



City of East Providence

HOME IMPROVEMENT PROGRAM

APPLICATION

App Rec: _____

The information requested in this form is to be used by the City in the accounting of your loan and grant, and in the monitoring of program funds. It will not be disclosed outside of our requirements to determine creditworthiness purposes and factuality of income.

Certain information (i.e. marital status, race, sex, etc.) is requested solely for the purpose of determining compliance with federal Civil Rights Law. Your response will not affect consideration of your application. The personal information is used for statistical purposes only.

APPLICATION SHOULD BE SIGNED AND DATED ON PAGE 3.

PROPERTY ADDRESS:		Year:	#UNITS:
APPLICANT:		Email:	
Street:		City:	Zip:
Phone:		Alt. Phone:	
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed <input type="checkbox"/> Single
Race/Ethnicity:	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Portuguese <input type="checkbox"/> Cape Verdean
<i>Check all that apply</i>	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other:
Female-Headed Household? <input type="checkbox"/> Yes <input type="checkbox"/> No			
CO-APPLICANT:		Email:	
Street:		City:	Zip:
Phone:		Alt. Phone:	
Number of people in household:	Number of children under 6 yrs. of age visiting regularly (at least 14 times per year):		
Single Family Household Members (list all additional non-applicant members)			
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:

Multi-Family/Rental Property Information (a <i>Tenant Information Form</i> must be completed for each unit)		
Is the property rented? <input type="checkbox"/> Yes <input type="checkbox"/> No	Owner-Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total # of units:
Unit #:	Resident Name:	Phone:
Unit #:	Resident Name:	Phone:
Unit #:	Resident Name:	Phone:

HOUSEHOLD'S EMPLOYMENT INFORMATION

EMPLOYMENT INFORMATION: Current employment for (name):	
Company:	
Address:	
Phone:	Position:
Years Employed:	Gross Monthly Income:
Additional Monthly Income	
Average Overtime Earnings:	Part Time/Seasonal Employment:
Social Security Benefits:	Retirement/Pension Income:
Child Support/Alimony:	Other:

HOUSEHOLD'S EMPLOYMENT INFORMATION, cont.

EMPLOYMENT INFORMATION: Current employment for (name):	
Company:	
Address:	
Phone:	Position:
Years Employed:	Gross Monthly Income:
Additional Monthly Income	
Average Overtime Earnings:	Part Time/Seasonal Employment:
Social Security Benefits:	Retirement/Pension Income:
Child Support/Alimony:	Other:

EMPLOYMENT INFORMATION: Current employment for (name):	
Company:	
Address:	
Phone:	Position:
Years Employed:	Gross Monthly Income:
Additional Monthly Income	
Average Overtime Earnings:	Part Time/Seasonal Employment:
Social Security Benefits:	Retirement/Pension Income:
Child Support/Alimony:	Other:

BANK ACCOUNT INFORMATION

Type of Account	Balance	Institution
Savings	\$	
Checking	\$	
Other:	\$	

DEBTS AND OBLIGATIONS

HOME MORTGAGE: Current residence	
Balance Owed:	Monthly Payment:
Yearly Taxes:	Yearly Insurance:
Mortgage Company/Bank:	

If you own other properties, please list on a separate sheet of paper the above mortgage information for each.

CREDIT CARDS OR OTHER INSTALLMENT ACCOUNTS	
Description	Monthly Payment

Additional ASSETS

Please list any additional assets owed, i.e. 2nd house, an investment, gems, jewelry, coin collections, antique cars, etc.

DESCRIPTION OF IMPROVEMENTS NEEDED

INSURANCE CLAIMS

Have you had any Homeowner's Insurance claims filed in the past? If yes, please explain and submit copies of paperwork (ex. Letter stating the amount that was reimbursed by Insurance Company and claim.)

APPLICANT'S CERTIFICATION

IMPORTANT: Applicant please read before signing.

The selection of a contractor, acceptance of materials used and work performed is the applicant's responsibility. The City of East Providence does not guarantee the material and workmanship performed. The Contractor will guarantee all material and workmanship for one year. Inspections are performed, however, by the City to ensure work performance and completion.

I/We understand that if any statement contained in this application is intentionally not true or correct, I/We may be subject to criminal prosecution or, as applicable, my/our application may be denied or the property acquired with the proceeds of the loan and/or grant may be foreclosed upon.

I/We HEREBY certify under penalty of perjury that all information in this application is true and accurate to the best of my/our knowledge and belief.

Applicant's Signature

Co-Applicant Signature

Date

Office Use Only:

- | | |
|---|-----------|
| 1. HH with child under the age of 6 with elevated blood level and living in target area | YES _____ |
| 2. Rental property in target area | YES _____ |
| 3. Property built before 1940 | YES _____ |
| 4. Property with moderate-severe interior or exterior deterioration | YES _____ |

Family Size _____ Total Income _____ HUD Income Limit _____

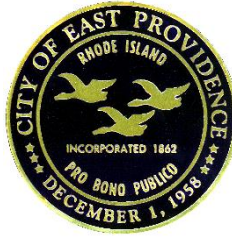
Rental Property:

Tenant 1: Family Size _____ Total Income _____ HUD Income Limit _____

Tenant 2: Family Size _____ Total Income _____ HUD Income Limit _____

Tenant 3: Family Size _____ Total Income _____ HUD Income Limit _____

INCOME ELIGIBLE: YES _____ NO _____



City of East Providence
**HOME IMPROVEMENT PROGRAM
APPLICATION CHECKLIST**

Property Documents:

- Copy of deed to the property and legal description (Exhibit A)
(You can get a copy of your deed at City Hall on 1st Fl. in City Clerk) _____
- Copy of current property insurance policy _____
- Copy of current flood insurance policy (if applicable) _____
- Copy of current property tax and water bill _____
- Copy of most recent mortgage statement with original and current balances _____

Documents for each adult (excludes full-time students) living in the Owner's apartment or house:

- Proof of Income – 2 recent pay stubs, self-employment income statement, and/or statements of gross income received (all that apply: Unemployment, Social Security, Pension, Veteran's Administration, Worker's Compensation, Child Support/Alimony, Foster Care, etc.) _____
- Signed copy of the most recent tax returns, with all schedules & W-2 forms _____
- Copy of most recent checking and savings account statements _____
- Copy of driver's license or photo ID _____

Additional Documents Provided by the Borrower (if applicable):

- Copy of rent receipts for each rental unit _____
- Blood Lead Testing Form, completed and signed _____
(for children under 6 that live or that visit at least 14 days out of the year.) _____

Rental Property: Documents Completed by Tenants (One set for each rental unit):

- Tenant Information/Agreement Form, signed, dated, and returned by tenant _____

**Please submit this application along with
copies of the above documents to:
City of East Providence
Community Development
145 Taunton Avenue
East Providence, RI 02914
and/or call (401) 435-7536 for further assistance**