SOUTHEAST COLORADO ENTERPRISE DEVELOPMENT
112 WEST ELM STREET ♦ P.O. BOX 1600
LAMAR, CO 81052
PHONE 719-336-3850 FAX 719-336-3835

LIST OF DOCUMENTS APPLICANT(S) WILL NEED TO PROVIDE

☐ Warranty deed, (If home is paid off)
OR

☐ Mortgage statement, (If making payments on the home)

☐ Income documentation for past 12 months (May be payroll stubs, or employer printout showing gross pay, net pay and deductions)

☐ Previous year's income tax return. If self employed, past three year's income tax returns.

☐ Bank statements for past 3 months

☐ Driver's license or state identification

☐ Applicant(s) social security card

☐ Children(s) birth certificate, (living in the home)

☐ Homeowner's insurance declaration page (Must have)

☐ Current property tax receipt

☐ Current utility bill with homeowner's name & address

Please Note:

- SECED will need to inspect the home in order to make an assessment of needed rehabilitation and will take before and after pictures of the project.

- SECED will charge a $300 administrative fee which becomes part of the loan.

- SECED will charge a $1,100 fee for any homes built before 1978 as they will have to have a Risk Assessment for lead completed PRIOR to any work being done or product being ordered. If no Lead is found, $500 will be credited back to the loan.

HOUSING REHABILITATION
LOAN APPLICATION

Southeast Colorado Enterprise Development, Inc.
112 West Elm • P.O. Box 1600
Lamar, Colorado 81052
Phone (719) 336-3850 Fax (719) 336-3835
www.seced.net

Date: _____

Application # _____

Have any of the applicants listed below ever received HUD/CDBG/FMHA Housing Rehab Financial Assistance? Yes_____No____

Applicant Information

Applicant Name: _____
First MI. Last

DOB _____ Social Security # _____

Email Address: _____

Mailing Address: _____

City _____ Zip _____ Phone: ☐ Cell ☐ Landline _____

____ Married ____ Single Head of Household Gender _____ (M or F)

Co-Applicant Name: _____
First MI. Last

DOB _____ Co-Applicant Social Security # _____

Number of Disabled in Household _____ Disabled Head of House? Y_____ N_____

Indicate Household Race:
____ Asian ____ Black ____ Hispanic ____ Native American ____ White ____ Other

Indicate Head of Household Race:
____ Asian ____ Black ____ Hispanic ____ Native American ____ White ____ Other

Names of Dependents	Age	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Number of Occupants in Household _____

Name(s) Property is Listed Under: _____

Property Address: _____
City County Zip

Years of residency at this Home: _____ Year House Built: _____ No. of Bedrooms_____

Are any liens or judgments of record recorded against this property?
Yes_____ No _____ If yes please list: _____

Employment Information

Applicant Employer: _____ Dates of Employment: _____

Address: _____ Phone # _____

Job Title: _____ Monthly Salary: $ _____

Co-Applicant Employer: _____ Dates of Employment: _____

Address: _____ Phone # _____

Job Title: _____ Monthly Salary: $ _____

Co-Applicant Employer: _____ Dates of Employment: _____

Address: _____ Phone # _____

Job Title: _____ Monthly Salary: $ _____

Total Monthly Salary/ Wages: _____

If applicant or co-applicant is employed less than two years with current employer, include information below:

Previous Employer: _____ Dates of Employment: _____

Address: _____ Phone # _____

Job Title: _____ Monthly Salary: $ _____

Previous Employer: _____ Dates of Employment: _____

Address: _____ Phone # _____

Job Title: _____ Monthly Salary: $ _____

Banking and Credit Information

Name of Bank: _____ Acct. # _____
Indicate if Savings Account: ( ) Balance $ _____
Indicate if Checking Account: ( ) Balance $ _____

Name of Bank: _____ Acct. # _____
Indicate if Savings Account: ( ) Balance $ _____
Indicate if Checking Account: ( ) Balance $ _____

Has applicant or co-applicant ever been involved in bankruptcy, foreclosure, or short sale? Yes_____ No_____

If yes, please give details including dates:_____
_____

Total Household Income and Sources

Total Wages/Salary	$_____
Social Security	$_____
Social Services	$_____
Retirement	$_____
Food Stamps	$_____
Other (Real Estate, Rent, Bonds, Royalties, etc.)	Value
_____	$_____
_____	$_____

TOTAL GROSS INCOME $_____

Living Expenses (Average annual cost to get monthly amount)

Medical/Rx's	$_____
Dental/Eye	$_____
Health Ins.	$_____
Car Insurance	$_____
Life Insurance	$_____
Groceries	$_____
Travel/Gas	$_____
Phone	$_____
Education (School lunches, supplies, books)	$_____
Day Care	$_____
Clothing/Linens	$_____
Other (Cable, entertainment, etc.)	$_____

