

6420 West 16<sup>th</sup> Street  
Berwyn, Illinois 60402  
(708)749-6557

Fax Number:  
(708)749-9457

## CITY OF BERWYN

## DEPARTMENT OF COMMUNITY DEVELOPMENT

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January 2012

Dear Applicant:

Attached please find the City of Berwyn Emergency Assistance/Housing Rehabilitation Loan Application. In addition to the Loan Application, you will need to provide the following documents:

- Copies of three (3) current pay stubs for each job
- Copy of Social Security Benefits letter(s) or a copy of the most recent Social Security check(s)
- Copies of your Federal Tax Returns (IRS 1040's) and W2's for the last three (3) years
- Copies of other sources of income which list the source and total received
- Copy of your Homeowners Insurance Policy
- Copy of the Real Estate Tax bill mailed by the County for the last three (3) years
- Copy of your Land Trust Agreement if your land is in a Land Trust
- Copy of your existing (not new) Plat of Survey (if available)
- Copy of your Title, Deed or Title Insurance Policy form when you purchased the property (if available)
- A signed copy of the "Notification: Watch Out For Lead Based Paint Poisoning"
- Verification of the current balance owed on your mortgage(s)

Revised 2012

## HOUSING REHABILITATION LOAN

### PROGRAM OVERVIEW

#### INTRODUCTION

The City of Berwyn ("Berwyn") is the recipient of Community Development Block Grant ("CDBG") funds distributed by the United States Department of Housing and Urban Development ("HUD"). A portion of the total funding in accordance with the regulations articulated by HUD have been budgeted for the rehabilitation of single family, owner occupied 1 to 4 unit structures located within Berwyn ("The Rehab Program"). Berwyn's Department of Community Development administers this rehab program.

#### NATIONAL OBJECTIVES

Berwyn is responsible for assuring each eligible activity meets one of the three national objectives:

- Benefit to low and moderate income persons
- Aid in the prevention or elimination of slum or blight
- Meet a need having a particular urgency

#### LOCAL OBJECTIVES

- To provide a safe, sanitary and habitable dwelling for every resident of Berwyn
- To insure CDBG funds be allocated in a cost effective manner for eligible activities
- To insure CDBG funds are allocated without regard to race, religion, color, sex or natural origin.
- To insure applications for CDBG funding and supporting documentation is kept confidential except as provided for in the Illinois Freedom of Information Act, and any other applicable State or Federal requirement.

#### OPERATING PRINCIPALS

The following operating principals shall apply to the Rehab Program:

1. All properties to be rehabilitated shall, upon completion, comply with Berwyn Building codes.
2. An attempt shall be made to make all rehab buildings more energy efficient.

3. All rules, regulations and procedures promulgated by HUD shall be included in the Rehab program.
4. All work will be competitively bid. However, in the case where a homeowner Should have a true emergency situation, upon consultation with the rehab Supervisor, the Director of the Community Development Department may declare an emergency, and resolve the emergency using CDBG funds without the benefit of the formal bid procedure.

#### PERTINENT FACTS REGARDING THE REHABILITATION PROGRAM

1. Properties to be rehabilitated must be owner-occupied up to 1 to 4 unit Residential structures located within the corporate limits of Berwyn.
2. The maximum allowable amount of CDBG funds to be spent on any single Family property is not to exceed **\$35,000** (including change orders). The applicant/owner will be responsible for all amounts in excess of **\$35,000**.
3. The CDBG rehabilitation loan will be a deferred, no interest loan and will be repaid upon sale, transfer, assignment or other alienation of the property.
4. Interior inspections of the entire building are mandatory. Prior to the interior inspection being performed, written authorization must be obtained from the owner.
5. Improvements are only eligible if they bring the building into compliance with Berwyn's building code. **GENERAL HOME IMPROVEMENTS ARE NOT ELIGIBLE.**
6. Guidelines to correct all code violations shall be prepared by the Community Development Department in compliance with Berwyn's building code. Inspection prior to bidding shall be permitted by the homeowner to all qualified contractors who wish to bid. While the work is being done, inspections shall be permitted by the homeowner to all Berwyn inspectors. Final inspection shall be done by the Community Development Department and Berwyn's Building Department.
7. **All applications** shall comply with current income guidelines for low and Moderate-income households as established by HUD.
8. Units to be rehabilitated shall be selected on a first come, first serve basis, after the Application is completed and accepted.

