

## Owner Occupied Rehabilitation Addendum

Please Note: This is <u>NOT</u> an application for a loan. The information provided will be used to determine eligibility for homeowner rehabilitation assistance. It is important that you provide complete and accurate information. Each person who will be on the loan is required to submit a separate information sheet.

## PLEASE PROVIDE <u>COPIES</u> OF THE FOLLOWING DOCUMENTS ALONG WITH THIS INFORMATION SHEET:

(If married, please provide a separate sheet for spouse)

<ul> <li>Verification of Income (Two months current pay stubs, social security statement, disability statement, retirement, etc.)</li> <li>Last two (2) months bank statements</li> <li>Two (2) years Federal Income Tax Returns with W-2's. If you have not filed tax returns, please provide a written statement as to the reason why.</li> </ul>		
written statement as to the	•	
<ul><li>Proof of Homeowners Insur</li><li>Most recent mortgage states</li></ul>	rance (Hazard and Wind & Hail)	
☐ Two Months Utility Bills	nent.	
<b>Property Information</b>		
Are you the sole owner of the property? $\square$ Yes $\square$ No Is this an heir property? $\square$ Yes $\square$ No If ye, list the other owner(s):		
Do you have a mortgage? □Yes □	No Name of Mortgage Com	pany:
Balance Owed: \$	Monthly Payment \$	Is your mortgage current? ☐ Yes ☐ No
Have you been notified and/or are	currently involved in a foreclosure	action? □Yes □No
Do you pay city taxes? □Yes □N	No Are your taxes of	eurrent? □Yes □No
Is the property your primary residen		
	esidence? years mont	hs
What type of property is your hom		
□Single-family De	etached	nently affixed to the ground)
☐ Duplex	☐ Townhome	Other:
What year was the property built?	Number of bedrooms:	Number of bathrooms:
Do you have a Homeowner's insu		
Name of Company:		
Agent's Name:		
Agent's Phone:		
Policy Expiration Date:		
Please list the repairs that you feel	need to be done to your home.	
□ Electrical	□ Siding	□ Doors
	□ Appliances	□ Windows
□ Flooring	☐ Heating/Air	Other:
□ Cabinets	□ Fence	Other:
□ Plumbing	□ Outbuilding	
□ Drywall	□ Porch	

Return Completed Information Sheet and Accompanying Documents to:

City of Wilmington, Community Services Department Community Development Division Post Office Box 1810 ~ 305 Chestnut Street 2<sup>nd</sup> Floor Wilmington, North Carolina 28402-1810

