



COMMUNITY DEVELOPMENT DIVISION

2825 3rd Ave North, 6th Floor
 P.O. Box 1178, Billings, Montana 59103
 Phone: (406) 657-8284, Fax: (406) 294-7595



CDBG PROGRAM APPLICATION

Please complete the following information, sign it, and return it to the above address along with:

- Copy of your most recent Federal Income Tax Return (or form 1722 from the IRS), and
- Copies of your most recent W-2s and / or benefit information

I am applying for the following program: Housing Rehab Deferred Loan Manufactured Home Repair Deferred Loan

The issues I am hoping to address with Community Development Block Grant (CDBG) funds are:

Have you received assistance through Community Development before? If yes, please explain:

APPLICANT

Full Name:		List other names used:	Age:	Home Phone: ()
Address (street, city, state, zip):			<input type="checkbox"/> Rent <input type="checkbox"/> Own	# Years at Address:
Email Address:				
Marital Status: <input type="checkbox"/> Single, divorced, widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated	Present Employer (name, address, phone):		Title:	Length of Employment:
	Previous Employer (name, address, phone):		Title:	Length of Employment:

CO-APPLICANT

Full Name:		List other names used:	Age:	Home Phone: ()
Address (street, city, state, zip):			<input type="checkbox"/> Rent <input type="checkbox"/> Own	# Years at Address:
Marital Status: <input type="checkbox"/> Single, divorced, widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated	Present Employer (name, address, phone):		Title:	Length of Employment:
	Previous Employer (name, address, phone):		Title:	Length of Employment:

HOUSEHOLD OCCUPANTS

Please list **ALL** individuals living in the home and their relationship to the Applicant (if not listed above)

Name:	Age:	Relationship:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Age:	Relationship:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Age:	Relationship:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Age:	Relationship:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Age:	Relationship:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No

MONTHLY INCOME INFORMATION

Please list income for **ALL** individuals over the age of 18 who live in the home

Income Type	Applicant	Co-Applicant	Other (name):	Other (name):
Gross (before tax) wage / salary	\$	\$	\$	\$
Other Regular Income	\$	\$	\$	\$
Pension, Annuities, Social Security, etc.	\$	\$	\$	\$
Net Income from Real Estate	\$	\$	\$	\$
Child Support, alimony	\$	\$	\$	\$
Other (explain):	\$	\$	\$	\$
Other (explain):	\$	\$	\$	\$
Total Monthly Income:	\$	\$	\$	\$

PROPERTY TO BE REHABILITATED

Housing expense, statement of ownership, and property liens

Address:		Do you own AND live in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Home Built:
Rent / Mortgage Monthly Payment: \$	Average Monthly Heat & Utilities: \$	Other Housing Expenses (explain): \$	
Home Type: <input type="checkbox"/> Mobile Home <input type="checkbox"/> Stick Built Home <input type="checkbox"/> Manufactured <input type="checkbox"/> Modular	Within City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Purchase Price: \$	Date Purchased:	Present Balance: \$	Loan Type: <input type="checkbox"/> Conventional <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Real Estate Contract
Title or Mortgage Holder's Name and Address:			
List all liens against property (2 nd mortgage, home improvement loans, tax liens, labor liens, etc.):			

PERSONAL FINANCIAL INFORMATION

Please fill out information completely and accurately. This is the same type of information you would be required to provide for home improvement loans.

ASSETS		LIABILITIES		
<i>Checking / Savings Accounts (list bank and account numbers):</i>	<i>Balance</i>	<i>Automobiles (make, model, year)</i>	<i>Monthly Payment</i>	<i>Balance Owed</i>
	\$		\$	\$
	\$		\$	\$
	\$	Automobile Loan Lender(s):		
<i>Stocks, Bonds, IRAs, 401Ks:</i>	<i>Balance</i>	<i>Mortgages (not previously listed):</i>	<i>Monthly Payment</i>	<i>Balance Owed</i>
	\$		\$	\$
	\$		\$	\$
<i>Receivables (describe):</i>	<i>Expected Income</i>	<i>Installment / Credit:</i>	<i>Monthly Payment</i>	<i>Balance Owed</i>
	\$		\$	\$
	\$		\$	\$
<i>Cash Surrender Value of Life Insurance:</i>	<i>Value</i>		\$	\$
	\$		\$	\$
	\$		\$	\$
<i>Other Real Estate Owned / Location (indicate title owner):</i>	<i>Market Value</i>	<i>Other Liabilities</i>	<i>Monthly Payment</i>	<i>Balance Owed</i>
	\$			
	\$			
<i>Other Assets (cars, boats, RVs, etc.)</i>	<i>Market Value</i>	<i>Comments:</i>		
	\$			
	\$			
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$	