Housing Expenses

	Monthly Payment	Balance if any	Creditor
First Mortgage	$_____	$_____	_____
Second Mortgage	$_____	$_____	_____
Property Taxes	$_____	$_____	❑ Check if taxes are included in mortgage.
Home Insurance	$_____	$_____	❑ Check if insurance is included in mortgage.
Heating Bill	$_____	$_____	_____
Electric Bill	$_____	$_____	_____
Other	$_____	$_____	_____

Vehicle Expenses

Year _____ Make _____ Lien Holder _____
Purchase Price $ _____ Balance Owed $ _____ Monthly Payment $ _____

Year _____ Make _____ Lien Holder _____
Purchase Price $ _____ Balance Owed $ _____ Monthly Payment $ _____

Other - List all other monthly payments below (Credit Cards, Charge Accounts, Medical Bills, etc.)

Creditor	Balance	Monthly Payment
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____

TOTAL INCOME FROM PAGE 3 **$** _____

TOTAL EXPENSES FROM PAGE 3 **$** _____

TOTAL REMAINING **$** _____

ITEMS TO BE INCLUDED WITH APPLICATION:

VERIFICATION OF:
(if applicable)

( ) Employment	( ) Social Security Benefits	( ) Workers Compensation
( ) Unemployment Benefits	( ) Social Services Benefits	( ) Other _____
( ) Retirement Benefits	( ) V.A. Benefits	
( ) Loans	( ) Checking/Savings Accounts	( ) Mortgage Payments

COPIES OF:

( ) Previous year Income Tax Returns - Personal
( ) Previous 3 year's Income Tax Returns - If Self Employed
( ) Homeowner's Insurance Declaration Page

Applicant(s) Certification

THIS APPLICATION WILL NOT BE PROCESSED UNLESS COMPLETED IN ITS ENTIRETY.

I (we) will accept the contractor(s) that submits the lowest, qualified responsive bid for work to be performed on my (our) housing structure.

I (we) hereby certify that the statements made by me (us) are true and correct to the best of my (our) belief and knowledge. Intentional misrepresentation made by me (us) regarding information contained in the application may subject me (us) to disqualification and/or legal prosecution. Deliberate falsification and/or perjury shall require full restitution to the counties. All qualified applicants will receive consideration without regard to race, religion, color, sex, age, national origin, and disabilities.

Signature: _____ Signature: _____

Date: _____ Date: _____

PLEASE NOTE:

This application will be utilized for the purpose of consideration of the following type of financial assistance:
Low Interest Housing Rehabilitation Loan

"THIS IS AN EQUAL OPPORTUNITY PROGRAM. DISCRIMINATION IS PROHIBITED BY FEDERAL LAW."

SOUTHEAST COLORADO ENTERPRISE DEVELOPMENT, INC.

FINANCIAL STATEMENT

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

The following statement and information are furnished by the undersigned for the purpose of obtaining credit from time to time. The statement represents my true financial condition on _____ (date). You may consider this statement as continuing to be true and correct until written notice of any change is given to you by the undersigned.

ASSETS		LIABILITIES AND NET WORTH	
Cash on Hand and in Bank		**Pledges on Savings (Schd. 7)**	
Savings & Deposits (Schd. 1)		**Pledges on Investments (Schd. 8)**	
Investments (Schd. 2)		**Vehicle/Equip. Loans (Schd. 9)**	
Vehicles & Equip. (Schd. 3)		**Furn./Fixtures Loans (Schd. 10)**	
Furn. & Fix. (Schd. 4)		**Credit Card/Other Debt (Schd. 11)**	
Other Assets (Schd. 5)		**Mortgages on R.E. (Schd. 12)**	
Real Estate (Schd. 6)		**TOTAL LIABILITIES**	
Life Insur. Cash Value		**NET WORTH**	
Less Borrowing		**(TOTAL ASSETS –TOTAL LIABILITIES)**	
TOTAL ASSETS		**TOTAL LIAB. & NET WORTH**	

