

CITY OF KNOXVILLE
OWNER OCCUPIED REHABILITATION PROGRAM SCREENING APPLICATION

Applicant _____ Co-Applicant _____
 Address _____ Relationship to applicant _____
 Zip Code _____ Phone _____ Phone _____
 Date of Birth _____ Date of Birth _____
 SS# _____ SS# _____
 Marital Status _____ Marital Status _____
 Employer _____ Employer _____

Please list names/ages of all household members other than applicant/co-applicant:

Household Income (you must include income and assets of all household members):

<u>Source</u>	<u>Amount</u>	<u>Further Explanation (if necessary)</u>
Applicant's Salary	\$ _____ per _____	_____
Co-Applicant's salary	\$ _____ per _____	_____
Other Income	\$ _____ per _____	_____

Savings Account Balance _____ Checking Account Balance _____

Retirement or other investment accts balance (401K, CD,IRA, stocks, bonds, etc.) _____

Mortgage Information

Approximate Mortgage Balance _____ Monthly Payment _____

Does your monthly payment include an escrow amount for taxes/insurance? _____

Second Mortgage Balance _____ Monthly Payment _____

Yes No

1. Is your mortgage payment current?		
2. Have you filed bankruptcy in the past 2 years?		
3. Are there any outstanding judgments against you?		
4. Do you have any collection accounts?		
5. Do you have homeowner's insurance?		
6. Are your property taxes current?		

I (We) certify that all the information in this screening application is true and complete to the best of my (our) knowledge and belief. I (we) authorize verification of any information. I (We) acknowledge and authorize the City of Knoxville to conduct a credit report to verify debt and other financial obligations (collection and judgments). I understand that this is not an official application for the Owner Occupied Rehabilitation Program, but only an initial screening to determine eligibility. If this screening indicates I am eligible for the Program, I will be scheduled for an interview to submit an official application.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

<p>Return application to the following mailing address or fax number: Community Development Department, City County Building, P.O. Box 1631, Knoxville, TN 37901 865-215-2120 Office 865-215-2886 Fax Number</p>