#### INELIGIBLE PROJECT

1. No loans for accessory structures, i.e., garages. However, loans can be used for garage repairs up to \$1,500.00. Loans for the demolition of a garage are allowed if the garage is found to be in an unsafe condition.

2. No loans for room additions
3. No loans to finish the basement
4. No loans for fences
5. No loans for decks (except for the replacement of front and rear porches which are already part of the building's structure)
6. No loans for additional bathroom
7. No loans for attic additions
8. No loans for luxury items, such as kitchen cabinets (unless they are severely deteriorating); hot tubs, swimming pools; security systems; interior fixtures in excess of standard quality replacement component.
9. You may not request an additional work from the contractor without approval of the Community Development Department. Berwyn is NOT responsible for any unauthorized work done.

#### ELIGIBLE PROJECT

1. Structural items to be repaired or replaced, including the roof, porches, stairs, foundations, piers, windows and doors.
2. All electrical, plumbing and heating can be considered for repair or replacement. NOTE: central air-conditioning cannot be installed unless the homeowner has a letter from a doctor denoting a need because of health condition.
3. Special features because of health or disability can be installed, i.e., grab bars, ramps, chair lifts, etc.
4. Termite or rodent inspection and extermination.
5. Interior painting can be done only if lead base paint is determined present or the homeowner is a senior citizen or handicapped. Exterior painting can be done in all cases; however, for elderly or handicapped residents aluminum or vinyl siding shall be applied to all surfaces possible. **NOTE:** all Cook County, State of Illinois E.P.A and HUD lead base paint procedures will be followed.
6. All Berwyn code violations are eligible to be corrected as well as weatherization items to make the unit more energy efficient.

## ELIGIBILITY

As stated previously in this document, the objective of the rehabilitation loan program is to assist low to moderate-income persons. Therefore, eligibility for a CDBG loan is based on your household income. The following graph for establishing the limits for determining your eligibility based on your current household income.

### HUD Income Guidelines

Household Size	Extremely Low Income (0-30%MFI)	Very Low Income (31-50%MFI)	Other Low Income (51-80% MFI)
1	\$15,950	\$26,500	\$42,500
2	\$18,200	\$30,350	\$48,550
3	\$20,500	\$34,150	\$54,600
4	\$22,750	\$37,900	\$60,650
5	\$24,600	\$40,950	\$65,550
6	\$26,200	\$44,000	\$70,400
7	\$28,250	\$47,000	\$75,250
8+	\$30,050	\$50,050	\$80,100

MFI = Median Family Income

## OWNER'S RESPONSIBILITY

1. To remove from the working area any and all articles that would hamper work or workmen from doing their job in a professional manner.
2. Allow the contractor and his crews, at no cost, the use of water, electricity and heat in the performance of their work.
3. Make every effort to accommodate the contractor and his crews regarding times and dates for access to the premises.
4. Contact the Community Development Department if there are ANY breaches of the contract.
5. Carry adequate homeowners insurance on the property.
6. Such other requirements as determined by the Rehab Supervisor.

# ATTENTION

- Applicants shall not proceed with work unless an approval is received from the Community Development Department.
- Any costs associated with rehab will not be paid if these procedures are not followed.
- **Do not** enter into any agreements, either verbal or written, without prior written approval by the Community Development Department.
- Payments for rehab work will not be made unless the Applicant has been approved and all procedures followed.
- All contractors must be registered with the City of Berwyn, permits must be issued, and work done must pass inspection.
- There are no exceptions to this policy. You must follow the program procedures.

After completing the Application, and getting all the necessary documents together, please call Marisol Alvelo at (708) 749-6557 to schedule an appointment for an Application review. It is anticipated the Application review will take approximately one (1) hour. Following the Application review, you will be notified in writing if your Application is eligible for CDBG funding. Final approval of your application and loan will take approximately 60-90 days.

Should you have any questions about the program, or need assistance filling out the Application, please contact me directly for assistance.

