Owner Occupied Rehabilitation Program Pre-Application

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

Do you live in the home that you want to rehabilitate? [ ] Yes [ ] No	
Is it a single family detached home? [ ] Yes [ ] No	
Do you own the home? Contract buyers are not considered home owners. [ ] Yes [ ] No	
STOP Only continue filling out this application if you answered YES to ALL of the previous questions. If you answered NO to any of them, this program will not be able to assist you. Contact the City of Rockford Human Services at 815-987-5711, extension 5178 for Weatherization and to see if you qualify for their programs.	
Please select program applying for:	[ ] Water hook up Program [ ] Focus Area Rehabilitation Program *($25 Application Fee applies – payable by cash or check made out to City of Rockford)*
Is there anyone living in the home that is physically disabled? [ ] Yes [ ] No	
Is there anyone 62 years of age or older living in the home? [ ] Yes [ ] No	
Are children (age 6 and under) regularly occupying the home? [ ] Yes [ ] No	
APPLICANT:	
CO-APPLICANT:	
PROPERTY ADDRESS & ZIP CODE:	
MAILING ADDRESS & ZIP CODE (if different from Property Address):	
PHONE NUMBER (including area code): HOME/CELL: WORK:	
HOW DID YOU HEAR ABOUT THE REHAB PROGRAM? [ ] Contacted Office [ ] Social Media [ ] Through the Mail [ ] City of Rockford website [ ] Neighbor/Friend [ ] Event/Seminar [ ] Another agency [ ] NW Homestart	
Have you received assistance through a City of Rockford program in the past? [ ] Yes [ ] No	
If YES, which program?	When?
How many people are living in the property?	
List the income of all the people (age 18 & older) living in the property:	

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		
[ ] I do not wish to furnish this information.		
Ethnicity:	[ ] Hispanic or Latino	[ ] Not Hispanic or Latino
Race:		
[ ] Amer. Indian/Alaska Native		[ ] Black/African American
[ ] Amer. Indian/Alaskan Native & Black/African American		[ ] Black/African American & White
[ ] Amer. Indian/Alaskan Native & White		[ ] Native Hawaiian/Other Pacific Islander
[ ] Asian		[ ] Other Multi-Racial
[ ] Asian/White		[ ] White
Sex:	[ ] Female	[ ] Male

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

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/we acknowledge and agree that the loan being requested by this pre-application may be secured by a mortgage on the property listed above. I/we give the above information for the purpose of obtaining credit and authorize verification of any information contained in this pre-application. I/we understand the information I/we have provided on this pre-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, to Comprehensive Community Solutions, and/or to RAMP to determine my/our possible eligibility for participation in other programs.

X	X
Signature & Date	Signature & Date

THE CITY OF ROCKFORD ILLINOIS, USA

Todd Cagnoni, Director
Community and Economic
Development Department

PRIVACY NOTICE

The City of Rockford ("Sponsor") would like to advise you of its privacy policies. Sponsor has collected non-public personal information from your application and consumer reporting agencies. This non-public personal information includes your address and other contact information, demographic background, loan status, family income, social security number, employment information, collection and repayment history, and credit history.

We disclose non-public personal information to third parties; only as necessary to process and service your loan; only as necessary to effect, administer or enforce your loan; with your consent; or as permitted or provided by applicable laws, including the Illinois Freedom of Information Act ("FOIA") and the Privacy Act of 1974. Applicable laws permit disclosure to third parties for certain purposes. Examples of such disclosures include (i) disclosure in connection with enforcement purposes or litigation, audits or other investigations; (ii) to comply with proper requests under FOIA or other federal, state, or other local laws and regulations; and (iii) to federal and state agencies to the extent specifically permitted or required by law. We do not sell or otherwise make available any information about you to any third parties for marketing purposes.

We protect the security and confidentiality of non-public personal information by limiting and monitoring all physical access to sites where non-public personal information is kept. A complete copy of our written privacy policy is available upon request.

If we decide to change our privacy policy, we will provide you with a revised privacy policy containing such changes.

If you have any questions, please contact Vicki Manson, phone number 779-348-7442.

SPONSOR:

CITY OF ROCKFORD COMMUNITY AND
ECONOMIC DEVELOPMENT DEPARTMENT

By: _____
Printed Name: Todd Cagnoni
Title: Director of the Community and
Economic Development Department