

Skamania-Klickitat Regional
Home Rehabilitation Loan Program
General Guidelines

- Up to \$20,000 *zero interest, deferred payment loan*
- For homeowners in Skamania and Klickitat Counties
- Must be primary residence of the homeowner
- Can be a mobile home but land must be being purchased and cannot be older than 1977. No mobile home parks.
- Primary work must be for health and safety reasons

500 East 2nd Street, The Dalles, OR. 97058
Deaf Community Relay – (OR) 1-800-735-1232 (WA) 1-800-833-6384

(Phone) 1-541-296-5462 (Toll Free) 1-888-356-8919
(Fax) 1-541-296-8570



Mid-Columbia Home Repair Loan Program
Columbia Cascade Housing Corporation

Mid Columbia

REGIONAL HOME REPAIR APPLICATION

This is an Equal Opportunity Program. Discrimination is prohibited.

SCREENING PROCESS

Columbia Cascade Housing Corporation (CCHC) will contact you by mail as soon as your application is screened. Please be patient. To advance in the screening process you must complete all items and sign certifications on last page. Please return completed applications to: Columbia Cascade Housing Corporation, 500 E 2nd St., The Dalles, Oregon 97058

APPLICANT AND CO-APPLICANT INFORMATION

APPLICANT				CO-APPLICANT			
Name				Name			
Mailing Address				Mailing Address			
Phone Number		Birth Date		Phone Number		Birth Date	
Social Security Number		E-mail Address		Social Security Number		E-mail Address	
		Highest Education (circle) None primary HS/GED College				Highest Education (circle) None primary HS/GED College	
Other Household Members							
Name		Age	Date of Birth		Social Security Number		

MEMBER HOUSEHOLD INFORMATION

Number of people in household:			Female head of household <u> </u> Yes <u> </u> No	
<i>White</i>	<i>Black</i>	<i>Hispanic</i>	Number in household who are:	
			<i>Male</i>	<i>Female</i>
<i>Am. Indian or Alaskan Native</i>		<i>Asian or Pacific Islander</i>		
<i>Disabled</i>		<i>Migrant/Farmworker</i>	<i>Veteran</i>	<i>Disabled Veteran</i>

*Referred by _____

PROPERTY TO BE IMPROVED

Physical Address of Home:	Tax Assessed Value: \$
Date Purchased:	Purchase Price: \$
1 st Mortgage Lender: _____ Is this a reverse Mortgage? Yes _____ No _____ Amount Owed: _____	2nd Mortgage Lender _____ Address: _____ Phone Number: _____ Amount Owed: _____
Other Liens or Judgments on Property:	Name of Fire Insurance Company: Name and Address of Fire Insurance Agent or Agency: Phone Number of Agent:
Type of Heat:	Approximate Square Feet:
Number of Bedrooms:	Is the home a mobile home or stick built? On foundation? Do you own/buying land? Yes No
Year House/Mobile home was built:	Has code enforcement cited your property? __Yes __No

HOME REPAIRS NEEDED (Please describe repairs in detail)

Foundation:
Siding:
Dry Rot:
Electrical:
Plumbing:
Roof/Gutters:
Septic/Sanitation:
Insulation:
Doors/Windows:
Special Needs:
Painting:
Flooring:
Heating:

Other:

CREDITOR INFORMATION

CREDITOR NAMES & ADDRESSES	DATE INCURRED	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENT	AMOUNT PAST DUE
Your Real Estate Home Loan:					
Auto Loans					
Other (Credit Cards, etc)					
Other (Credit Cards, etc)					
Other (Credit cards, etc.)					

Please attach another sheet of paper, if needed.

HOUSEHOLD INCOME

Applicant		Co-Applicant	
Income Source	Monthly Amount	Income Source	Monthly Amount
Wages		Wages	
Social Security or SSI		Social Security or SSI	
Pension		Pension	
Child Support/Alimony		Child Support/Alimony	
Interest/Dividends		Interest/Dividends	
Other:		Other:	
Other:		Other:	
Total Monthly Income		Total Monthly Income	

Other Household Income (for all persons over age 18)

Income Source & Amount	Name of person receiving income	Income Source & Amount	Name of person receiving income

		Total Other Household Income	

Please attach another sheet of paper, if needed. All income for household must be declared.

