## **HOME REPAIR ASSISTANCE PROGRAM**



The Home Repair Assistance Program (HRAP) is for EMERGENCY REPAIRS ONLY in the City of Auburn, and is limited to those repairs noted below. Loans of up to \$20,000 are available, a portion of which may be deferred (non-payback). If you have a repair or improvement that is not on this list, Homsite can still help you! We will always work to place you in the best possible program available to you.

Please note: Homsite does not provide 100% grant funding.						
**Have you had a COVID-19 related	l hardship, i.e.	, job loss or loss of inc	ome?  YES  NO			
WHA	AT IS YOUR EM	ERGENCY REPAIR?				
☐ Furnace ☐ Hot Water Heater	Leaking Roof	Sewage Back-up	☐ Foundation ☐ Ra	mp		
CUSTOMER INFORMATION						
Borrower Name:		Co-Borrower Name:				
Social Security Number:		Social Security Number:				
Date of Birth: Over 60 years of age?		Date of Birth:	Over 60 years of age?			
Address (Street):		Address (Street):				
(City, Zip):		(City, Zip):				
Please circle preferred method of communication below		Please circle preferred method of communication below				
Home Phone: Cell Phone:		Home Phone:	Cell Phone:			
Email:		Email:				
Are you a citizen of the United States? $\square$ Y	'es 🗌 No	Are you a citizen of the U	Inited States? 🗌 Yes 🔲 No			
EMPLOYMENT INFORMATION						
Name of Employer:		Name of Employer:				
No. of Years Self Employed?	☐ Yes ☐ No	No. of Years	Self Employed? ☐ Yes ☐	No		
Employer Address (Street):		Employer Address (Street):				
(City, Zip):		(City, Zip):				
Position:		Position:				
Annual Income:		Annual Income:				
	ase Note: You	must be income-eligi	ble to receive any defe	rred		
(non-payback) loan.						
<b>Please list ALL persons currently living in you</b> Estimate annual income if necessary. Please						
Name	Date of Birth	Annual Income	Source of Income			



## HOME REPAIR ASSISTANCE PROGRAM



PROPERTY INFORMATION *Ple	ase Note: T	he hon	ne improved must b	e your primary residence	
Is the property you are renovating your Primary Residence Tyes No # of Units					
Property Deed / Title in the name of:  Are your property taxes escrowed?  Yes					
Please list institutions or persons and mailing addresses of those who hold a mortgage on the property.					
Name Ad		Ad	dress	Balance	
RENTAL PROPERTY INFORMATION	N				
Do you receive rental income? Yes No If yes, r		monthly amount:			
Address of rental property (Street, City	v, Zip) :				
Are there any tenants under the age	of six? 🗌 Yes	□No			
Please list institutions or persons and m	ailing address	es of the	ose who hold a mortgag	ge on the property.	
Name Ad		Ad	dress	Balance	
INFORMATION FOR GOVERNME	NT MONITO	RING P	URPOSES		
The following information is requested order to monitor the lender's complian laws. You are not required to furnish the not discriminate either on the basis of information, please provide both ether not furnish ethnicity, race, or sex, under of visual observation and surname if y information, please check the box be all requirements to which the lender is	nce with equonis information this information this informationicity and raceer Federal reguou have madelow. (Lender n	al credite but are in, or on i. For rac ulations, e this ap nust revie	opportunity, fair housing encouraged to do so. To whether you choose to se, you may check more this lender is required to plication in person. If yow the above material to	and home mortgage disclosure he law provides that a Lender may furnish it. If you furnish the than one designation. If you do note the information on the basis u do not wish to furnish this to assure that the disclosures satisfy	
BORROWER:		BORROWER:			
Ethnicity:  Hispanic or Latino  Not Hispanic or Latino		Ethnicity: Hispanic or Latino Not Hispanic or Latino			
Race:  American Indian, Alaskan Native Asian American Black or African American White or Caucasian Native Hawaiian or other Pacific Islander Other		Race:  American Indian, Alaskan Native Asian American Black or African American White or Caucasian Native Hawaiian or other Pacific Islander Other			
Sex: ☐ Male ☐ Female		Sex: Male Female			



## HOME REPAIR ASSISTANCE PROGRAM



Date:

Date:

## **SIGNATURES**

Signature of Borrower:

Signature of Co-Borrower:

I/We have applied for the loan on this application, which may be secured by a mortgage or deed of trust on the property described herein, and represent that I/We intend to occupy the property as my/our primary residence and that the property will not be used for any illegal or restricted purposed. I/We attest that all statements made in this application are true and are made for the purpose of obtaining the loan. I/We also authorize Home HeadQuarters, Inc. and affiliate Homsite to obtain a Credit Bureau Report.

I/We authorize Home HeadQuarters, Inc. and affiliate Homsite to verify any information contained in this application with other parties to share information I/We have provided on this application and any other information relevant to my/our home improvement service with any of the Program partners, as applicable.

I/We understand that it may be a federal crime punishable by fine or imprisonment or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 101, et seq.

Home HeadQuarters, Inc., Homsite, and their agents and/or assignees, reserve the right to inspect any and all work associated with a home improvement loan or grant or any HHQ or Homsite financial product or service.

This application in no way guarantees or implies funding and/or service through Home HeadQuarters, Inc., its affiliate Homsite, or their agents and/or assignees.

REQUIRED SUPPORTING DOCUMENTS
Proof of income for all members who reside in the household (e.g., 3 recent pay stubs; benefit letter for SSI, Social Security, pension, unemployment, disability, etc.). If a household member does not have any income, including workers compensation, unemployment, etc., please submit a signed and dated written statement from that person attesting that they do not have any income. If a household member is a full-time student over the age of 18, please provide a current semester course schedule showing name and number of credits being taken.
Copy of Federal Tax Returns from the last 2 years. If you do not file Federal Tax Returns, please submit a signed and dated written statement attesting that you do not file.
☐ Bank Statements from the last 3 months Copy of picture I.D. (e.g., driver's license)
Copy of the recorded deed to your home with legal description attached (Schedule A)
Copy of declarations page of your homeowner's insurance policy stating current policy period, amount of coverage & listing of all mortgages against the property
We strongly encourage you to get an estimate from a contractor prior to submitting your application. Please submit it with your application if you have it.



\*Please Note: Your mortgage, taxes and water bills must be current to participate in this program.

\*Please Note: We may ask for additional documents in order to qualify you for special programs, if applicable.