

THE CITY OF BERWYN

SINGLE FAMILY REHAB PROGRAM LOAN APPLICATION

Please print clearly:

A. General Information		Application No. _____
Date: _____		
Applicant Name: _____	Age: _____	Sex: _____
Co-Applicant Name: _____	Age: _____	Sex: _____
Address: _____		Berwyn, IL 60402
Home Phone: _____	Cell Phone: _____	
E-mail: _____		
B. Household Information		
Number in household: _____	Number in household age 60 or older: _____	
Female headed household? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Race/Ethnicity: (please check all that apply)		
<input type="checkbox"/> White	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Native American/Alaskan Native	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other Multi Race
In addition to the applicant and co-applicant, who lives in your house?		
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
C. Employment History		
Applicant Name: _____	Employer: _____	
Employment Address: _____		
Job Title: _____	Years Employed: _____	
Co-Applicant Name: _____	Employer: _____	
Employment Address: _____		
Job Title: _____	Years Employed: _____	
Other household members who also are employed.		
Name: _____	Employer: _____	
Employment Address: _____		
Job Title: _____	Years Employed: _____	
Name: _____	Employer: _____	
Employment Address: _____		
Job Title: _____	Years Employed: _____	
D. Dwelling Information		
<input type="checkbox"/> Single family dwelling <input type="checkbox"/> Two To Four Unit <input type="checkbox"/> Condominium		
Unpaid balance of first mortgage: _____	\$	
Name of 1 st mortgage lender: _____		
Unpaid balance 2 nd mortgage /equity lines of credit: _____	\$	
Name of 2 nd mortgage lender: _____		
Property Identification number (PIN): _____		
House Built: _____	<input type="checkbox"/> Before 1978	<input type="checkbox"/> After 1978
Is your home currently in foreclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Please note: A title search will be performed on the property. This cost is an eligible loan item. If you have a Reverse mortgage, it may affect your eligibility for this program.</i>		

THE CITY OF BERWYN

Title to my property is held by:			
Is your home in a Land Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Appraised value of home: \$			
Please identify areas of your home that need repair. <i>Please note that code violations and health and safety issues are to be addressed before any other work is permitted.</i>			
<input type="checkbox"/> Roof	<input type="checkbox"/> Windows	<input type="checkbox"/> Gutters, Fascia, Soffit	<input type="checkbox"/> Foundation
<input type="checkbox"/> Exterior walls(tuck pointing)	<input type="checkbox"/> Doors	<input type="checkbox"/> Floors, Ceilings, Interior walls	<input type="checkbox"/> ADA Access
<input type="checkbox"/> Porches or stairs	<input type="checkbox"/> Storm Doors	<input type="checkbox"/> HVAC	<input type="checkbox"/>
<input type="checkbox"/> Property Walkway	<input type="checkbox"/> Electrical	<input type="checkbox"/> Hot water heater	<input type="checkbox"/>
<input type="checkbox"/> Garage(up to \$1500)	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Water & Sewer	<input type="checkbox"/>

E. Household Income Information

F. Items to Submit with this Application – as applicable to your household

- Copies of last three (3) consecutive pay stubs for each job held by any member of the household 18 and over – including unemployment compensation
- Copy of Social Security benefit letter(s) or copy of most recent Social Security check
- Copies of your last two (2) tax returns (1040's) and W2's
- Copies of last three checking and savings bank statements
- Documentation showing other sources of income as listed on your financial statement
- Copy of Declarations Page of homeowners insurance policy
- Proof of current mortgage balance – most recent payment letter from mortgage company
- If you have a Reverse mortgage, provide a copy of the mortgage
- Copy of Land Trust Agreement if your home is in a Land Trust
- Copy of most recent real estate tax bill from Cook County
- Copy of existing plat of survey (if available)
- Copy of title/deed or title insurance policy from your purchase (if available)
- Signed IRS form 4506 (attached)
- Signed "Financial Statement" (attached)
- Signed Certificate of Eligibility (attached)
- Signed Certification of Marital Status (attached)
- Signed "Notification: Protect Your Family From Lead In Your Home" (attached)
- Signed "Third Party Authorization and Agreement to Release" (attached)
- Condominium Association document stating responsibilities of Association (if applicable)
- Copies of state I.D., student I.D., or other type of I.D. when applicable

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. TITLE 18, SEC 1001, PROVIDES: WHOMEVER, 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 STATEMENTS OR REPRESENTATIONS, OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED NOT MORE THAN FIVE (5) YEARS, OR BOTH.