SCHEDULE 1 - SAVINGS AND TIME DEPOSITS

TYPE	WHERE DEPOSITED	AMOUNT
TOTAL		

SCHEDULE 7 - PLEDGES OR ASSIGNMENTS

TO	AMOUNT
TOTAL	

SCHEDULE 2 - INVESTMENTS/STOCKS & BONDS

ISSUER	TYPE	VALUE
TOTAL		

SCHEDULE 8 - PLEDGES OR ASSIGNMENTS

TO	AMOUNT
TOTAL	

SCHEDULE 3 – VEHICLES/EQUIPMENT

ITEM	VALUE
TOTAL	

SCHEDULE 9 – LOANS ON VEHICLES/EQUIP

LENDER	ITEM	AMOUNT
	TOTAL	

SCHEDULE 4 – FURNITURE/FIXTURES

ITEM	VALUE
TOTAL	

SCHEDULE 10 – LOANS ON FURN./FIXTURES

LENDER	ITEM	AMOUNT
	TOTAL	

SCHEDULE 5 – OTHER ASSETS

ITEM	ADDRESS	VALUE
TOTAL		

SCHEDULE 11 – CREDIT CARD/OTHER DEBT OR LIENS ON OTHER ASSETS

LENDER	ITEM	AMOUNT
	TOTAL	

SCHEDULE 6 – REAL ESTATE

ITEM	VALUE
TOTAL	

SCHEDULE 12 – MORTGAGES ON REAL ESTATE

LENDER	ITEM	AMOUNT
	TOTAL	

I certify that the Financial Statement and the schedules above are true and correct. I understand that you will retain copies of the information I have presented to you regardless of loan approval or disapproval.

SIGNATURE

SIGNATURE

DATE

DATE

Applicant(s) Identification

Applicant Driver's License

Place driver's license or Colorado ID here

Applicant Social Security Card

Place social security card here

_____
Printed Name

_____
Address

_____
Social Security #

_____
Date of Birth

_____
Signature

_____
Date

❖ ❖ ❖

Co-Applicant Driver's License

Place driver's license or Colorado ID here

Co-Applicant Social Security Card

Place social security card here

_____
Printed Name

_____
Address

_____
Social Security #

_____
Date of Birth

_____
Signature

_____
Date

ATTACHMENT I
IMMIGRATION POLICY

State of Colorado legal resident requirements are as follows and apply to all CDOH funded projects;

Legal Resident.

Grantee must confirm that any individual natural person eighteen years of age or older is lawfully present in the United States pursuant to CRS §24-76.5-101 et seq. when such individual applies for public benefits provided under this Grant by requiring the following:

Identification:

The applicant shall produce one of the following personal identifications:

A valid Colorado driver's license or a Colorado identification card, issued pursuant to article 2 of title 42, C.R.S.; or

A United States military card or a military dependent's identification card; or

A United States Coast Guard Merchant Mariner card; or

A Native American tribal document.

Affidavit

The applicant shall execute an affidavit herein attached, Affidavit of Legal Residency, stating:

That **they are** United States citizen or legal permanent resident; or

That **they are** otherwise lawfully present in the United States pursuant to federal law.

Each recipient of housing assistance must sign and provide valid photo ID:

FORM 2
AFFIDAVIT OF LEGAL RESIDENCY

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

☐ I am a United States citizen, or

☐ I am a Permanent Resident of the United States, or

☐ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit or I am a sole proprietor entering into a contract or purchase order with the State of Colorado. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit or prior to entering into a contract with the State. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under CRS §18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

_____

Signature

_____

Date

Southeast Colorado Enterprise Development, Inc.
Notices, Authorizations and Acknowledgements

RIGHT TO RECEIVE COPY OF APPRAISAL: You have the right to receive a copy of the appraisal report to be obtained in connection with the loan for which you are applying, provided that you have paid for the appraisal. We must receive your written request not later than 90 days after we notify you about the action taken on your application or you withdraw your application. If you would like a copy of the appraisal report, contact: SECED, PO Box 1600, Lamar, CO 81052.

FAIR CREDIT REPORTING ACT: As part of processing your application for a real estate loan, a lender may request a Consumer Credit Report to determine your credit standing, worthiness, and capacity. This notice is given pursuant to the Fair Credit Reporting Act of 1970. You are entitled to such information within 60 days of written demand therefore made to the CREDIT REPORTING AGENCY pursuant to Section 6060 of the Fair Credit Reporting Act.

EQUAL CREDIT OPPORTUNITY ACT: The Federal Equal Credit Opportunity Act prohibits discrimination against credit applications on the basis of sex, marital status, race, color, religion, national origin, age (provided the applicant has the capacity contract), whether all or part of the applicant's income is derived from any public assistance program, or if the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency which administers compliance with this law concerning this lender is the Federal Trade Commission, Pennsylvania & 6th Street, NW, Washington, DC 20580.

DUE ON SALE CLAUSE: All loans shall contain a "Due on Sale" clause, making the entire outstanding balance due upon Sale, Transfer, Refinance, Move – if it is no longer the client's primary residence, or Death (unless inherited by a co-borrower).

Borrowers' Certification and Authorization

Certification

The Undersigned certify the following:

1. I/We certify that the property located at _____ is my/our primary residence. I/We agree throughout the life of the loan, to annually submit a copy of a current utility bill and sign a statement that I/we reside in the home.