- Agreement: The undersigned is applying for programs managed through the City of Billings - Community Development Block Grant program.
- The City of Billings Housing Loan Programs are secured by a title lien or a Trust Indenture on the property described herein and represents the property will not be used for any illegal or restricted purpose.
- All statements made in this application are true and correct and made for the purpose of obtaining a loan and evaluating eligibility for CDBG programs.
- Verification may be obtained from any source named in this application.
- The original or a copy of this application will be retained by the Community Development Division and applicable lender, even if the loan is not granted.
- The undersigned intends to occupy the property as their PRIMARY residence.
- The undersigned understands credit report(s) may be garnered to assist in determining program eligibility. Applicant and Co-Applicant hereby gives consent to obtain credit report(s).
- I / We fully understand it is a federal crime, punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above parts as applicable under the provisions of Title 18, United States Code, Section 1014.

Applicant Signature:	SSN:	Date:
Co-Applicant Signature:	SSN:	Date:

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

*The following information is required by the Federal Government to monitor this program's compliance with Equal Opportunity and Fair Housing laws. The law provides that a lender may not discriminate on the basis of this information, whether or not it is furnished. **FURNISHING THIS INFORMATION IS OPTIONAL. IF YOU DO NOT WISH TO FURNISH THE FOLLOWING INFORMATION, PLEASE SIGN YOUR NAME(S) BELOW.***

Applicant Signature:	Co-Applicant Signature:
APPLICANT INFORMATION	CO-APPLICANT INFORMATION
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Defined as any person who has a physical or mental impairment that substantially limits one or more major life activities</i>	Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Defined as any person who has a physical or mental impairment that substantially limits one or more major life activities</i>
Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Defined as a person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.</i>	Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Defined as a person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.</i>
Please mark only ONE of the following categories:	Please mark only ONE of the following categories:
<input type="checkbox"/> White <i>A person having origins in any of the original peoples of Europe, North Africa, or Middle East.</i>	<input type="checkbox"/> White <i>A person having origins in any of the original peoples of Europe, North Africa, or Middle East.</i>
<input type="checkbox"/> Black or African American - <i>A person having origins in any of the black racial groups of Africa.</i>	<input type="checkbox"/> Black or African American - <i>A person having origins in any of the black racial groups of Africa.</i>
<input type="checkbox"/> Asian <i>A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.</i>	<input type="checkbox"/> Asian <i>A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.</i>
<input type="checkbox"/> American Indian or Alaska Native - <i>A person having origins in any of the original peoples of North & South America (including Central America), and who maintains affiliation or community attachment.</i>	<input type="checkbox"/> American Indian or Alaska Native - <i>A person having origins in any of the original peoples of North & South America (including Central America), and who maintains affiliation or community attachment.</i>
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander - <i>A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.</i>	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander - <i>A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.</i>
<input type="checkbox"/> American Indian or Alaska Native & White - <i>A person having these multiple race heritages as defined above.</i>	<input type="checkbox"/> American Indian or Alaska Native & White - <i>A person having these multiple race heritages as defined above.</i>
<input type="checkbox"/> Asian & White - <i>A person having these multiple race heritages as defined above.</i>	<input type="checkbox"/> Asian & White - <i>A person having these multiple race heritages as defined above.</i>
<input type="checkbox"/> Black or African American & White - <i>A person having these multiple race heritages as defined above.</i>	<input type="checkbox"/> Black or African American & White - <i>A person having these multiple race heritages as defined above.</i>
<input type="checkbox"/> American Indian or Alaska Native & Black or African American - <i>A person having these multiple race heritages as defined above.</i>	<input type="checkbox"/> American Indian or Alaska Native & Black or African American - <i>A person having these multiple race heritages as defined above.</i>
<input type="checkbox"/> Other Multi-Racial - <i>For reporting individual responses not included in any of the other categories listed above.</i>	<input type="checkbox"/> Other Multi-Racial - <i>For reporting individual responses not included in any of the other categories listed above.</i>

The City's Community Development Division programs are open to all eligible persons, regardless of race, color, National Origin, Disability, Familial Status, Sex, Religion, Creed, Marital Status, Age, Sexual Orientation or Gender Identity.