$		\$	\$
		\$	\$		\$	\$
	Totals	\$	\$		\$	\$

The information given on this application will be kept in confidence and used only for application for the West Jordan City Housing Rehabilitation Loan Assistance Program.

I/We verify that the information given on this form is accurate and complete to the best of our information, and I/We authorize you to obtain such information as may be required to verify the information contained herein.

I/We further affirm that I/We are aware that if such a loan is approved by West Jordan City, I/We will work with the staff to comply with all of the policies and procedures as outlined by West Jordan City, and that I/We will willingly secure the loan in the amount necessary with a duly executed Trust Deed and Trust Deed Note. Also, if such loan is approved, I/We will be notified by the City of West Jordan. After such notification, I/We will have two weeks to respond. If I/We do not

respond within that time limit, re-application and re-approval will be necessary.

I/We have also read and understand the CDBG Housing Rehabilitation Loan Assistance Program Guidelines and this application and I/We agree to abide by the regulations of the West Jordan City Housing Rehabilitation Loan Program. I/We will not hold West Jordan City legally liable for any actions of the City staff or the contractor.

Disclaimer

The undersigned hereby acknowledges that any discussions with or any information given by a West Jordan City employee or its designee regarding application for the West Jordan City CDBG Housing Rehabilitation Loan Assistance Program prior to receipt of a formal commitment letter from West Jordan City or its designee committing a specific amount of funds to the project is only for program information and may not be considered a binding commitment on the part of West Jordan City to provide funds or technical assistance to the project.

The undersigned also acknowledges that any costs incurred prior to receipt of a formal commitment letter from West Jordan City or its designee committing a specific amount of funds to the project is at the risk and expense of the applicant.

Date	_____	Signature	_____
Date	_____	Signature	_____