ASSETS- Bank or Investment Accounts			
Name of Bank	Name (s) on Account	Name of Bank	Name(s) on the Account
Type of Account: ___Checking ___Savings		Type of Account: ___Checking ___Savings	
Account Balance: \$ _____		Account Balance: \$ _____	
Stocks, Bonds Other Securities:	Balance:\$	Other (Indicate):	Balance

ASSETS – Automobiles			
Automobiles owned (Make & Yr)	Value: \$	Automobiles owned (Make & Yr)	Value: \$
Automobiles owned (Make & Yr)	Value: \$	Automobiles owned (Make & Yr)	Value: \$

OTHER ASSETS (motor homes, boats, other property, etc.) Do not include household furnishings			
Asset	Value: \$	Asset	Value: \$
Asset	Value: \$	Asset	Value: \$
Other (Indicate):			

CERTIFICATIONS:

The applicant (s) certifies that they:

- Understands that submittal of an application is not a guarantee of funding and that income eligibility, the condition of the property, the work scope, program priorities and available of State funding will be all used to determine eligibility.
- Any of the information contained in this application will be verified and may be obtained from any source named herein.
- All information in this application, and all information furnished in support of this application is given for the purpose of obtaining a Home Repair Loan, under a financial assistance program developed by the lender with funds provided under the Housing and Community Development Act of 1974, as amended, and is true and complete to the best of the applicants' knowledge and belief.

- This is not an entitlement program and is subject to availability of funds, guidelines and eligibility requirements are subject to change.
- Own the property described in this application and that the Home Repair proceeds will be used only for work and materials allowable under and authorized by the home repair program for the property described in this application. If the approving officer determines that the rehabilitation Loan proceeds will not or cannot be used for the purposes described herein, the applicant acknowledges that s/he shall have no further interest, right, or claim to the Loan proceeds.
- Will comply with all requirements imposed by or pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1974 (78 Stat.252). The applicant agrees not to discriminate upon the basis of property rehabilitated with the assistance of this program. The lender shall be deemed to be a beneficiary of these provisions both for and in its own right and also for the purpose of protecting the interest of the community and other parties, public or private, in whose favor or for whose benefit these provisions, to maintain any actions or suits at law or in equity of any other property proceedings to enforce the curing of such breach.
- Indemnify the lender and to hold it harmless from any and all lawful claims resulting from false or fraudulent statements, errors, omissions, representations, or documents submitted with this application.
- Washington Law makes it a Class A Misdemeanor (punishable by up to one year in prison or a fine of up to \$1,000) for a person to issue a false statement (with intent to defraud) (ORS 165.100). It is also a Class A misdemeanor for a person to obtain the execution of documents by deception with the intent to defraud or injure another or acquire a substantial benefit (ORS 165.102). Penalty for false or fraudulent statement:
- U.S.C. Title 18 Sec. 1001 provides “whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, or makes false, fictitious or fraudulent statements or representation, or makes or uses any false writing or documents 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 years, or both.”

I declare that I have examined this request for Loan assistance and, to the best of my knowledge and belief; the information contained in it is true, correct and complete.

Applicant

Date

Co-Applicant

Date

Columbia Cascade Housing Corporation

AUTHORIZATION FOR RELEASE OF EMPLOYMENT, INCOME AND CREDIT INFORMATION

CONSENT: I authorize and direct any Federal, State or local agency, organization, business, landlord or individual to release information to and receive information from Columbia Cascade Housing Corporation's (CCHC) Home Repair Program staff. Information will be used to complete and verify my application for Home Repair Loan with Columbia Cascade Housing Corporation (CCHC). I understand and agree that this authorization, or the information obtained by its use, may be given to and used by CCHC in administering and enforcing program rules and policies. I also consent for CCHC to release information from my file to the Loan Committee that will determine my worthiness for Housing Rehabilitation Loan. You are hereby authorized to release any information required by Columbia Cascade Housing Corporation to complete the processing of the loan request.

Necessary credit information may include credit reports, saving deposits, checking accounts, mortgage payment records and balances, employment and salary information, Social Security payments, pensions, and verification of fire insurance coverage. A photograph or carbon copy of this authorization (being photographic or carbon copy of the signature(s) of the undersigned) may be deemed equivalent to the original.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for, and/or continued participation in the CCHC Home Repair Program.

INFORMATION COVERED: I understand that, depending on program policies and requirements previous or current, information regarding my household or myself may be needed. Verification and inquired that may be requested include but are not limited to the following:

Identity and Marital Status
Residential Ownership
Credit

Employment, Income and Assets
Social Security
Date of Birth

Signature

Social Security Number

Date

Signature

Social Security Number

Date

