



## 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](http://hcd.cityofboise.org)

# Non-Owner Occupied Home Improvement Loan Application

Mail or hand deliver the application and required documents to 150 N Capitol Boulevard, 2<sup>nd</sup> Floor or **PO Box 500, Boise, Idaho 83701-0500**; Monday through Friday, 8:00 a.m. – 5:00 p.m. After your loan application is received and processed, a representative will contact you.

### Please bring all information pertaining to rental property:

- Insurance
- Warrant Deed (Not Deed of Trust)
- All Tenant Information Available
- Property Assessment Notice
- Appraisal (If less than 6 months old)
- Lead-Based Paint Assessment (properties built before 1978)

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

## Applicant Data

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Marital Status:  Married  Single  Separated  Widowed

Co-Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## Employment & Income Information

### Applicant

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Years: \_\_\_\_\_

### Co-Applicant

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Years: \_\_\_\_\_

## Emergency Contact Information

Name of nearest living relative: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Selected Characteristics of Borrower & Property

### 1. Legal form of Borrower Entity:

- Person (other than partnership or corporation)
- Partnership
- Corporation (Profit)
- Corporation (Non-Profit)

### 2. If a "Person," does the borrower occupy a dwelling in the property?

Yes  No

a. Do you currently have a loan with the City on this property?

Yes  No

### 3. Number of Dwelling Units:

Before Rehab: \_\_\_\_\_

After Rehab: \_\_\_\_\_

## Property to be Improved

Address: \_\_\_\_\_

Purchase Price: \$ \_\_\_\_\_

Present Balance: \$ \_\_\_\_\_

Date Purchased: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

Tax & Insurance: \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_

Age of Dwelling: \_\_\_\_\_

Lender: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

## Operating Data on Property

### Estimate of Income from Property

| Unit Number or Address | Number of Bedrooms | Monthly Rent | Name of Present Tenant |
|------------------------|--------------------|--------------|------------------------|
| _____                  | _____              | \$ _____     | _____                  |
| _____                  | _____              | \$ _____     | _____                  |
| _____                  | _____              | \$ _____     | _____                  |
| _____                  | _____              | \$ _____     | _____                  |
| _____                  | _____              | \$ _____     | _____                  |

### Utilities paid by landlord

- Sewer  Electricity  Trash  Gas  Heater  Oil  Other \_\_\_\_\_

### Other Real Estate Owned

| Address | Market Value | Loan Amount | Lender | Income |
|---------|--------------|-------------|--------|--------|
|         |              |             |        |        |
|         |              |             |        |        |
|         |              |             |        |        |
|         |              |             |        |        |





## Property Cash Flow (Annual After Rehabilitation)

### Income

Gross Rent \$ \_\_\_\_\_

Garage/Parking \$ \_\_\_\_\_

Laundry \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total Gross Income \$ \_\_\_\_\_

Adjusted Gross Income X \_\_\_\_\_ % Occupancy Rate  
(Maximum 95%) = \_\_\_\_\_

### Expenses

Administrative \$ \_\_\_\_\_

Advertising/Marketing \$ \_\_\_\_\_

Management \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total Administrative \$ \_\_\_\_\_

### Operational (Paid by owner and included in rent)

Oil \$ \_\_\_\_\_

Gas \$ \_\_\_\_\_

Electricity \$ \_\_\_\_\_

Sewer \$ \_\_\_\_\_

Janitorial Supplies \$ \_\_\_\_\_

Garbage/Trash \$ \_\_\_\_\_

Water \$ \_\_\_\_\_

Employee Salary/Comp. \$ \_\_\_\_\_

Positions, # of Persons  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other \$ \_\_\_\_\_

Total Operational \$ \_\_\_\_\_



**Maintenance** (include \$\$ costs for all owner-supplied labor & materials).

|                     |          |
|---------------------|----------|
| Decorating          | \$ _____ |
| Repairs             | \$ _____ |
| Ground Maintenance  | \$ _____ |
| Exterminating       | \$ _____ |
| Insurance           | \$ _____ |
| Furnishings         | \$ _____ |
| Supplies            | \$ _____ |
| Reserve/Replacement | \$ _____ |
| Other               | \$ _____ |
| Total Maintenance   | \$ _____ |

