

**LANDLORD LOAN APPLICATION**

Application Date: \_\_\_\_\_

Please Submit completed with attachments to:  
NeighborWorks® Rochester  
Attn: Loan Originator  
570 South Ave.  
Rochester, NY 14620

**APPLICANT INFORMATION**

Name		Date of Birth	How many years have you managed rental property?	
Social Security Number		Home Phone/Cell Phone ( ) / ( )	Do you use Property Management? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email:		US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	How many total units do you own?	
Home Address (Street, City, Zip)		How much are you looking to borrow?		
		What is your business structure? ( Circle one ) Sole Proprietor    Partnership    LLC    %S+Corp.    Co-Partnership		

**INCOME INFORMATION**

**BANK INFORMATION**

Annual Income: Please list ALL sources of income		List ALL bank accounts and current balances below		
Source of income/Employer	Annual	Bank	Account Number	Current balance

**RENTAL PROPERTY INFORMATION**

Please provide below information on the property you are interested in getting a rehab loan for.

Property Address (Street, City, Zip)		Date Property Was Purchased:	Number of units in the dwelling:
Number of Bedrooms in each unit (Please Circle):		Rent Charged for each unit:	Vacant or Occupied
Unit One:	Studio    One bedroom    two bedroom    three bedroom    four bedroom	Unit One:	
Unit Two:	Studio    One bedroom    two bedroom    three bedroom    four bedroom	Unit Two:	
Unit Three:	Studio    One bedroom    two bedroom    three bedroom    four bedroom	Unit Three:	
Unit Four:	Studio    One bedroom    two bedroom    three bedroom    four bedroom	Unit Four:	
Current Zoning Use:    Single family    Two family    Three family    Four family		Are there any current liens on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If yes, please list lien holders and amount that each lien has:

**PROPERTY CONDITION INFORMATION**

Date last CofO was issued:

Are there any open violations on the property?      If yes, please attach a copy of the NofO with this application.

Has a lead risk assessment or clearance report ever been issued on this property?      If yes, please attach a copy of the report to this application

Please list repairs that you are seeking rehab funding for:

**Schedule of Real Estate Owned**

Property Address <sup>o</sup> indicate S if Sold, Ps if Pending Sale, R if Rental	Type of Property	Present Market Value	Amount of Mortgage/ Liens	Gross Rental income	Mortgage Payments	Insurance, Maint., Taxes, etc



**How did you hear about the NeighborWorks® Rochester Landlord Loan Program?**

**LIABILITIES**

Name and Address of Company	Monthly payment and months left to pay	Unpaid balance

**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 not 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.)

<b>BORROWER</b> <input type="checkbox"/> I do not wish to furnish this information	<b>Race:</b> <input type="checkbox"/> American Indian, Alaskan Native <input type="checkbox"/> Black or African American
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White

**CERTIFICATION**

Are you a US Citizen or A Permanent resident alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any outstanding judgments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the last seven years, have you been declared bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had property foreclosed upon or given title or deed in lieu thereof, in the last seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Party in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you obligated to pay alimony, child support or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any past-due obligations owed to or insured by an agency of the federal government?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive alimony, child support or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive Social Security and/or disability benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I (We) hereby certify that I (We) are the owner(s) of the property to be improved. I (We) certify that all the information provided in this application is true and correct to the best of my (our) knowledge and contains no willful misrepresentations. I (We) understand that any willful misstatement of material fact contained herein may be grounds for disqualification from this program. I (We) understand that disclosure of information requested is voluntary. However, failure to disclose certain information may result in a delay or disqualification of my (our) application for assistance.

I (We) understand that a lien will be placed against my (our) property for the total amount of the loan used for my (our) property repair project. The amount of the lien will become payable, in full, when I (We) either transfer the ownership of the property or fail to comply with other terms.

I (We) authorize the staff of NeighborWorks® Rochester to obtain income and asset verifications from all household income sources and obtain any documents or reports which may be necessary to complete my project. I (We) understand that all information contained in this application will be kept confidential in accordance with the Freedom of Information Act.

By signing below I (we) acknowledge that I have received and read a copy of NeighborWorks® Rochester's Privacy policy.

<b>Signature</b>	<b>Date</b>
<b>Loan Originator</b>	<b>Date</b>

**Please Complete and Submit the Program Application along with \$10 for a credit report, and a valid picture ID and Social Security card**