The City of Berwyn will forward all fraudulent applications to the Cook County State's Attorney's Office for prosecution.

THE CITY OF BERWYN

WARNING: Costs associated with this rehab **WILL NOT BE PAID** unless the applicant has been approved by the Community Development Dept. and all procedures have been followed. **DO NOT** enter into any agreements, either verbal or written until approved for participation in this program. All contractors must be registered with the Community Development Dept. and work must pass inspection. If there is a dispute about the finished product of a contractor, the Homeowner may file a complaint with Berwyn and/or avail themselves of the remedies allowed by law.

THE APPLICANT HEREBY CERTIFIES ALL INFORMATION IN THIS APPLICATION, AND ALL INFORMATION FURNISHED IN SUPPORT OF THIS APPLICATION, IS GIVEN FOR THE PURPOSE OF OBTAINING A LOAN UNDER THE SINGLE FAMILY REHAB PROGRAM AND IS TRUE AND COMPLETE TO THE BEST OF THE APPLICANT'S KNOWLEDGE. VERIFICATION MAY BE OBTAINED FROM ANY SOURCE NAMED HEREIN. THE APPLICANT HAS RECEIVED A COPY OF THE PROGRAM DOCUMENT AND AGREES TO ABIDE BY THE REQUIREMENTS OF THE PROGRAM IN CONNECTION WITH ANY LOAN THAT MAY BE MADE BY THE COMMUNITY DEVELOPMENT DEPARTMENT OF THE CITY OF BERWYN.

APPLICANT UNDERSTANDS THAT IF HE/SHE QUALIFIES FOR THE PROGRAM, HE/SHE WILL BE REQUIRED TO SIGN A MORTGAGE AND NOTE FOR THE MAXIMUM ASSISTANCE AVAILABLE. THIS MORTGAGE WILL BE RECORDED AS A LIEN AGAINST THE PROPERTY. WHEN THE WORK IS COMPLETED THE MORTGAGE WILL BE MODIFIED TO REFLECT THE EXACT AMOUNT BORROWED.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Conflict of Interest

CDBG recipients and sub-recipients must comply with procurement requirements found in 24 CFR 570.611 and 24 CFR 85 (state and local governments) and 84.42 (non-profits). As a general rule no employee, officer or agent of the grantee will participate in selection, or in the award or administration of a contract supported by federal funds if a conflict of interest, real or apparent, would be involved. Such a conflict would arise when: the employee, officer or agent; any member of their immediate family; their partner; or an organization which employs, or is about to employ, any of the above, has a financial or other interest in the firm selected for award. The grantee's officers, employees or agents will neither solicit nor accept gratuities, favors or anything of monetary value from contractors, potential contractors, or parties to sub-agreements, during office tenure or for one year after the close out of the grant.

Signature: _____ Date: _____

Signature: _____ Date: _____

THE CITY OF BERWYN
LEAD NOTIFICATION

I have received and read a copy of the publication from HUD and EPA,
#EPA-747-K-99-001 or #EPA-740-F-08-002, entitled

Protect Your Family from Lead in Your Home
And / or
Renovate Right

Applicant Signature: _____

Printed Name: _____

Date: _____

Request for Transcript of Tax Return

OMB No. 1545-1872

▶ Request may be rejected if the form is incomplete or illegible.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Return or Account Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 **Verification of Nonfiling**, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Phone number of taxpayer on line 1a or 2a

Sign Here		Date	
	Signature (see instructions)		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
		Date	
	Spouse's signature		