**Real Estate Taxes** \$ \_\_\_\_\_

|  |          |
|--|----------|
| Fixed Debt<br>Principal/Interest on<br>Existing Debt | \$ _____ |
| Principal/Interest on<br>Rehab Loan                  | \$ _____ |
| Other  | \$ _____ |

Total Fixed Debt \$ \_\_\_\_\_

**Total Annual Expenses** \$ \_\_\_\_\_

Cash Available for Income Taxes, Surplus, etc. \$ \_\_\_\_\_  
(Property must have a positive cash flow, after Rehab, to qualify)

**Explain briefly what you would like to do to the property with this loan**

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### Previous Foreclosure Record

Has the borrower (including all partners or any officer or any stockholder having a ten percent or greater financial interest in the corporation) been obligated on a real property loan which resulted in foreclosure, deed in lieu of foreclosure or judgment? If yes, attach an explanation.  Yes  No

### Previous Bankruptcy Record

Has the borrower (including all partners or any officer or any stockholder having a ten percent or greater financial interest in the corporation) filed bankruptcy? If yes, attach an explanation.  Yes  No

The borrower understands that Federal funds are used in the rehabilitation of the property and agrees to abide by Fair Housing Laws as they pertain to rental properties. These funds are for the benefit of the lower income persons and/or families and 51% of all units in project must be rented to persons at or below 80% of the area median income as set by the Department of Housing and Urban Development (HUD) for Boise City until said loan is paid in full. Borrower also understands that all rents must be within the Fair Market Rents or 30% of tenants gross income, as to unit size, provided by HUD, until said loan is paid in full, with an allowable 5% per annum increase.

The Borrower certifies 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. Borrower also certifies that the word "Borrower" includes all partners, officers or stockholders having 10% or greater financial interest in the corporation.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Co-Applicant's Signature



## For Office Use Only

### Loan Approved

(Based on Receipt of Tenant Info)

Date \_\_\_\_\_

Maximum Amount \_\_\_\_\_

Term and Rate \_\_\_\_\_

### Loan Denied

Date \_\_\_\_\_

Reason \_\_\_\_\_

Applicant \_\_\_\_\_

Loan Officer \_\_\_\_\_

# CDBG/HOME Beneficiary Data Record

Date Closed: \_\_\_\_\_

Median Income: \_\_\_\_\_

Please provide the following required information regarding your household; the total number of family members, the breakdown of male and female household members, whether the Head of Household is female, and how many household members are elderly.

|   |  |
|---|--|
| <b>1. Program Applied For:</b> Non-Owner Occupied Home Improvement Loan   |  |
| <b>2. Total Applicants/Clients in household applying for housing or services:</b>   |  |
| <b>3. Is the Head of Household female?</b> Yes: <input type="checkbox"/> No: <input type="checkbox"/>                         |  |
| <b>4. Elderly Status: How many members in household are age 62 or over?</b>   |  |
| <b>5. Ethnic Categories</b>   |  |
| How many household members are of Hispanic or Latino ethnicity?   |  |
| How many household members are NOT of Hispanic/Latino ethnicity?  |  |
| <b>Total (should total number of clients listed in question #2 above):</b>  |  |
| <b>6. Racial/Multi-Racial Categories</b><br>(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 Multi-racial (please specify): _____  |  |
| <b>Total (should total number of clients listed in question #2 and #5 above):</b>   |  |

## 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.**

|   |  |
|---|--|
| <b>7. Disability Status:</b><br>Does any one in the applicant household have a disability? Yes: <input type="checkbox"/> No: <input type="checkbox"/> |  |
| How many persons in your household have a disability? Enter number, if any:   |  |

For Office Use Only: RECORD #: \_\_\_\_\_