

Eligibility

No data saved

Case Id: 10029
Name: Sample - 2019
Address: *No Address Assigned

Eligibility

Please answer the below questions to determine your preliminary eligibility for the City's Owner Occupied Rehabilitation Program. The following questions are relative to both the applicant and co-applicant(s).

1. Does your household adjusted gross income exceed the 2019 limits below? You must include the annual income for anyone over the age of 18 residing in your home including non-relatives.

Household Size	1	2	3	4	5	6	7	8
Income 30%	\$0-\$18,550	\$0-\$21,200	\$0-\$23,850	\$0-\$26,500	\$0-\$30,170	\$0-\$34,590	\$0-\$39,010	\$0-\$43,430
Income 50%	\$18,551-\$30,950	\$21,201-\$35,350	\$23,851-\$39,750	\$26,501-\$44,150	\$30,171-\$47,700	\$34,591-\$51,250	\$39,011-\$54,750	\$43,431-\$58,300
Income 80%	\$30,951-\$49,500	\$35,351-\$56,550	\$39,751-\$63,600	\$44,151-\$70,650	\$47,701-\$76,350	\$51,251-\$82,000	\$54,751-\$87,650	\$58,301-\$93,300



IF YOUR ANNUAL HOUSEHOLD INCOME EXCEEDS THE LIMITS LISTED ABOVE, YOU WILL NOT QUALIFY FOR THE HOUSING REHABILITATION PROGRAM.

2. Are you a citizen or a lawful permanent resident of the United States?

3. Do you own/and occupy the property for which you are seeking assistance?

4. Are your property taxes and insurance current?



IF YOU ANSWERED "NO" TO ANY OF THESE QUESTIONS, YOU MAY NOT BE ELIGIBLE FOR HOUSING REHABILITATION ASSISTANCE. Please call the Housing and Economic Development office to discuss your eligibility prior to submitting the Application.

5. Do you have a bankruptcy in the past that has not been discharged by a judge?

6. Do you have any outstanding judgments against you?

7. Are you in delinquent or in default on any federal debt?

9. Is the property a mobile home or rental-only property?

10. In the past (10) years, have you been obligated on a home loan/home improvement loan which resulted in foreclosure, deed in lieu of foreclosure or judgement?

11. Do you intend to occupy the property as your primary residence?



IF YOU ANSWERED "YES" TO ANY OF THESE QUESTIONS, YOU MAY NOT BE ELIGIBLE FOR HOUSING REHABILITATION ASSISTANCE. Please call the Housing and Economic Development office to discuss your eligibility prior to submitting the Application.

A. Inquiry Form

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Initial Application

Thank you for your interest in the City's Homeowner Rehabilitation Program, administered by the City of Bloomington's Community Development Department, Office of Grants Administration. This program is funded through the US Department of Housing and Urban Development. It is designed to provide financial assistance to qualified Bloomington residents to address eligible rehabilitation items. If you have any questions regarding this application, please contact Tony Brown at 309-434-2838.

APPLICANT CONTACT INFORMATION

A.1. First Name

A.2. Last Name

A.3. Address

A.4. Home Phone

A.5. Mobile Phone

A.6. Email

CO-APPLICANT CONTACT INFORMATION

A.7. Co-Applicant First Name

A.8. Co-Applicant Last Name

A.9. Co-Applicant Address

A.10. Co-Applicant Home Phone

A.11. Co-Applicant Mobile Phone

A.12. Co-Applicant Email

A.13. Anticipated Adjusted Gross Annual Household Income

\$0.00

A.14. Household Size (Everyone living in your home including non-relatives)

A.15. Have you ever participated in any housing assistance programs with the City?

If yes, what type and when:

B. Household

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B. Household Members

List all household members including relatives and non-relatives living in the home.

Total Household Members: 0

C. Asset Verification

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Household Asset Verification

List all assets for borrower and co-borrower. Assets include checking and savings accounts, certificates of deposit, investments, pensions, etc.

Asset Type	Name of Bank or Financial Institution	Current Market Value	Interest Rate	Interest Income
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Total Interest Income: \$0.00
Total Assets Market Value: \$0.00

D. Income Verification

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Household Income Verification

List all permanent household members, including all **annual adjusted gross** income for household members 18 years of age or older

Household Income Summary

Income Limits Used	2019 Income Limits	Total Household Income (Monthly)	\$0.00
# of Household Members	0	Total Household Income (Annual)	\$0.00
Approval Threshold	30.00 %	Asset Interest Income (Annual)	\$0.00
AMI @ Threshold	\$43,430.00	Total Combined Income (Annual)	\$0.00
		Percent of AMI	

AMI Table

AMI = Average Median Income

Household Size	1 people	2 people	3 people	4 people	5 people	6 people	7 people	8 people
AMI 100%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
AMI 30%	\$18,550.00	\$21,200.00	\$23,850.00	\$26,500.00	\$30,170.00	\$34,590.00	\$39,010.00	\$43,430.00

Staff Certification

Applicant Signature

Co-Applicant Signature

E. Liabilities

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E. Liabilities

Please include all liabilities, including, but not limited: Mortgage(s), Personal Loans, Credit Cards, Auto Loans, Student Loans, Alimony, Child Support, Rent Payment, etc.