SFR Preliminary Income Summary Calculation

Applicant:			Co-Applicant:				
Property Address:							
Anticipated Annual Income							
Household Members Name	Age	Wages / Salary	Benefits/ Pension	Public Assistance	Other income	Total Income	
1.		\$	\$	\$	\$	\$	
2.		\$	\$	\$	\$	\$	
3.		\$	\$	\$	\$	\$	
4.		\$	\$	\$	\$	\$	
5.		\$	\$	\$	\$	\$	
TOTALS:		\$	\$	\$	\$	\$	
Assets							
Household Members Name	Description of Asset			Cash Value of Asset	Income from Assets		
1.				\$	\$		
2.				\$	\$		
3.				\$	\$		
4.				\$	\$		
5.				\$	\$		
TOTALS:					\$	\$	
Total Cash Value of all Assets				\$			
Total Income from all Assets					\$		
Grand Total of all household members income and asset income...							
Grand Total of all household members income and asset income...					\$		
Certification:							
<p>I hereby certify the information given above is true and accurate. I acknowledge the information provided is being used for the specific purpose of determining whether my household is eligible to receive rehabilitation loan assistance and benefits through the Single Family Rehab Program ("SFR"). I will fully cooperate to provide or obtain any necessary income verifications or other documents to confirm the information given. I further certify all income of any kind has been fully disclosed. I understand rehabilitation loan assistance and SFR benefits are repayable upon sale or other transfer of the property or if the property ceases to be my primary residence. I further understand I will have to sign a document agreeing to these terms at closing.</p>							
Applicant:			Date:				
Co-Applicant:			Date:				

LIST OF ASSETS

When completing forms as part of the City of Berwyn's Single Family Rehab Program, the term "Assets" includes, but is not limited to, the following:

1. Cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc. For savings accounts, use the current balance. For checking accounts, use the average 6-month balance.
2. Cash value of revocable trusts available to the applicant.
3. Equity in rental property or other capital investments
4. Cash value of stocks, bonds, Treasury bills, certificates of deposit and money market accounts.
5. Individual retirement and Keogh accounts (even though withdrawal would result in a penalty).
6. Retirement and pension funds.
7. Cash value of life insurance policies available to the individual before death (e.g., surrender value of a whole life or universal life policy).
8. Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.
9. Mortgages or deeds of trust held by applicant.

Single Family Rehab Program Applicant's Certification of Marital Status

In order to fully understand the ownership interests in the property being purchased, and the relationship between the occupants who will, or could potentially, be living in the home, it is necessary for you to provide the following information:

1. Married (Spouses Name: _____)
2. Unmarried
3. Civil Union (Other Persons Name: _____)
4. Legally separated (Date of Decree: _____)
5. Divorced
6. Widowed (Date of Decree: _____)
(Former spouses name: _____)

If you wish to have a marital property agreement, court order or other document considered in connection with your application, you may attach a copy of it with this form.

By signing below, hereby certify that the information provided above is accurate.

Signature

Date

Printed Name

Co- Applicant's Certification of Marital Status

In order to fully understand the ownership interests in the property being purchased, and the relationship between the occupants who will, or could potentially, be living in the home, it is necessary for you to provide the following information:

1. Married (Spouses Name: _____)
2. Unmarried
3. Civil Union (Other Persons Name: _____)
4. Legally separated (Date of Decree: _____)
5. Divorced
6. Widowed (Date of Decree: _____)
(Former spouses name: _____)

If you wish to have a marital property agreement, court order or other document considered in connection with your application, you may attach a copy of it with this form.

By signing below, hereby certify that the information provided above is accurate.

Signature

Date

Printed Name

**Single Family Rehab Program
THIRD PARTY AUTHORIZATION AND AGREEMENT TO RELEASE**

Applicant: _____ Co-Applicant: _____

Property Address: _____

I/We, the applicant and co-applicant listed above, hereby authorize the release of all records and pertinent financial information to the City of Berwyn and HUD, or their designated agents (hereafter collectively referred to as the "City"), for the use in determining my/our eligibility for participation in the Single Family Rehab Program. This authorization hereby gives the City the right to request all information that I/we can or could obtain from any persons, company or firm on any matter dealing with my/our finances. I/we agree to have no claim for defamation, violation of privacy, or otherwise against any person, company or firm by reason of any statement of information released by them to the City for purposes of this program. The term of this authorization shall commence on the written below and be in full force and effect for a period of two (2) years.

This authorization entitles release of information including, but not limited to, the following:

- All financial institutions in which I/we have/had business transactions
- Places of employment
- Title Company
- Any other organization having access to pertinent information to release said information to the City of Berwyn Community Development Department and HUD when a written request is supplied along with a copy of this document.

Signature of Applicant

Date Signed

Signature of Co-Applicant

Date Signed

State of Illinois)
County of Cook)

I, the undersigned, a Notary Public in and for said County of Cook and State of Illinois, DO HEREBY CERTIFY the above named person(s) is/are known to me to be the same person(s) whose name(s) is/are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal this ____ Day of _____, 201__.

Notary Public