

IHDA Homebuyer/Rehabilitation Program Application

Return completed application:
 City of Rockford Community & Economic Development Dept. – 2nd Floor
 425 East State Street; Rockford, IL 61104
 Fax: 888-394-7293

Applicant:		Social Security #:	
E-mail:	Head of Household?		[] Yes [] No
Phone Number:			
Mailing Address (including City, State & Zip code):			
Pending Address (including City, State & Zip code):			
Do you currently: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		First time buyer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single			
Education: <input type="checkbox"/> None <input type="checkbox"/> Primary <input type="checkbox"/> High school or equivalent <input type="checkbox"/> Vocational <input type="checkbox"/> College <input type="checkbox"/> Post-college			
Are you on active military status: <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Co-Applicant:		Social Security #:	
E-mail:	Head of Household?		[] Yes [] No
Phone Number:			
Mailing Address (including City, State & Zip code):			
Pending Address (including City, State & Zip code):			
Do you currently: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		First time buyer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single			
Education: <input type="checkbox"/> None <input type="checkbox"/> Primary <input type="checkbox"/> High school or equivalent <input type="checkbox"/> Vocational <input type="checkbox"/> College <input type="checkbox"/> Post-college			
Are you on active military status: <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No			

List the names and ages of the people planning to live in the new home below.	
Name & age: _____	Name & age: _____
Name & age: _____	Name & age: _____
Name & age: _____	Name & age: _____
List the annual income of all the people (age 18 & older) living in the property:	

Household type: Female single parent Male single parent Married with dependents
 Married without dependents Other Single adult Two or more unrelated adults

Prior to this application, did your household live in public housing or receive rental assistance such as

Section 8? Yes No If yes, explain:

Within the past two (2) years, have you sold any assets (stocks, bonds, real estate, etc) for less than fair

market value? Yes No

If yes, please indicate the asset sold, its value, and the amount of money you received from the sale.

Will anyone be living in the home that is physically disabled, 62 years of age or older or under the age of 6?

Yes No If yes, which?

Will modifications be necessary? Yes No

HOW DID YOU HEAR ABOUT THE REHAB PROGRAM?

Contacted Office Internet Through the Mail
 Neighbor/Friend Event/Seminar Referral from another agency
 Realtor Lender

Lender Information

Loan officer(s): _____ Lending institution: _____

Realtor: _____



EQUAL HOUSING
OPPORTUNITY

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).

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

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

I/we, the undersigned, certify that the information provided in this 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 application will result in disqualification from the program. I/we acknowledge and agree that the loans being requested by this application may be secured by a mortgage on the property purchased. I/we give the above information for the purpose of obtaining credit and authorize verification of any information contained in this application. I/we have received a copy of the lead based paint brochure, "Protect Your Family from Lead in Your Home."

Applicant Signature	Date	Birthdate
Applicant Signature	Date	Birthdate