Thank you,

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Housing Rehab Supervisor

CITY OF BERWYN

DEPARTMENT OF COMMUNITY DEVELOPMENT

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FROM: Robert Dwan, Director  
Department of Community Development

DATE: January 2012

RE: Emergency Assistance/Housing Rehabilitation Loan Program

Dear Applicant:

The enclosed materials must be completed and returned to our office at appointment date. It will be used to determine your eligibility for the Emergency Assistance/Rehabilitation Loan Program. Following are some helpful instruction:

1. It is important that ALL questions are answered.
2. Income shall be counted for all adult members of the household. However, if rent is received from a person, you will count the rent as income but not their earnings.
3. If an item does not apply to your situation, put a zero in the MONTHLY column.
4. The YEARLY column is for annual totals.
5. Reference to OTHER REAL ESTATE refers to any property you own which has a real estate tax number different from the property your house is located on.
6. Items such as food, electric bills, gas, etc. do not cost exactly the same every month. For these types of items, please add your last twelve monthly figures and write the answer in the YEARLY column. Divide by twelve to get the figure for the MONTHLY column.
7. If you are buying your home on contract, or have your home in a land trust, include the name of the person you are buying from or the name of the director of the trust in the Application. Also include their address and phone number.
8. Review the "Check List" very carefully and supply copies of all documents that apply to your household. Do NOT bring originals.
9. The Financial Statement must be signed by the Applicant and Co-Applicant. **BEFORE SIGNING THE FORM, PLEASE CAREFULLY READ THE PARAGRAPH JUST BELOW WHERE YOU WILL SIGN.**

When all forms are completed, please return them to:

Housing Rehabilitation Zero Interest Loan Program  
Department of Community Development  
6420 West 16<sup>th</sup> Street  
Berwyn, Illinois 60402

If you have any questions, please call Marisol Alvelo at (708)749-6557.

Thank you,

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Robert Dwan, Director  
Department of Community Development

RED/ma

Housing Rehabilitation Zero Interest  
Loan Program

Deferred Payment Rehabilitation  
Loan Program

Facts Package

CITY OF BERWYN

DEPARTMENT OF COMMUNITY DEVELOPMENT

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Berwyn's Community Development Department issues loans to qualified low and moderate income homeowners for housing rehabilitation under two rehabilitation loan programs which are outlined in this "Facts Package". The loan program is a Deferred Payment Rehabilitation Loan Program.

Below are questions and answers to help you understand how these programs work.

1. Q. What is "Housing Rehabilitation"?  
A. Housing rehabilitation is in the process of repairing or replacing heating, plumbing or electrical systems and the improvement of structural deficiencies in a home that creates substandard living conditions.
2. Q. Where does the money from these programs come from?  
A. The housing rehabilitation fund is a grant to the City of Berwyn by the United States Department of Housing and Urban Development under terms of the Housing and Community Development Act of 1974 as amended.
3. Q. Who operates the Community Development Department?  
A. The Community Development Department is a department of the City of Berwyn that is staffed by City Employees.
4. Q. Who qualifies for Rehabilitation Assistance?  
A. Any resident of the City of Berwyn who is the fee title holder or contract purchaser of a house.
5. Q. Are there other qualifications?  
A. Yes! This program is designed to assist low and moderate income families, therefore, the Applicant's total household income cannot exceed 80% of Median family income for the Chicago area.

### HUD Income Guidelines

Household Size	Extremely Low Income (0-30% MFI)	Very Low Income (31-50% MFI)	Other Low Income (51-80% MFI)
1	\$15,950	\$26,550	\$42,500
2	\$18,200	\$30,350	\$48,550
3	\$20,500	\$34,150	\$54,600
4	\$22,750	\$37,900	\$60,650
5	\$24,600	\$40,950	\$65,550
6	\$26,400	\$44,000	\$70,400
7	\$28,250	\$47,000	\$75,250
8+	\$30,050	\$50,050	\$80,100

MFI = Median Family Income  
\* FYI 2012 MFI

6. Q. Where do we apply to obtain a loan to fix our home?
- A. An Application can be obtained from the Community Development Department At 6420 West 16<sup>th</sup> Street, Berwyn, Illinois, or call (708) 795-6850.
7. Q. What kind of collateral do we need to qualify for a loan
- A. A lien in the form of a Trust Deed will be recorded against the property to Serve as collateral.
8. Q. What will the interest rate be on the loan?
- A. No interest is charged on deferred payment loan?
9. Q. Who performs the rehabilitation work?
- A. An contractor the homeowner chooses who is registered with the City of Berwyn AND has a current license and bond with the City of Berwyn – Collectors Office. In addition, the contractor must also carry the proper Insurance and licenses applicable to his/her trade.

