

**OWNER APPLICATION FOR "MY FRONT YARD" HOME REPAIR PROGRAM**

\*Please tell how you heard about the "MY FRONT YARD" Program \_\_\_\_\_

Date _____	Co-Applicant _____
Applicant _____	Relationship to Applicant _____
Address _____	Address _____
Zip Code _____ Home Phone _____	Home Phone _____
Date of Birth _____	Date of Birth _____
SS# _____	SS# _____
Driver's License# _____	Driver's License# _____
Marital Status _____	Marital Status _____
Employer _____	Employer _____
Address _____	Address _____
Phone _____ #Years Employed _____	Phone _____ # Years Employed _____

**\*All owners listed on the property deed must be listed and sign the application.**

Are you the owners of the above property? _____ Is it your primary residence? _____ How long have you owned the property? _____ Do you own other real property? Yes ___ No ___
Location: _____ (Street Address/County/State)
Total number of persons in household: _____ Number of children under age 6: _____
Please list names and ages of all household members: _____ _____

What type of exterior improvements do you feel are necessary for your housing unit? Roofing___ Painting___ Porch/Deck___ Storm Doors___ Siding___ Landscaping___ Other Exterior Improvements _____
<b>** I understand that my home must pass a minimum housing inspection to be eligible for the program.</b>
Do you have a contractor you prefer? _____ Ph _____

**Please complete the reverse side of this form.**

**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 _____	_____
Contributions from other household members	\$_____ per _____	_____
Other Income	\$_____ per _____	_____
Savings Account Balance _____		Bank/Branch _____
Account # _____		In Name(s) of _____
Checking Account Balance _____		Bank/Branch _____
Account # _____		In Name(s) of _____
Retirement or other investment accts (stocks/bonds/CDs/IRAs/etc.) _____		

**Insurance, Taxes & Mortgage:**

Homeowner's Insurance Premium Amount \_\_\_\_\_ Coverage Amount \_\_\_\_\_  
Company \_\_\_\_\_ Agent \_\_\_\_\_

If no insurance, do you need assistance locating insurance? \_\_\_\_\_

Property Taxes: City \$ \_\_\_\_\_ County \$ \_\_\_\_\_ Are taxes current? Yes \_\_\_\_ No \_\_\_\_

Mortgage Amount: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Mortgage Company \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_

2nd Mortgage Amount: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name of Lender \_\_\_\_\_ Account # \_\_\_\_\_

Are all outstanding loans secured by this property current? Yes \_\_\_\_ No \_\_\_\_

Are there any outstanding judgments against you? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain payment arrangements. \_\_\_\_\_

Have you received an owner-occupied loan from the City of Knoxville in the past?

If yes, what year? \_\_\_\_\_

Is this address a single family, owner-occupied home? Yes \_\_\_\_ No \_\_\_\_

**\*\* (No rental units allowed.) \*\***

Please submit the following documents for all household members. These are required to process your application:

- 
- copy of complete bank statements
- copy of current pay stub or income statement
- copy of homeowner's insurance
- copy of complete 401k and/or retirement statements

Applications will not be considered complete until the above listed documents have been submitted. Please mail the documents with your application or fax to 215-2886.

**Return to: City of Knoxville – By March 31, 2010**  
**Community Development Department**  
**P O Box 1631**  
**Knoxville, TN 37901**  
**\*\* For assistance call 215-2120**

*Rev. 3/5/10*

**IMPORTANT - READ BEFORE SIGNING**

I (we) certify that all information contained in this application is true and complete to the best of my (our) knowledge and belief. Specifically, I (we) certify that all individuals living in the house, or who will be living in the house after rehabilitation/construction, are listed on the application and that my (our) total income is provided. I fully understand that providing false or misleading information for the purpose of obtaining funds is punishable under applicable laws and will result in my being disqualified from further participation in the City of Knoxville's housing programs. I (we) authorize verification of any information. I (we) give consent to the City of Knoxville to obtain a credit report from the appropriate consumer reporting agency. I understand that I must meet eligibility criteria at the time of loan closing and that any verification must be updated prior to loan closing if they are older than 6 months. I agree to notify Community Development if I obtain additional loans or if there is a change in my family situation prior to loan closing.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

Applicant: \_\_\_\_\_  
 Male  Female  
 Hispanic  Yes  No  
 White  
 Black/African American  
 Asian  
 American Indian/Alaskan Native  
 Native Hawaiian/Other Pacific Islander  
 American Indian/Alaskan Native & White  
 Asian & White  
 Black/African American & White  
 American Indian/Alaskan Native  
 & Black/African American  
 Other Multi-Racial  
 Are you a U.S. Citizen?  Yes  No  
**I DO NOT WISH TO SUPPLY THIS**  
**INFORMATION:** \_\_\_\_\_

Co-Applicant: \_\_\_\_\_  
 Male  Female  
 Hispanic  Yes  No  
 White  
 Black/African American  
 Asian  
 American Indian/Alaskan Native  
 Native Hawaiian/Other Pacific Islander  
 American Indian/Alaskan Native & White  
 Asian & White  
 Black/African American & White  
 American Indian/Alaskan Native  
 & Black/African American  
 Other Multi-Racial  
 Are you a U.S. Citizen?  Yes  No  
**I DO NOT WISH TO SUPPLY THIS**  
**INFORMATION:** \_\_\_\_\_

(initials)

(initials)

