



Housing & Community Development

Address: 150 North Capitol Boulevard
Boise, Idaho 83702

Phone: 208/570-6830
Fax: 208/384-4195
TTY/Relay: 800/377-3529
Website: hcd.cityofboise.org

Home Improvement Loan Application

Submit your application and required documents by email, mail, or hand deliver.

Email to: kcameron@cityofboise.org

Mail to: Boise City HCD
P.O. Box 500
Boise, ID 83701-0500

Hand deliver: 150 N Capitol Blvd
2nd floor (HCD)
Boise, ID 83702

Questions? Contact Ken Cameron by email (above) or phone at (208)570.6844

QUALIFICATION CRITERIA

- | | |
|---|---|
| <input type="checkbox"/> Home is located inside Boise City-limits | <input type="checkbox"/> Have equity in the home |
| <input type="checkbox"/> Requiring home improvements | <input type="checkbox"/> Debt cannot exceed 50% of income |
| <input type="checkbox"/> 80% of Area Median Income or less | <input type="checkbox"/> 3 years post bankruptcy/foreclosure/short sale |
| <input type="checkbox"/> Credit score above 620 | |

Please return the following documents with your application for **each applicant** (missing documents will delay the process):

- Last two months of bank statements
- Provide current paystubs (last three months)
- 1040 Income Tax Form & W-2 Forms (2 years if Self-Employed)
- Current Mortgage Statement
- Homeowner's Insurance Papers
- A copy of 1 valid photo identification
- Payment for a credit report (\$18.80 Single, \$29.80 Married)
- Divorce Decree (if applicable)
- Complete bankruptcy papers (if less than 10 years)

Applicant Information

Date: _____

Applicant: _____

Phone: _____

Email: _____

Address: _____

City, State, & Zip: _____

Driver's License #: _____ State Issued: _____

Date of Birth: _____

Marital Status: Married Single Separated Widowed

Co-Applicant: _____

Co-Applicant's Date of Birth: _____

Driver's License #: _____ State Issued: _____

Total Number in Family: _____

Ages & Sexes of Dependents:

Age ___ Male ___ Female ___ | Age ___ Male ___ Female ___

Age ___ Male ___ Female ___ | Age ___ Male ___ Female ___

Age ___ Male ___ Female ___ | Age ___ Male ___ Female ___

Property to be Improved

Address: _____

Purchase Price: \$ _____

Present Balance: \$ _____

Date Purchased: _____

Current Property Value \$ _____
(Tax Notice Appraisal Other)

Principal & Interest Payments: _____

Tax & Insurance Reserve (Monthly): _____

Interest Rate: % _____ Age of Dwelling: _____

Lender: _____

Loan Number: _____

Address of Lender: _____

City, State, & Zip: _____

Insurance Agent: _____

Address: _____

Insurance Phone #: _____



This document can be provided in a format accessible to persons with limited access, disabilities and/or persons with limited English proficiency upon request. The City of Boise prohibits discrimination on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity/expression, familial status, disability or age. **We are an Equal Opportunity Lender**



Employment and Income Information

(List income for each household member over the age of 18 from all sources taxable and nontaxable)

Applicant

Employer: _____

Address: _____

Phone: _____

Position: _____ Years: _____

Additional Employment

Employer: _____

Address: _____

Phone: _____

Position: _____ Years: _____

Co-Applicant

Employer: _____

Address: _____

Phone: _____

Position: _____ Years: _____

Additional Employment

Employer: _____

Address: _____

Phone: _____

Position: _____ Years: _____

Applicant

Gross Monthly Income* \$ _____
(Before Deductions)

Child Support \$ _____
(Received)

Other \$ _____
(Retire, VA, CPA, Etc.)
\$ _____

Interest Income \$ _____

Rental Income \$ _____
(Received)

Social Security Number _____
(Even if did not have income)

Co-Applicant

Gross Monthly Income* \$ _____
(Before Deductions)

Child Support \$ _____
(Received)

Other \$ _____
(Retire, VA, CPA, Etc.)
\$ _____

Interest Income \$ _____

Rental Income \$ _____
(Received)

Social Security Number _____
(Even if did not have income)

*If you are self-employed, the gross receipts at the top of the Schedule C tax return (less expenses) will need to be provided. Also evaluated will be the year-to-date gross income. Make sure to bring these records.

