City of Rockford - Community & Economic Development Department
Owner Occupied Rehabilitation Program Pre-Application

APPLICANT:	SS#:
CO-APPLICANT:	SS#:
PROPERTY ADDRESS & NUMBER OF UNITS (if applicable):	MAILING ADDRESS (if different than Property Address above):
PHONE NUMBER:	HOW DID YOU HEAR ABOUT THE REHAB PROGRAM?
HAVE YOU RECEIVED ASSISTANCE THROUGH A CITY OF ROCKFORD PROGRAM IN THE PAST? ☐ Yes ☐ No	HOW MANY PEOPLE ARE LIVING ON THE PROPERTY?
LIST THE INCOME OF ALL THE PEOPLE (AGE 18 & OLDER) LIVING ON THE PROPERTY:	
Please select appropriate program:	☐ Water hook up Program ☐ Single Family Rehabilitation Program

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:**	
[ ] Hispanic or Latino	[ ] Not Hispanic or Latino	[ ] Hispanic or Latino	[ ] Not Hispanic or Latino
Race:		**Race:**	
[ ] American Indian or Alaska Native [ ] Asian [ ] Black or African American [ ] Native Hawaiian or Other Pacific Islander [ ] White		[ ] American Indian or Alaska Native [ ] Asian [ ] Black or African American [ ] Native Hawaiian or Other Pacific Islander [ ] White	
Sex:		**Sex:**	
[ ] Female	[ ] Male	[ ] Female	[ ] Male
[ ] I do not wish to furnish this information.		[ ] I do not wish to furnish this information.	

I/we, the undersigned, certify that the information provided in this pre-application is true and correct as of the date set forth opposite my/our signature(s). Any intentional or negligent misrepresentation of information contained in this pre-application will result in disqualification from the program. I acknowledge and agree that the loan being requested by this pre-application will be secured by a mortgage on the property listed above. I give the above information for the purpose of obtaining credit and authorize verification of any information contained in this pre-application. The information you have provided on this application may be disseminated to other Departments within the City of Rockford, to the Winnebago County Health Department, to the Northwestern Illinois Area Agency on Aging, and to RAMP to determine your possible eligibility for participation in other programs.

X Signature & Date	X Signature & Date

Return completed application to:
City of Rockford – Community & Economic Development Dept. – 2nd Floor
425 East State Street
Rockford, IL 61104
815-967-6933 (fax)

Rev. 1/4/2010

For administrative use only

Initials: