

Documentation required to establish Applicant's eligibility for Egress Window Program (check box and attach documentation)

<u>CHECK ITEMS INCLUDED</u>	<u>THESE ITEMS ARE REQUIRED FOR FILE</u>	<u>CITY USE ONLY</u>
<input type="checkbox"/>	Completed Egress Window Grant Program Loan Application	<input type="checkbox"/>
<input type="checkbox"/>	Copy of Social Security Card for each household member	<input type="checkbox"/>
<input type="checkbox"/>	Copy of Drivers License for borrower(s)	<input type="checkbox"/>
<input type="checkbox"/>	Copy of Birth Certificates for each household member	<input type="checkbox"/>
<input type="checkbox"/>	3 months current paystubs (every household person 18 years or older)	<input type="checkbox"/>
<input type="checkbox"/>	90 days other income verification (every household person 18 years or older)	<input type="checkbox"/>
<input type="checkbox"/>	Signed and dated copy of past 3 years Federal Income Tax returns <b>If self employed, attach Schedule C and Profit and Loss Statement from your accountant</b>	<input type="checkbox"/>
<input type="checkbox"/>	3 months current bank statements	<input type="checkbox"/>
<input type="checkbox"/>	Current mortgage statement	<input type="checkbox"/>
<input type="checkbox"/>	Current Hazard Insurance Policy	<input type="checkbox"/>

ONCE COMPLETED PLEASE RETURN TO:

Provo City Redevelopment Agency  
 Address: 351 West Center Street, Provo  
 Phone: 801-852-6160  
 Email: [cjoyner@provo.org](mailto:cjoyner@provo.org)

## EGRESS WINDOW PROGRAM LOAN APPLICATION

Please read and answer each question completely, the information that you provide will be used to determine eligibility for the Program.

### PART A - PROPERTY INFORMATION

Year Home was Built	Date Purchased	Purchase Price \$	Utah County Assessed Value \$	Amount Owed \$
Mortgage Company Name & Address: <b>(Attach a copy of current mortgage statement)</b>				
Homeowners Hazard Insurance Company Name & Address: <b>(Attach a copy of your homeowners policy)</b>				
Agent's Name:		Phone No. (include area code)	Policy No.	
Number of bedrooms in home:	Number of above grade windows to be done:	Number of below grade windows to be done:		

### PART B - APPLICANT(S) INFORMATION

Applicant		Co-Applicant	
Applicant's Name (include Jr. or Sr. if applicable)		Co-Applicant's Name (include Jr. or Sr. if applicable)	
Social Security Number	DOB (mo/dd/yy)	Social Security Number	DOB (mo/dd/yy)
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced, widowed)	Dependents (not listed by Co-Applicant)  No.      ages	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced, widowed)	Dependents (not listed by Applicant)  No.      ages
United States Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No, if No are you a Permanent Resident of United States <input type="checkbox"/> Yes <input type="checkbox"/> No		United States Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No, if No are you a Permanent Resident of United States <input type="checkbox"/> Yes <input type="checkbox"/> No	

Street Address:

Phone #: (incl. area code)	Phone #1: (incl. area code)	Email:
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Have you had ownership interest in the property for at least a year? Do you occupy this property as your primary residence? Are you delinquent on mortgage payments? Are you delinquent on your Utah County property taxes? Do you have a current homeowner's insurance policy? Do you have <u>any</u> ownership interest in another property?	<b>Applicant</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Co-Applicant</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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### PART C - HOUSEHOLD INFORMATION

Household Size (total number of people who are residing in the home) \_

List **every person** residing in your home including yourself:

Last, First, M.I.	Relationship to Applicant(s)	Age	Male or Female	*Social Security #	Full-time Student? (Yes or No)
	Applicant				
	Co-Applicant				

\* Valid Social Security Number required for each household member.

**PART D - EMPLOYMENT AND OTHER INCOME INFORMATION**

**Income Sources include: Employment, Seasonal Employment, Bonus/Tips/Commission, Social Security, Supplemental Social Security Income, Unemployment, Educational Benefits, Public Assistance, Pension, Child Support, Alimony, Rental Income, Dividend/Investment Income and Pension.**

Applicant		Co-Applicant	
I am currently: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed		I am currently: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed	
Name and Address of Employer:		Name and Address of Employer:	
Job Title:		Job Title:	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	
<b>Pay Rate:</b> <input type="checkbox"/> Hourly OR <input type="checkbox"/> Salaried		<b>Pay Rate:</b> <input type="checkbox"/> Hourly OR <input type="checkbox"/> Salaried	
<b>Pay Frequency:</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly		<b>Pay Frequency:</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly	
Monthly Gross Income	\$	Monthly Gross Income	\$
Overtime	\$	Overtime	\$
Tips	\$	Tips	\$
Bonuses	\$	Bonuses	\$
Commissions	\$	Commissions	\$
Other: (please explain below)	\$	Other: (please explain below)	\$
<b>TOTAL</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>
		I certify that as the co-borrower I do not have any sources of income, nor do I anticipate receiving an income during the next twelve (12) month period.	
		_____	
		Co-Applicant signature	

**OTHER INCOME, INCLUDING OTHER HOUSEHOLD MEMBERS 18 YEARS OR OLDER**

List all other income for Applicant (A), Co-Applicant (C) or other household members (O)

A/C/O	Description Other Income	Monthly Amount
		\$
		\$
		\$
		\$
<b>TOTAL</b>		<b>\$</b>

**PART E - ASSETS**

**Assets include cash on hand, checking accounts, savings accounts, savings bonds, certificates of deposit and other.**

Assets	Cash/Market Value	Assets	Cash/Market Value
Name of Bank/Credit Union	\$	Real estate owned	\$
Name of Bank/Credit Union	\$	Vested interest in retirement fund	\$
Name of Bank/Credit Union	\$	Other Assets	\$
Stocks & Bonds (Company Name)	\$	Other Assets	\$
<b>Total Liquid Assets</b>	<b>\$</b>	<b>Total Assets</b>	<b>\$</b>

**Schedule of any other real estate owned:**

Address	Present Market Value	Amount of Mortgage & Liens	Gross Rental Income	Mortgage Payment	Insurance, Maint. & Taxes	Net Rental Income
	\$	\$	\$	\$	\$	\$

The following information is requested for statistical purposes so that HUD may determine the degree to which its programs are being utilized by minority families and for other evaluation studies.

Type of Household (select one of the following based on the Head of the Household):

- Single, non-elderly       Elderly       Other  
 Single Parent       Two Parents

**Ethnicity of Household Members (select only one of the following):**

- Hispanic or Latino      or       Not Hispanic or Latino

and

Race of Household Members (select all that apply):

- White       American Indian/Alaskan Native & White  
 Black/African American       Asian & White  
 Asian       Black/African American & White  
 American Indian/Alaskan Native       American Indian/Alaskan Native & Black/African American  
 Native Hawaiian/Other Pacific Islander       Other Multi-racial

Do you consider yourself handicapped (physically, mentally or sensory)?  Yes  No

How did you hear about the program? \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I declare under penalty of law that the information given by me in this application is true, correct and complete to the best of my knowledge and realize that willful falsification by me may subject me to penalties as provided in Utah State Law 76-8-504. I understand that if I have willfully misrepresented any information, I may be disqualified from participation in the Egress Window Program.

I will cooperate fully with the City of Provo in the evaluation of this application. I also authorize The City of Provo to contact the various Federal, State and private companies to investigate my sources of income and current employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

**AFFIDAVIT OF OWNER**

Affiant, being first duly sworn, states and represents that:

1. Affiant is the owner of property located at \_\_\_\_\_, \_\_\_\_\_, Utah, \_\_\_\_\_.
2. Affiant represents that the property is owner occupied.
3. Affiant has made application to the Redevelopment Agency of Provo City (RDA) to obtain a loan of \$\_\_\_\_\_ for \_\_\_\_\_ (number) Egress Windows.
4. Affiant has owned the property for a period of \_\_\_\_\_ years.
5. Affiant represents that this property is not currently listed for sale nor is there any intention of selling within the next two years. Affiant acknowledges that if the property is sold within the first two years of the loan, or is not owner occupied, a penalty of 50% of the loan balance will be added to the original loan balance.

DATED: \_\_\_\_\_

\_\_\_\_\_  
AFFIANT - SIGNATURE

\_\_\_\_\_  
AFFIANT - PRINT NAME

\_\_\_\_\_  
AFFIANT - SIGNATURE

\_\_\_\_\_  
AFFIANT - PRINT NAME

\_\_\_\_\_  
ADDRESS - PRINT

State of Utah        )  
                          :  SS.  
County of Utah     )

SUBSCRIBED and sworn to before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_ Notary Public

Residing At: \_\_\_\_\_