

**LOAN APPLICATION**  
**INFILL HOUSING PROGRAM**  
**COMMUNITY DEVELOPMENT DEPARTMENT**  
**200 WEST ERIE AVENUE - CITY HALL – 5<sup>TH</sup> FLOOR**  
**CITY OF LORAIN, OHIO 44052**  
**PHONE (440) 204-2020 - FAX (440) 204-2080**

**Applicant(s):**

<i>Name</i>	<i>Social Security Number</i>	<i>Date of Birth</i>
<i>House Number/Street/City/State/Zip Code</i>		
<i>Name</i>	<i>Social Security Number</i>	<i>Date of Birth</i>
<i>House Number/Street/City/State/Zip Code</i>		
<i>Telephone Number</i>	<i>Census Tract</i>	<i>Ward</i>
<i>Number in Household</i>	<i>Marital Status</i>	<i># Years at Address</i>
<i>Age &amp; Sex of Dependents</i>		
<i>Previous Address</i>		

**Employment – Head of Household:**

<i>Employer</i>	<i># of Years</i>
<i>Address of Employer</i>	<i>Phone Number</i>
<i>Occupation/Position</i>	<i>Gross Monthly Income</i>
<i>Previous Employer (If at current position less than 2 years)</i>	

**Employment – Other Family Member(s):**

<i>Employer</i>	<i># of Years</i>
<i>Address of Employer</i>	<i>Phone Number</i>
<i>Occupation/Position</i>	<i>Gross Monthly Income</i>
<i>Previous Employer (If at current position less than 2 years)</i>	

**Other Source of Income:**

<i>Rent</i>	<i>Social Security</i>	<i>Pension</i>
<i>Trusts</i>	<i>Disability</i>	<i>Public Assistance</i>
<i>Other</i>	<i>Child Support</i>	<i>Order Number</i> <i>Payment Amount</i>

Do you...

Rent? Amount of Rent Payment \$ \_\_\_\_\_

Own?

<i>Loan Information</i>		
<i>Original Amount of 1<sup>st</sup> Mortgage</i>	<i>Present Balance</i>	<i>Payment Amount</i>
<i>Lender</i>	<i>Address</i>	
<i>Land Contract Information</i>		
<i>Original Amount of 1<sup>st</sup> Mortgage</i>	<i>Present Balance</i>	<i>Payment Amount</i>
<i>Title Holder</i>	<i>Address</i>	
<i>Interest Rate</i>	<i>Loan Term</i>	

**Assets:**

<i>Savings Accounts – Bank Name &amp; Address</i>	<i>Account Number</i>	<i>Balance</i>
<i>US Savings Bonds, Stocks, Mutual Funds, Trusts, Etc...</i>	<i>Account Number</i>	<i>Balance</i>
<i>Other Real Estate Address</i>		<i>Value</i>
<i>Household Goods</i>		<i>Value</i>
<i>Others</i>		<i>Value</i>

**Liabilities:**

<i>Lender</i>	<i>Article Financed</i>	<i>Monthly Payment</i>	<i>Original Amount</i>	<i>Balance</i>
<i>Department Store</i>	<i>Article Financed</i>	<i>Monthly Payment</i>	<i>Original Amount</i>	<i>Balance</i>
<i>Credit Cards</i>	<i>Article Financed</i>	<i>Monthly Payment</i>	<i>Original Amount</i>	<i>Balance</i>

**Housing Expense:**

<i>Principal &amp; Interest</i>		\$
<i>Principal &amp; Interest 2<sup>nd</sup> Mortgage</i>		\$
<i>Taxes &amp; Assessments</i>	<i>Annual</i>	\$
<i>Hazard Insurance</i>	<i>Premium</i>	\$
<i>Amount of Coverage</i>	<i>Agent</i>	

**Total Monthly Expenses:**

**Unusual Expenses:**

<i>Medical Bills</i>	<i>Medicine</i>	<i>Special Care</i>
\$	\$	\$
<i>Nursing Home</i>	<i>Alimony</i>	<i>Child Support</i>
\$	\$ <i>How Long?</i>	\$ <i>How Long?</i>
<i>Future Needs</i>		