**READ THE FOLLOWING CAREFULLY**

# CITY OF BERWYN

## DEPARTMENT OF COMMUNITY DEVELOPMENT

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### DEFERRED PAYMENT REHABILITATION LOAN PROGRAM

The Community Development Department considers Deferred Payment Loans to be an emergency measure designed to help only those persons who are unable to support the cost of rehabilitation by any other means. The loan must be used to address substandard living conditions and to correct code violations.

The program is limited to:

1. Owner-occupied residences in the City of Berwyn. No building containing more than four Single-family residences qualifies.
2. Maximum loan is **\$35,000**
3. The Applicant will **not** be required to make monthly payments, this is a deferred loan.
4. The deferred loan need not be repaid **unless title to the rehabilitated property is transferred or the unit is no longer owner occupied**. When **the title is transferred**, or the **unit is no longer occupied**, the full amount of the loan will be due and payable on the date of closing, or 30 days after the unit is no longer owner occupied.
5. No interest will be charged or accrued on the loan at any time.

### QUALIFICATIONS

1. The Applicant must prove ownership of the residence being rehabilitated. You are considered an “owner” if you are Fee Title Holder or Contract Purchaser.
2. The residence being rehabilitated must be located in the City of Berwyn.
3. The Applicants must have a total income which is less than that shown in the following table:

Family Size	Maximum Income
1	\$42,500
2	\$48,550
3	\$54,600
4	\$60,650
5	\$65,550
6	\$70,400
7	\$75,250
8 or more	\$80,100

4. Total income for the household is considered to be Applicants' and all other household members income. However, when a member of the household pays rent to the homeowner the rent will be counted as part of the household income instead of the renter's total income being counted.
5. Total liens on rehabilitated property must not be more than 100% of the total value of the rehabilitated property. The cost of the rehabilitation will be included in the 100%.
6. A title search and appraisal must be obtained on the property to be rehabilitated by the program. The cost of the title search and appraisal can be paid from the loan proceeds.

After the loan is completed, subordinations will only be taken when the homeowner is refinancing in order to take advantage of a lower interest rate and will not receive cash or the homeowner is obtaining a loan to perform additional home repairs.

### **ELIGIBLE REHABILITATION ACTIVITIES**

Listed below are the categories of eligible improvements.

1. Basic Structural Repairs
  - A. Exterior Walls
  - B. Roof and roof Structure
  - C. Foundation

- D. Building room additions (if approved by the Community Development Department – the number of occupants and square footage of the unit must not exceed the local building code requirements.)
- E. Repair or install hard surface driveways (if approved by the Community Development Department – cost cannot be more than 30% of the total rehab cost)

2. Appurtenances and Secondary Elements

- A. Window and window frames
- B. Doors and door frames
- C. Porches and stairs
- D. Interior walls, floors and ceilings
- E. Sidewalks (if approved by the Community Development Department – cost cannot be more than 30% of the total rehab cost.)

3. Building Systems

- A. Electrical
  - 1. Repairs
  - 2. Upgrading of service when appropriate
- B. Plumbing
  - 1. Repairs
  - 2. Replacement
- C. Heating
  - 1. Repair or replacement of furnace and hot water heaters
  - 2. Installation of energy saving solar devices (if approved by the Community Development Department.)

4. Energy Conservation

- A. Insulation
- B. Storm windows and doors

5. Other

- A. Installation of flooring (if approved by the Community Development Department.)
- B. Exterior Painting
- C. Interior painting in conjunction with rehabilitation
- D. Demolition of structurally unsound buildings
- E. Repair of existing garage as long as repair cost is not more than \$1,500.

**Types of improvements not permitted:**

- A. New construction of secondary buildings such as sheds or garages
- B. Pools and pool liners
- C. Fireplaces
- D. Washers and Dryers
- E. Items covered by the homeowners insurance policy

Purely cosmetic or convenience improvements will be allowed. This program cannot to be used for Modernizing, or changing systems currently functional. All authorization for work to be performed must be approved by the Community Development Department.

# EMERGENCY ASSISTANCE HOUSING REHABILITATION ZERO INTEREST LOAN PROGRAM APPLICATION

APPLICATION DATE \_\_\_\_\_ APPLICATION NO: \_\_\_\_\_

APPLICANT \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

CO-APPLICANT \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

**HOUSEHOLD INFORMATION**

The following information is not required for processing your Emergency Assistance/Housing Rehabilitation Loan.  
The information is used for statistical purposes only.

ETHNIC GROUP: (CIRCLE ONE) HISPANIC YES OR NO

- 1. WHITE    2. BLACK/AFRICAN AMERICAN    3. ASIAN    4. AMERICAN INDIAN/ALASKA NATIVE
- 5. HAWAIIAN/OTHER PACIFIC ISLANDER    6. AMERICAN INDIAN/ALASKA NATIVE/WHITE    7. ASIAN/WHITE
- 8. AFRICAN AMERICAN/WHITE    9. AMERICAN INDIAN/ALASKA/BLACK    10. OTHER MULTI RACE

NUMBER IN HOUSEHOLD \_\_\_\_\_ NUMBER IN HOUSEHOLD AGE 60 OR OLDER \_\_\_\_\_

FEMALE HEADED HOUSEHOLD?                      Y. YES                      N. NO

**DWELLING INFORMATION**

ORIGINAL MORTGAGE AMOUNT \_\_\_\_\_ UNPAID BALANCE \_\_\_\_\_

APPRAISED VALUE \_\_\_\_\_ PIN NO. \_\_\_\_\_  
(PROPERTY IDENTIFICATION NUMBER)

HAVE YOU EVER HAD A LOAN WHICH RESULTED IN FORECLOSURE, DEED IN LIEU OF FORECLOSURE OR JUDGEMENT?                      YES \_\_\_\_\_ NO \_\_\_\_\_

**HOUSEHOLD ANNUAL INCOME**

LIST THE AMOUNT OF INCOME RECEIVED DURING THE PAST YEAR:

WAGES/SALARIES/ SELF-EMP: \$	AABD: \$	RETIREMENT PENSIONS: \$
SOCIAL SECURITY: \$	AFDC: \$	DISABILITY PENSION: \$
	INTEREST: \$	CHILD SUPPORT: \$

EMPLOYMENT HISTORY

**Applicant Name** \_\_\_\_\_

Current Employer \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Job Title or Description \_\_\_\_\_

Years Currently Employed \_\_\_\_\_

**Co-Applicant Name** \_\_\_\_\_

Current Employer \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Job Title or Description \_\_\_\_\_

Years Currently Employed \_\_\_\_\_

Other working people in household over the age of 16

**Name** \_\_\_\_\_

Current Employer \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Job Title or Description \_\_\_\_\_

Years Currently Employed \_\_\_\_\_

**Name** \_\_\_\_\_

Current Employer \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Job Title or Description \_\_\_\_\_

Years Currently Employed \_\_\_\_\_

EMERGENCY ASSISTANCE  
HOUSING REHABILITATION LOAN PROGRAM

FINANCIAL STATEMENT

APPLICANT \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

CO-APPLICANT \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

<u>GROSS INCOME</u>	<u>MONTHLY</u>	<u>YEARLY</u>
APPLICANT'S GROSS WAGES .....	_____	_____
CO-APPLICANT'S GROSS WAGES .....	_____	_____
OTHER MEMBERS GROSS WAGES .....	_____	_____
OTHER MEMBERS GROSS WAGES .....	_____	_____
RETIREMENT PENSIONS .....	_____	_____
DISABILITY PENSIONS .....	_____	_____
VA BENEFITS .....	_____	_____
UNEMPLOYMENT .....	_____	_____
SOCIAL SECURITY BENEFITS .....	_____	_____
SOCIAL SECURITY SUPPLEMENTAL INCOME .....	_____	_____
GROSS INCOME FROM REAL ESTATE .....	_____	_____
DIVIDENDS .....	_____	_____
INTEREST .....	_____	_____
AID TO FAMILIES WITH DEPENDENT CHILDREN .....	_____	_____
ALIMONY .....	_____	_____