Authorization To Release Information

To Whom It May Concern:

1. I/We have applied for a mortgage loan from **Southeast Colorado Enterprise Development, Inc.** As part of the application process, **Southeast Colorado Enterprise Development, Inc.** and the mortgage guaranty insurer (if any), may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.

Borrower Signature	Social Security Number	Date of Birth	Date
Co-Borrower Signature	Social Security Number	Date of Birth	Date

PROPERTY ENCUMBRANCE

☐ I verify that I **do not** have a mortgage, home equity or line of credit loan on my property located at

_____

Address City State Zip

Date of payoff _____

☐ I verify that I **do** have a **mortgage loan** on my property located at

_____

Address City State Zip

Mortgage Lender Name_____

_____

Address City State Zip

Loan Balance $ _____ Monthly Payment Amount $ _____

Interest rate _____% ☐ Fixed or ☐ Adjustable: Date rate to reset _____

Maturity date _____

☐ I verify that I **do** have a **home equity or line of credit loan** on my property located at

_____

Address City State Zip

Mortgage Lender Name_____

_____

Address City State Zip

Loan Balance $ _____ Monthly Payment Amount $ _____

Interest rate _____% ☐ Fixed or ☐ Adjustable: Date rate to reset _____

Maturity date _____

_____ _____

Applicant Signature Date

_____ _____

Co-Applicant Signature Date

AUTHORIZATION AND HOLD HARMLESS AGREEMENT

I/We accept the services of Southeast Colorado Enterprise Development, Inc. and authorize Southeast Colorado Enterprise Development, Inc. to act as a technical assistant and advisor in connection with repair, remodeling, or rehabilitation services on the property commonly know as:

_____

Street Address

_____

City, State, Zip

I/we further agree to hold harmless the employees, members, officers, and director of Southeast Colorado Enterprise Development, Inc. in connection with acts performed by them which would be associated with consultation, technical advise, financial counseling, loan processing, property inspection, and other related activities.

I/we authorize the staff of Southeast Colorado Enterprise Development, Inc. to obtain specific reports, such as personal income reports, property title and tax searches, inspection reports, repair specifications, cost estimates, contractor bids, and such other reports which said staff deems necessary to perform its functions.

Homeowner's Signature Date	Homeowner's Signature Date

HOMEOWNER EXPECTATIONS:
WHAT TO EXPECT AND NOT EXPECT FROM
THE HOMEOWNER REHABILITATION PROGRAM

HOMEOWNER EXPECTATIONS

The Rehabilitation Program will help property owners during the housing rehabilitation process, but homeowners are responsible for making choices and for conducting the work listed below:

1. Homeowners will help inspect their home and point out problems.
2. In some cases, homeowners choose which contractors will bid on their projects.
3. Homeowners will allow access to their property for viewing by the program staff and by contractors for bidding purposes.
4. Homeowners, not the Rehabilitation Program, will sign the rehabilitation contract with their contractor.
5. Homeowners will be responsible for providing access to their property for the contractor to perform the requirements of the rehabilitation contract during normal business hours.
6. Homeowners will approve payments to their contractor with the grantee.
7. Homeowners will inspect and approve the work performed by their contractor.
8. Homeowners will work with their contractor to settle any disagreements during the project.
9. Homeowners will contact their contractor and ask that problems covered by the contractor's warranty, be corrected during the warranty period following completion of the work. It is suggested that the homeowner write the contractor and keep a copy of the correspondence.

ITEMS TO CONSIDER BEFORE ENTERING INTO A REHABILITATION CONTRACT

1. Not all rehabilitation that homeowners may want, can be done.
2. Repairs will correct most problems, but probably not all of them.
3. The homeowner should not expect their property to be completely new when the project is completed.
4. The homeowner should not expect all floors, walls, ceilings, doors, windows, etc., in older homes to be completely smooth, plumb, level and square when the project is completed.
5. Living in a house while a contractor is performing their work, can be stressful. Furniture may be rearranged or stacked and everything may be in general disorder. The project can become very messy, noisy and dusty.
6. The homeowner is responsible for securing their belongings; for example, pictures on walls, items in cabinets, knick-knacks on shelves, and clothing in closets, when the contractor is working in the area being affected.
7. Very few times in life is anyone completely satisfied with items they buy or repair. Buying a house or repairing one is no different.
8. Houses always need maintenance. It is suggested that homeowners save a little each month for future repairs and maintenance.
9. The Rehabilitation Program can not guarantee that the homeowner will be satisfied with the work performed by the contractor.

_____ _____

Homeowner Date Homeowner Date