Have you ever had a loan from Lorain Community Development before? Yes  No

When? \_\_\_\_\_ Grant/Loan Amount \$ \_\_\_\_\_

Have you filed bankruptcy in the last 5 years? Yes  No

Have you been party to a foreclosure or lawsuit in the past 5 years? Yes  No

I (we) certify that I (we) am (are) the owner (s) of this property and that the above statements are true, accurate and complete to the best of my (our) knowledge and belief. I (we) also authorize the City of Lorain, Community Development Department, its employees or agents to make whatever credit and/or investigative inquiries it deems necessary in connection with my credit application or in the course of review or collection of any credit extended in reliance on the application. I (we) authorize and instruct any person or consumer-reporting agency to compile and furnish the Community Development Department any information it may have or obtain in response to such credit inquiries.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature

# Request for Verification of Employment

U.S. Department of Housing  
And Urban Development  
Department of Veterans Affairs  
USDA, Farmers Home Administration

HUD OMB Approval No. 2502-0059  
VA OMB Approval No. 2900-0460  
FmHA OMB Approval No. 0575-0009

**Privacy Act Notice:** This information is to be used by the agency collecting it in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except to your employer(s) for verification of employment and as required and permitted by law. You do not have to give us this information, but if you do not, your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); and Title 42, USC, 1471 et. seq., or 7 U.S.C., 1921 et. seq. (if USDA, FmHA)

**Public reporting burden** for this collection of information is estimated to average **10 to 30 minutes** per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0059), Washington, D.C. 20503

**Lender or Local Processing Agency (LPA):** Complete items 1 through 7. Have the applicant complete item 8. Forward the completed form directly to the employer named in item 1.

Employer: Complete either parts II and IV or parts III and IV. Return the form directly to the lender or local processing agency named in item 2 or part I.

## PART I – REQUESTED OF:

1. NAME AND ADDRESS OF EMPLOYER

3. NAME AND ADDRESS OF APPLICANT

**I HAVE APPLIED FOR A MORTGAGE LOAN OR REHABILITATION LOAN AND STATED THAT I AM/WAS EMPLOYED BY YOU. MY SIGNATURE IN THE BLOCK BELOW AUTHORIZES VERIFICATION OF MY EMPLOYMENT INFORMATION.**

8. APPLICANT'S SIGNATURE AND EMPLOYEE IDENTIFICATION

## REQUESTED BY:

2. NAME AND ADDRESS OF LENDER OR LOCAL PROCESSING AGENT (LPA)

4. I CERTIFY THAT THIS VERIFICATION HAS BEEN SENT DIRECTLY TO THE EMPLOYER AND HAS NOT PASSED THROUGH THE HANDS OF THE APPLICANT OR ANY OTHER INTERESTED PARTY.

Signature of Lender, Official of LPA, or FmHA Loan Packager

**X**

5. TITLE

6. DATE

7. HUD/FHA/CPD, VA OR FmHA NO.

## PART II – VERIFICATION OF PRESENT EMPLOYMENT

10. PRESENT POSITION

11. DATE OF EMPLOYMENT

12. PROBABILITY OF CONTINUED EMPLOYMENT

13A. SALARIED  YES  NO  
COMMISSION  YES  NO

13B. IS OVERTIME/BONUS LIKELY TO CONTINUE?  
OVERTIME:  YES  NO  
BONUS:  YES  NO

14. CURRENT BASE PAY  ANNUAL  MONTHLY  WEEKLY  HOURLY  
 OTHER

16A. MONTHLY TAXABLE PAY (for Military Personnel Only)

BASE PAY CAREER PAY PRO PAY

\$ \$ \$

FLIGHT PAY OTHER (specify)

\$ \$

16B. MONTHLY NONTAXABLE PAY (for Military Personnel Only)

QUARTERS VHA CLOTHING

\$ \$ \$

RATIONS OTHER (specify)

\$ \$

17. REMARKS: IF PAID HOURLY, PLEASE INDICATE AVERAGE HOURS WORKED EACH WEEK DURING CURRENT AND PAST YEAR.

## PART III – VERIFICATION OF PREVIOUS EMPLOYMENT

18. SALARY/WAGE AT TERMINATION

BASE PAY

OVERTIME

COMMISSIONS

BONUS

YEARLY MONTHLY WEEKLY

\$

\$

\$

\$

19. DATES OF EMPLOYMENT

FROM: TO:

21. POSITION HELD

20. REASONS FOR LEAVING

## PART IV – CERTIFICATION

Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA or USDA, FmHA Administrators, or the FHA Commissioner.

22. SIGNATURE

**X**

23A. TITLE OF EMPLOYER

23B. EMPLOYER'S TELEPHONE NO.  
(Include Area Code)

24. DATE



## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.