Previous Employer (If current employment has been less than two years)

Employer: _____

Address: _____

Phone: _____

Position: _____ Years: _____

Employer: _____

Address: _____

Phone: _____

Position: _____ Years: _____



Assets

Checking Account: \$ _____
 Bank: _____
 Address: _____

Savings Account: \$ _____
 Bank: _____
 Address: _____

Credit Union: \$ _____
 Bank: _____
 Address: _____

Savings Bonds, Stocks: _____
 \$ _____

Real Estate (Current Market Value) \$ _____

Auto: Make & Year _____ \$ _____

Other Assets (Describe) _____
 \$ _____

Total Assets \$ _____

Misc. Expenses & Housing Expenses

	Monthly Average
Property Taxes (if not in house payment)	\$ _____
Homeowners & Fire Insurance (if not in house payment)	\$ _____
Gas (Heat, Etc.)	\$ _____
Electric	\$ _____
Water	\$ _____
Trash	\$ _____
Sewer	\$ _____
Total	\$ _____

Do you own other Real Estate? Yes _____ No _____
 Attach another sheet if necessary

Address	Market Value	Loan Balance	Gross Income (Rental)	Lender	Monthly Payment



Financial Statement

Liabilities

	Monthly Payment	Total Due
Bank Loan _____	\$ _____	\$ _____
Auto Loan _____	\$ _____	\$ _____
2 nd Auto _____	\$ _____	\$ _____
Finance Co. _____	\$ _____	\$ _____
Furniture _____	\$ _____	\$ _____
Real Estate _____	\$ _____	\$ _____
Alimony/Child Support _____	\$ _____	\$ _____
Credit Union _____	\$ _____	\$ _____
Student Loan(s) _____	\$ _____	\$ _____
Credit Cards		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Medical Debts _____	\$ _____	\$ _____
Any debts not listed above _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Liabilities:	\$ _____	\$ _____

List any debts 30 days or more delinquent: _____

Explanation: _____



Contact Information

Name of nearest living relative: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Relationship: _____

Do you have a previous loan with the City on this property? __Yes __No

Previous Foreclosure Record

1. Have you ever been obligated on a home loan or home improvement loan which resulted in foreclosure, deed in lieu of foreclosure or judgment? __ Yes __ No

2. Property Address: _____

Name & Address of Lender: _____

Previous Bankruptcy Record

Where was the bankruptcy filed? _____

When was the bankruptcy filed? _____

Please submit Letter of Explanation.

How did you hear about the program?

What are the items related to the house that need to be addressed?

Authorization

The borrower(s) certify that all information in this application and all information furnished in support of this application is true and complete to the best of the borrower(s) knowledge and belief. By signing this document the borrower(s) authorize the City of Boise’s Housing and Community Development Division of Planning & Development Services or its assigns to obtain a Credit Report through an authorized credit reporting bureau available in accordance with the “Right to Financial Privacy Act”, a copy of which is included in this application must be signed.

Both applicants must sign this application in order to be processed.

Applicant

Date

Co-Applicant

Date

Privacy Notice to Applicants

Note: This document must be signed and returned in order to continue the processing of this application.

This is notice to you as required by the Right to Financial Privacy Act of 1978 that the City of Boise has a right of access to financial records held by any financial institution in connection with the consideration or administration of the Housing and Community Development Loan Programs for which you have applied. Financial records involving your transactions will be available to the City of Boise during the term of the loan and three years thereafter without further notice or authorization, but will not be disclosed or released to another Government agency or department without your consent, except as required or permitted by law.

I/We have read this notice and understand our rights.

Applicant

Date

Co-Applicant

Date

GENERAL TERMS

- 3% Interest Rate (typically)
- No prepayment penalty
- One (1) year agreement for every one-thousand dollars (\$1,000) borrowed (generally)
- Payment breakdown: ~ \$100/month



CDBG/HOME Beneficiary Data Record

Please provide the following required information regarding your household: the total number of family members, whether the head of household is female, how many household members are elderly, and the breakdown of ethnic and racial categories for all household members.

1. Program Applied For:	Affordable Home Improvement Loan
2. Total Number in Household:	
3. Is the Head of Household female?	YES: _____ NO: _____
4. Elderly Status: How many members in household are age 62 or older?	
5. Ethnic Categories:	
How many household members are of Hispanic or Latino ethnicity?	
How many household members are NOT of Hispanic/Latino ethnicity?	
TOTAL (should equal number of household members listed in #2 above):	
6. Racial/Multi-Racial Categories: (please indicate number of household members that apply to each racial category)	
American Indian or Alaska Native	
American Indian or Alaska Native and White	
American Indian or Alaska Native and Black or African American	
Asian	
Asian and White	
Black or African American	
Black or African American and White	
Native Hawaiian or Other Pacific Islander	
White	
Other (please specify): _____	
TOTAL (should equal number listed in question #2 and #5 above):	

Disability Survey

The U.S. Department of Housing and Urban Development requires periodic reports on the race, ethnicity, and disability status of applicants. This data is for statistical analysis with respect to reporting civil rights compliance for the City of Boise. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.** Mark only "yes" or "no", and indicate the number of disabled persons in your household, if any. **Please DO NOT indicate the type of disability, or provide us with any information regarding the nature or severity of the disability.**

7. Disability Status:
Does anyone in the applicant household have a disability? YES: _____ NO: _____
How many persons in your household have a disability? Enter number, if any:

