





Please fill out this application form completely, sign and date it, and review the checklist of required documents to ensure your application packet is complete. Applications without all supporting documents cannot be accepted.

<b>CUSTOMER INFORMAT</b>	ION					
Borrower Name:			Co-Borrower Name:			
Social Security Number:			Social Security Number:			
Date of Birth:			Date of Birth:			
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:			Home Phone: Cell:			
Email:			Email:			
Are you a citizen of the United States? YES NO			Are you a citizen of the United States? YES NO			
EMPLOYMENT INFORM	ATION					
Name of Employer:			Name of Employer:			
No. of Years:	Self Employed? YES NO		No. of Years:	Self Em	nployed? YES 🗌	NO 🗌
Employer Address:	Employer Address:		Employer Address:			
Position:			Position:			
Annual Income:			Annual Income:			
HOUSEHOLD INFORMA	ATION					
HOUSEHOLD INFORMA Please list ALL persons curr	rently living in		ach separate sheet of po	•		
HOUSEHOLD INFORMA	rently living in		ach separate sheet of po	•		
HOUSEHOLD INFORMA Please list ALL persons curr	rently living in		ach separate sheet of po	•		)
HOUSEHOLD INFORMA Please list ALL persons curr Estimate annual income if	rently living in	ease indicate if any	ach separate sheet of po	•	students	9
HOUSEHOLD INFORMA Please list ALL persons curr Estimate annual income if	rently living in	ease indicate if any	ach separate sheet of po	•	students	<b>&gt;</b>
HOUSEHOLD INFORMA Please list ALL persons curr Estimate annual income if	rently living in	ease indicate if any	ach separate sheet of po	•	students	)
HOUSEHOLD INFORMA Please list ALL persons curr Estimate annual income if	rently living in	ease indicate if any	ach separate sheet of po	•	students	
HOUSEHOLD INFORMA Please list ALL persons curr Estimate annual income if	rently living in	ease indicate if any	ach separate sheet of po	•	students	)
HOUSEHOLD INFORMA Please list ALL persons curr Estimate annual income if	necessary. Pl	ease indicate if any Date of Birth	ach separate sheet of po	•	students	
HOUSEHOLD INFORMA Please list ALL persons curr Estimate annual income if Name	necessary. Pl	ease indicate if any Date of Birth	ach separate sheet of po	•	students	9
HOUSEHOLD INFORMAPlease list ALL persons cure Estimate annual income if Name  RENTAL PROPERTY INF	ORMATION	ease indicate if any Date of Birth	ach separate sheet of po household members are Annual Income	•	students	
HOUSEHOLD INFORMA Please list ALL persons curr Estimate annual income if Name  RENTAL PROPERTY INFO	ORMATION Ome? YES (Street, City,	ease indicate if any Date of Birth  NO   Zip):	ach separate sheet of polyhousehold members are separate sheet of	•	students	
RENTAL PROPERTY INFO Do you receive rental incomed Address of rental property	ORMATION ome? YES  (Street, City,	NO  Zip):  F six? YES NO	ach separate sheet of portion to the separate sheet sheet of the separate sheet sheet of portion to the separate sheet sheet of portion to the separate sheet of the separate sheet sheet of the separate sheet sh	full-time :	students Source of Income	
RENTAL PROPERTY INF Do you receive rental income if Address of rental property Are there any tenants und	ORMATION ome? YES  (Street, City,	NO  Zip):  F six? YES NO	ach separate sheet of portion to the separate sheet sheet of the separate sheet sheet of portion to the separate sheet sheet of portion to the separate sheet of the separate sheet sheet of the separate sheet sh	full-time :	students Source of Income	
RENTAL PROPERTY INFO Do you receive rental income if Address of rental property Are there any tenants und Please list institutions or pe	ORMATION ome? YES  (Street, City,	NO  Zip):  F six? YES NO	ach separate sheet of polyhousehold members are separate sheet of polyhousehold members are separate sheet of polyhousehold income  If yes, monthly amount:	full-time :	students  Source of Income	



## 1% HOME REPAIR LOAN





PROPERTY INFORMATION				
Is the property you are renovating your Primo	ry Residence? YE	S NO	# of Units:	
What would you estimate is the market value of your property?:				
Property Deed/Title in the name of:		Are your	property taxe	s escrowed? YES NO
Please list institutions or persons and mailing o	addresses of those	who hold a mo	tgage on the	property.
Name	,	Address		Balance
Please describe needed repair items with est				
**We strongly encourage you to get an estim	ate from a contra	ictor prior to subi		-
Repair Item		Estimated Cost		
INFORMATION FOR GOVERNMENT MONITORING PURPOSES				
The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish this information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)				
BORROWER	formation Co	O BORROWER	☐ I do not wi	sh to furnish this information
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 Native Hawaiian or other Pacific Islander Other  Race: American Indian, Alaskan Native Asian American Black or African American White Native Hawaiian or other Pacific Islander Other			☐ White	
Sex: Male Female	Se	ex: Male	Female	



## 1% HOME REPAIR LOAN





## **SIGNATURES**

Lauthorize Home HeadQuarters, Inc. (HHQ) to obtain credit reports in connection with this application and any loan or account established, as well as any update, renewal, extension, review or collection thereof. HHQ will use the credit report to confirm my residency address, review existing credit obligations, payment history, and determine whether my income is eligible to support a loan payment. Upon my request, HHQ will provide me with the name and address of the Consumer Reporting Agency contacted to supply the report. I understand that credit inquiries have the potential to impact my credit score.

I also authorize HHQ to verify any information contained in this application with other parties and to report its transactions with me. I authorize HHQ, the lender, to share information I have provided on this application and any other information relevant to my home improvement service with any of the Program partners.

I certify that all statements made in this application are true and are made for the purpose of requesting home improvement services.

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

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

Signature of Borrower	Date
Signature of Co-Borrower	Date

## REQUIRED SUPPORTING DOCUMENTS

Thank you for choosing Home HeadQuarters, Inc., for your financing needs. For your application to be processed, you must submit copies of the following documentation:

Please note, we are unable to accept incomplete applications. All supporting materials must be submitted at the time of application to Home HeadQuarters' Lending Department.

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
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)





of