Description of Liability Account	Account Number	Balance Owed	Monthly Payment
		\$0.00	\$0.00

F. Rehabilitation Request

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F. Rehabilitation Request

Please provide the following information

F.1. Please provide a list of the major repairs which you feel are needed at your home:

G. Required Documents

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G. Required Documents

Each application must include verification of annual income. Please attach the documents that apply to your household.

Documentation

Federal Tax Returns (2 years) - Certified/Transcript Copies

**No files uploaded

Copy of Benefit Statement for other income such as social security, pension, etc.

**No files uploaded

If self-employed, copies of Year to Date (YTD) profit and loss statement for last 2 years

**No files uploaded

Copies of pay stubs for the month prior to the application date

**No files uploaded

Copy of divorce decree and agreements, if applicable

**No files uploaded

Copies of checks or other proof of receipt of child support or alimony for past 12 months, if applicable

**No files uploaded

Copies of banks statements for the (3) months prior to the application date. Include statements for ALL checking and savings accounts for BOTH the applicant and co-applicant

**No files uploaded

Copies of most recent brokerage account statement(s), if applicable

**No files uploaded

Printout/proof that property taxes are current

**No files uploaded

Copies of all outstanding debts that would apply to the verification of this application

***No files uploaded*

Copy of bankruptcy discharge of debtor notice and all related schedules, if applicable

***No files uploaded*

Other Income Verification

***No files uploaded*

Submit

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Submit the Application

Once an application is submitted, it can only be "Re-opened" by an Administrator.

PRIVACY NOTICE

CITY OF BLOOMINGTON, an Illinois unit of local government ("Recipient") would like to advise you of its privacy policies. Recipient has collected non-public personal information from your application and consumer reporting agency. 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 request under FOIA or other federal, state or 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 party 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 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 policy containing such changes.

Please read, understand and sign the following documents. Executed (signed) forms must be uploaded below.

[Applicant Signature Page](#)

[Self-Help Restriction](#)

[Information Release Authorization](#)

[Homeowner Expectations](#)

Applicant Signature Page *Required

**No files uploaded

Self-Help Restriction *Required

**No files uploaded

Information Release Authorization *Required

**No files uploaded

Homeowner Expectations *Required

**No files uploaded

IDIS/Loan Setup

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IDIS Setup

Please provide the following information

LOAN SETUP

Loan Number

Tax ID/PIN

Borrower Name(s)

Borrower Social Security #

Borrower Phone (1)

Borrower Phone (2)

Borrower Email

Co-Borrower Name

Co-Borrower Social Security #

Co-Borrower Phone (1)

Co-Borrower Phone (2)

Co-Borrower Email

IDIS SETUP

Project Name

Activity Number ID

Project Description/Scope of Work

National Objective

Objective

Outcome

HUD Activity Code

Accomplishment Type

Service Area

Census Tract

CT/BG Low/Mod %

Block Group

Type of Assistance

Weatherization

Amount

\$0.00

Closing Date

Terms

Key Dates

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Key Dates

Item	Date Completed	Notes
Application Intake Date		

Ver. Employment	Date Completed	Notes
1st Attempt Date		
2nd Attempt Date		

3rd Attempt Date

Received Date

Disability	Date Completed	Notes
1st Attempt Date		
2nd Attempt Date		

3rd Attempt Date

Date Received

Ver. Social Security	Date Completed	Notes
1st Attempt Date		
2nd Attempt Date		

3rd Attempt Date

Date Received

Verification of Deposit	Date	Notes
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Completed

1st Attempt Date

2nd Attempt Date

3rd Attempt Date

Date Received

	Date	
60 Days Pay Stubs	Completed	Notes

1st Attempt Date

2nd Attempt Date

3rd Attempt Date

Received Date

	Date	
Bank Statements	Completed	Notes

1st Attempt Date

Received Date

	Date	
Tax Returns	Completed	Notes

1st Attempt Date

Received Date

	Date	
P&L	Completed	Notes

Received Date

	Date	
Child Support	Completed	Notes

1st Attempt Date

Received Date

Other Dates	Date Completed	Notes
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Approval Signing

120 Days Date

Closing Date

Six-month Date

Item	Date Completed	Notes
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HFA Preliminary Date

Release Date

Initial Inspection Date

**Environmental Review
Complete**

Invitation to Bid Mailed

Bid Opening Date

Contract Award Date

Client signs Contract

Mortgage Date

**Contractor Order To
Proceed Date**

**Scheduled Completion
Date**

**Construction Completion
Date**

Audit

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Audit

Prior to closing the case, please ensure that all information is complete, all files are electronically stored and the Rehabilitation Specialists HCD program manager electronically signs the case.

Age of Primary Applicant

Race

Total Project Cost

\$0.00

HUD Special Needs (check all that apply)

Household Size

Elderly

Household Income

\$0.00

Disabled

Farmworker

Household Income Category

Dev. Disabled

0-30% (ELI)

Homeless

31-50% (VLI)

Veteran

51-80% (LI)

Developmental Disabilities

REHABILITATION SPECIALIST

I have reviewed the case files and certify that the household is qualified to participate in the program and that all required supporting income and asset documentation has been collected and electronically stored in the case file.

***Not signed*