CHILD SUPPORT ..... \_\_\_\_\_

OTHER INCOME (list type) ..... \_\_\_\_\_

OTHER INCOME (list type) ..... \_\_\_\_\_

TOTAL MONTHLY INCOME ..... \_\_\_\_\_

ASSET

AMOUNT

1. CHECKING ACCOUNT ..... \_\_\_\_\_  
 LOCATION/BANK \_\_\_\_\_

2. SAVINGS ACCOUNT ..... \_\_\_\_\_  
 LOCATION/BANK \_\_\_\_\_

3. EQUITY IN HOME ..... \_\_\_\_\_

4. MONEY MARKET ACCOUNT..... \_\_\_\_\_  
 LOCATION/BANK \_\_\_\_\_

5. IRA, KEOGH ..... \_\_\_\_\_  
 LOCATION.BANK \_\_\_\_\_

6. STOCKS AND BONDS ..... \_\_\_\_\_  
 LOCATION/BANK \_\_\_\_\_

7. MARKETABLE SECURITIES ..... \_\_\_\_\_  
 LOCATION/BANK \_\_\_\_\_

8. CERTIFICATE OF DEPOSIT ..... \_\_\_\_\_  
 LOCATION/BANK \_\_\_\_\_

9. CASH VALUE INSURANCE POLICIES ..... \_\_\_\_\_

10. OTHER OWNED REAL ESTATE ..... \_\_\_\_\_  
 INCLUDE ADDRESS \_\_\_\_\_

11. LIST OTHER ASSETS:  
 \_\_\_\_\_  
 \_\_\_\_\_

<u>FIXED DEDUCTIONS</u>	<u>MONTHLY</u>	<u>YEARLY</u>
FEDERAL INCOME TAX .....	_____	_____
CO-APP'S FEDERAL INCOME TAX .....	_____	_____
STATE INCOME TAX .....	_____	_____
CO-APP'S STATE INCOME TAX .....	_____	_____
F.I.C.A. ....	_____	_____
CO-APP'S F.I.C.A. ....	_____	_____
PREMIUM FOR LIFE INSURANCE .....	_____	_____
RETIREMENT DEDUCTIONS .....	_____	_____
UNION DUES .....	_____	_____
CREDIT UNION DEDUCTIONS .....	_____	_____
MEDICARE DEDUCTIONS .....	_____	_____
OTHER DEDUCTIONS (EXPLAIN)		
_____ .....	_____	_____
_____ .....	_____	_____
_____ .....	_____	_____

HOUSING EXPENSES

MONTHLY

YEARLY

MORTGAGE PAYMENT .....

\_\_\_\_\_

\_\_\_\_\_

BALANCE DUE: \_\_\_\_\_

HOMEOWNER'S INSURANCE .....

\_\_\_\_\_

\_\_\_\_\_

PROPERTY TAX .....

\_\_\_\_\_

\_\_\_\_\_

OTHER DEDUCTIONS (EXPLAIN)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIABILITIES

AUTOMOBILE LOAN .....

\_\_\_\_\_

\_\_\_\_\_

BALANCE DUE: \_\_\_\_\_

AUTOMOBILE INSURANCE .....

\_\_\_\_\_

\_\_\_\_\_

MEDICAL INSURANCE .....

\_\_\_\_\_

\_\_\_\_\_

LIFE INSURANCE .....

\_\_\_\_\_

\_\_\_\_\_

LIFE INSURANCE LOAN .....

\_\_\_\_\_

\_\_\_\_\_

BALANCE DUE: \_\_\_\_\_

NOTES PAYABLE .....

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE: \_\_\_\_\_

BALANCE DUE: \_\_\_\_\_

CHRONIC MEDICAL EXPENSES .....

\_\_\_\_\_

\_\_\_\_\_

CHRONIC PRESCRIPTION EXPENSES .....

\_\_\_\_\_

\_\_\_\_\_

OTHER DEDUCTIONS (EXPLAIN)

_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL LIABILITIES.....	_____	_____

ATTACHMENT "A"

Please fill in the chart below for the persons living in your home who are not the Applicant or Co-Applicant.

