



REHABILITATION ASSISTANCE PROGRAM
Single Family Residence or Multi-Family Dwelling
APPLICATION

PLEASE PRINT OR TYPE

NAME _____ SS# _____

SPOUSE'S NAME _____ SS# _____

PRESENT ADDRESS _____ YEARS AT THIS ADDRESS _____

CITY, STATE ZIP _____ HOME PHONE _____

PRESENT EMPLOYER _____ SALARY _____

ADDRESS _____

YEARS EMPLOYED _____ WORK PHONE _____

PREVIOUS EMPLOYER _____ SALARY _____

ADDRESS _____ YEARS EMPLOYED _____

SPOUSE EMPLOYER _____ SALARY _____

ADDRESS _____

YEARS EMPLOYED _____ WORK PHONE _____

PREVIOUS EMPLOYER _____ SALARY _____

ADDRESS _____ YEARS EMPLOYED _____

ANNUAL FAMILY INCOME \$ _____ NUMBER IN FAMILY _____

LENDER NAME & ADDRESS _____

PROPERTY ADDRESS _____

ESTIMATED PROJECT COST \$ _____

OWNER'S INVESTMENT IN PROJECT \$ _____

BANK LOAN/MORTGAGE FOR PROJECT \$ _____

REQUESTED WECED FUNDS \$ _____

BANK NOTE TERM: _____ RATE: _____

REQUIRED FOR APPROVAL OF LOAN
INFORMATION NEEDED FOR AUTOMATIC WITHDRAWAL OF PAYMENTS:
Bank Name: _____
Routing Number: _____
Account Number: _____

I (we) attest that this information and data on this form is correct and true to the best of my (our) knowledge. By signing this application form, I (we) understand that I (we) grant unconditional approval for WCED to check my (our) credit, personal finances and employment records at my (our) expense, so a complete evaluation of this application can be made. I (we) also understand that if the property is sold full payment of the loan will be due immediately.

DATE _____ SIGNATURE _____

SPOUSE _____

Return to: Wright County Economic Development, P.O. Box 214, Clarion, Iowa 50525

PERSONAL FINANCIAL INFORMATION

List all current assets and liabilities.

Current Personal Assets

Cash/Checking acct (Bank _____) \$ _____

Savings Account(s) (Bank _____) \$ _____

Stocks/Bonds/Securities \$ _____

Accounts/Notes Receivable \$ _____

Autos/Other vehicles (Model & Yr _____) \$ _____

Real Estate Value \$ _____

Household Furniture, etc. \$ _____

Other Assets: (list) _____ \$ _____

TOTAL ASSETS \$ _____

Current personal Liabilities

Balance on car (Holder of first lien _____) \$ _____

Balance on property (Bank _____) \$ _____

Credit Card Liability (Company _____) \$ _____

Other Liabilities (list creditor and amount) \$ _____

TOTAL LIABILITIES \$ _____

TOTAL ASSETS \$ _____

LESS TOTAL LIABILITIES \$ _____

NET WORTH \$ _____

I attest that this information, and data on the attached financial statements, are correct and true to the best of my knowledge.

Signature _____

Date _____ Spouse _____

Return to: Wright County Economic Development Department, First Time Home Owners Program, P.O. Box 214, Clarion, Iowa 50525

REHABILITATION PROJECT BUDGET WORKSHEET

Return with application

ITEM TO BE REPAIRED	CONTRACTOR	ESTIMATE

BUDGET WORKSHEET

Return with application

Name _____

	Current	Projected	
INCOME, GROSS, Monthly Average			
Payroll Deductions:			
Taxes (Federal, State, etc.)			
Savings Plan (401k, credit union, etc.)			
Other (medical, dental, etc.)			
Total Payroll Deductions			
INCOME, NET (Gross minus Deductions)			
Expenses:			
Personal Savings			
Housing			
Utilities			
Home Maintenance (laundry, toiletries, upkeep)			
Transportation (monthly payments)			
Auto Upkeep (gas, insurance, license, etc.)			
Food (groceries + dining out)			
Clothes			
Books, Periodicals, Online Services			
Entertainment (TV, movies, CD's, vacation)			
Debt Repayment (credit cards, school, etc.)			
Other Expenses			
Total Expenses			
INCOME, NET minus all expenses			