



Church Community Housing Corporation

Working for decent housing for families of low
And moderate income in Newport County

PORTSMOUTH CDBG SEPTIC SYSTEM LOAN PROGRAM APPLICATION

LOAN TYPE: PORTSMOUTH CDBG SEPTIC SYSTEM LOAN

APPLICANT: _____

CO - APPLICANT: _____

ADDRESS: _____

ADDRESS: _____

CITY/TOWN/ZIP CODE: _____

CITY/TOWN/ZIP CODE: _____

EMAIL ADDRESS: _____

EMAIL ADDRESS: _____

SOCIAL SECURITY NO.: _____

SOCIAL SECURITY NO.: _____

APPLICANTS DOB: _____

CO-APPLICANTS DOB: _____

TELEPHONE NO: _____(HOME)

TELEPHONE NO: _____(HOME)

TELEPHONE NO: _____(WORK)

TELEPHONE NO: _____(WORK)

STATE/DRIVERS LICENSE #: _____

STATE/DRIVERS LICENSE #: _____

NO. OF UNITS:

SINGLE FAMILY: _____

MULTI-FAMILY: _____

NO. OF HOUSEHOLD MEMBERS: _____

NO. OF UNITS: _____

NO. OF PERSONS:

YEAR HOUSE BUILT: _____

UNIT 1 _____ UNIT 2 _____

UNIT 3 _____ UNIT 4 _____

OCCUPIED BY CHILDREN UNDER 6 YEARS: YES _____

NO _____

NAME OF CHILDREN	DOB	CHILDREN HAVE IDENTIFIED ELEVATED BLOOD LEVELS:		
		YES	NO	UNIT NO.
_____	_____	___	___	_____
_____	_____	___	___	_____
_____	_____	___	___	_____
_____	_____	___	___	_____

NOTE: This application cannot be submitted for review and decision if applicant(s) are delinquent in any Local, City, State or Federal Taxes.

50 Washington Square, Newport, Rhode Island 02840
Telephone: 401.846.5114 Fax: 401.849.7930
A Non-Profit Housing Sponsor – Your Contributions are Tax Deductible

RACE/ETHNICITY – ALL MEMBERS OF HOUSEHOLD (Information Optional):

White	_____	American Indian/Alaskan Native & White	_____
Black/African American	_____	Asian & White	_____
Asian	_____	Black/African American & White	_____
American Indian/Alaskan Native	_____	American Indian/Alaskan Native & Black	_____
Native Hawaiian/Other Pacific Islander	_____	Other	_____
Hispanic	_____		

INCOME

SOURCE

APPLICANT

CO-APPLICANT

Monthly Income: _____	Monthly Income: _____
Interest Income: _____	Interest Income: _____
Other Income: _____	Other Income: _____
Total: _____	Total: _____

OTHER INCOME

Rental Property: Apt. 1: _____ Apt. 2: _____ Apt. 3: _____ Apt. 4: _____

EMPLOYMENT

Applicant's Occupation: _____

Employer's Name: _____

Employer's Address: _____

Employer's Telephone Number: _____

Co-Applicant's Occupation: _____

Employer's Name: _____

Employer's Address: _____

Employer's Telephone Number: _____

MORTGAGE INFORMATION

Name and Address of Bank: _____

Monthly (Principal & Interest): \$ _____

Does this monthly payment include Home Insurance and Real Estate Taxes? _____ Yes _____ No

OTHER MORTGAGES:

Name and Address of Bank: _____

Monthly Payment (Principal & Interest): \$ _____

MONTHLY HOUSING EXPENSES

Hazard Insurance: \$ _____

Flood Insurance: \$ _____

Real Estate Taxes: \$ _____

Land/Ground Lease Payment: \$ _____

Fuel (Oil/Gas): \$ _____

Electricity: \$ _____

Water \$ _____

Total Monthly Expenses \$ _____

CASH ACCOUNTS

Savings/Checking: Name and Address of Bank: _____

Savings/Checking: Name and Address of Bank: _____

LIABILITIES

Do you and/or your spouse/other pay Alimony/Child Support/Separate Maintenance ? ____ Yes ____ No

If yes, how much do you pay ? \$ _____ Per week/month

Please provide a copy of this agreement.

****SEE CREDIT REPORT FOR OTHER LIABILITIES****

The applicant(s) certifies all information reported in this application is true to the best of his/her knowledge and belief. Verification may be obtained from any source named herein.

BORROWER'S SIGNATURE DATE

CO- BORROWER'S SIGNATURE DATE

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C.
Title 18, Section 1001, provides:**

"Whoever, in any matter within the jurisdiction of any Department or Agency of the United States knowingly and willfully falsify or make any false, fictitious or fraudulent statements or entries, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entries, shall be fined not more than Ten Thousand Dollars (\$10,000) or imprisoned not more than five years, or both