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP TO APPLICANT/CO-AP</u>	<u>INCOME</u>	<u>AMOUNT OF RENT PAID APPLICANT/CO-AP</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CITY OF BERWYN

DEPARTMENT OF COMMUNITY DEVELOPMENT

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GENERAL RELEASE FORM

I (We) \_\_\_\_\_ hereby authorize the City of Berwyn Emergency Assistance/Housing Rehabilitation Loan Policy (“Loan Program”) or its designated agents to obtain and receive

All records and information pertaining to eligibility for the Loan Program, including employment, income (including

IRS returns), credit, residence, and banking information from all persons, companies or firms holding or having access to such information. This authorization hereby gives the City of Berwyn the right to request all information that I (we) can or could obtain from any persons, company or firm on any matter referred to above.

I (We) agree to have no claim for defamation, violation or privacy, or otherwise against any person, firm or Corporation by reason of any statement of information released by them to the City of Berwyn for purpose of the program. The term of this authorization shall commence on the date of signature and be in force for a period of two (2) years.

I (WE) FURTHER AGREE THAT IF THE CITY OF BERWYN MAKES AN INSPECTION OF MY HOME OR BUILDING AS PART OF MY LOAN APPLICATION, I (WE) AGREE TO CORRECT ANY VIOLATIONS WHETHER OR NOT THE LOAN IS APPROVED.

Subscribed and Sworn to  
before me this \_\_\_\_ day  
of \_\_\_\_\_, 20\_\_.  
\_\_\_\_\_

Signature \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Subscribed and Sworn to  
before me this \_\_\_\_ day  
of \_\_\_\_\_, 20\_\_.  
\_\_\_\_\_

Signature \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION BY APPLICANT(S)**

The Applicant certifies that all information in this Application, and all information furnished in support of this Application is given for the purpose of obtaining a rehabilitation loan and is true and complete to the best of the Applicant's knowledge and belief.

The Applicant further certifies that he is the owner/occupant of the property described in this Application, and that the loan proceeds will be used only for the work and materials necessary to meet the rehabilitation or code standards, as applicable, which are prescribed for the property described in this Application.

PENALTY FOR FALSE OR FRAUDULENT INFORMATION: U.S.C. Title 18, Section 1001, provides: Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies.....or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years, or both. In addition, any fraudulent, fictitious or false statement on this Application will result in the calling in of any note, deferred, grant or other financial help in full.

Affiant(s) hereby authorize(s) the City of Berwyn or its designated agents to obtain and receive all records and information pertaining to eligibility for the rehabilitation program, including employment, income (including IRS returns), credits, residency and banking information from all persons, companies or firms holding or having access to such information.

This authorization hereby gives the City of Berwyn the right to request all information that can be obtained from any persons, company or firm on any matter referred to above. I (we) agree to have no claim for defamation, violation or privacy, or otherwise against any person or firm or corporation by reason of any statement or information released by them to the City of Berwyn for purpose of the program. The term of this authorization, shall commence on the date of signature and be in force for a period of two (2) years.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_

\_\_\_\_\_  
Co-APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME



## CHECKLIST OF REQUIRED DOCUMENTS

INCLUDE COPIES OF ALL DOCUMENTS THAT ARE APPROPRIATE TO YOUR HOUSEHOLD

- Copies of three (3) current pay stubs for each job
- Copy of Social Security Benefits letter(s) or a copy of the most recent Social Security check(s)
- Copies of your Federal Tax Returns (IRS 1040's) and W2's for the last three (3) years
- Copies of other sources of income which list the source and total received
- Copy of your Homeowners Insurance Policy
- Copy of the Real Estate Tax bill mailed by the County for the last three (3) years
- Copy of your Land Trust Agreement if you land is in a Land Trust
- Copy of your existing (not new) Plat of Survey (if available)
- Copy of your Title, Deed or Title Insurance Policy form when you purchased the property (if available)
- A signed copy of the "Notification: Watch Out For Lead Based Paint Poisoning"
- Verification of the current balance owned on your mortgage(s)

THE PACKAGE YOU SUBMIT SHOULD CONTAIN THE FOLLOWING:

- APPLICATION
- FINANCIAL STATEMENT
- COPIES OF ALL APPROPRIATE DOCUMENTS
- VERIFICATION THAT YOU DO NOT QUALIFY FOR A LOAN FROM A LENDING INSTITUTION
- ATTACHMENT "A"

I HAVE RECEIVED AND READ THE "CHECKLIST OF REQUIRED DOCUMENTS":

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Signature of Applicant

