

City-County Employer Assisted Housing Program Eligibility Application Form

Please complete and return the form to appropriate contacts indicated below. All the information is strictly confidential, and will only be used to determine your eligibility for the program.

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security Number: _____

Residential Address (Street): _____

City: _____ State: _____ Zip Code: _____

Telephone (where to reach you daily between 8 and 5 pm): _____

E-mail: _____

1. What date did you start working for the City or County? _____
2. Have you worked continuously at the City or County since you started there? ___ yes _____ no

If not, please explain _____

3. Are you a full-time employee? _____ yes _____ no
4. What department do you work for? _____
5. According to the total number of people in your household, is your household income below the following levels?
Yes ___ No ___

1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
\$53,250	\$60,900	\$68,500	\$76,100	\$82,200	\$88,300	\$94,350	\$100,450

Information for Government Monitoring Purposes

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. (Lender must review the material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for).

Borrower	Co-Borrower
Ethnicity:	Ethnicity:
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
Race:	Race:
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> White
Sex:	Sex:
<input type="checkbox"/> Female	<input type="checkbox"/> Female
<input type="checkbox"/> Male	<input type="checkbox"/> Male
<input type="checkbox"/> I do not wish to furnish this information.	<input type="checkbox"/> I do not wish to furnish this information.

PLEASE COMPLETE REVERSE SIDE OF THIS APPLICATION BEFORE SUBMISSION

By signing below I understand the information above will be verified through the City of Rockford or Winnebago County Personnel Department and then given to the Rockford Area Affordable Housing Coalition (RAAHC) to determine eligibility for the Employer-Assisted Housing Program. I agree to the following:

- I certify that the information provided in this application is true and correct as of the date set forth opposite my signature. Any intentional or negligent misrepresentation of information contained in this application will result in disqualification from the program.
- I must attend housing counseling provided by RAAHC;
- The property purchased must be a single family residence located in the City-County Employer Assisted Housing target area;
- I must provide a minimum of \$1,000 of my own money as downpayment;
- If my employment status changes and I am no longer employed by the City or County, or I sell the property, within the first 5 years of purchase, I understand I am required to pay back the unforgiven balance of the downpayment assistance. 1/60th of the assistance is forgiven each month until 100% is fully forgiven.

Employee's Signature _____

Date _____

<p>City Employees return form to: City of Rockford Community Development Department 425 East State Street – 2nd Floor Rockford, IL 61104 815-967-6933 (fax) 815-987-5600</p>	<p>Winnebago County Employees return form to: Winnebago County Jim Hughes 404 Elm Street Rockford, IL 61101 815-319-4351 (fax) 815-319-4360</p>
--	--

For City-County Use Only

Date application received: _____

Employee is a full time employee: Yes _____ No _____

Is the employee currently in their probationary period? Yes _____ No _____ If yes, how many months of their probationary period have they completed? _____ (Employees must have met 6 months of their probationary period prior to closing)

Verified in Personnel by: _____ Date: _____

Date faxed to RAAHC: _____ Initials: _____

Last revised: 6.20.2011