**Uintah Basin Association of Governments (UBAOG)**
Single Family Rehab/Critical Needs
Application Checklist

WE ARE AN EQUAL OPPORTUNITY AGENCY. ANY ACCOMMODATIONS INCLUDING AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES BY CALLING 435-722-4518 AT LEAST 3 DAYS PRIOR TO YOUR APPOINTMENT. INDIVIDUALS WITH SPEECH AND/OR HEARING IMPAIRMENTS MAY CALL THE RELAY UTAH BY DIALING 711, AND OR/ SPANISH RELAY UTAH: 1-888-346-3162 FOR ASSISTANCE.

To complete your application, the following must be included:

**Important: Home and Land must be owned and occupied by applicant.**
Manufactured homes built prior to 1978 are not eligible for rehab.
Applicant may participate in this program once in a lifetime.

How did you hear about this program?
Word of Mouth _____ Flyer _____ Newspaper _____ Radio _____ Other _____

_____ Completed & signed application (see attached).

_____ Proof of Income (2 months) for ALL members in household over the age of 18.

_____ Proof of homeownership. (i.e. property tax notice, trust deed, etc.)

_____ Copy of Social Security Card for ALL members in household.

_____ Copy of Picture ID for ALL members in household over the age of 18.

_____ Copy of bank statements (2 months) for all members in household over the age of 18.

_____ “Authority to Verify Credit Information” competed & signed (see attached).

_____ If applicable - $20.00 for Credit Report for loan purposes only.

_____ Signed media release form (attached) by each adult member of household

If needed, to verify income, UBAOG may request tax returns.
Uintah Basin Association of Governments
Single Family Rehab & Critical Needs Application

**IMPORTANT: APPLICANT MAY PARTICIPATE IN THIS PROGRAM ONCE IN A LIFETIME.**
**IMPORTANT: HOME AND LAND MUST BE OWNED AND OCCUPIED BY APPLICANT. MANUFACTURED HOMES BUILT PRIOR TO 1978 ARE NOT ELIGIBLE FOR REHAB***

***Please read the entire application and answer all questions.***

Applicant’s Name: ________________________________

Gender; M F Birthday_____/_____/_____Head of Household? YES NO

Home Address:________________________City__________________State_______Zip_________

How Long at Address? ___________Do you own the Home? Y N Do you own the land the home is on? Y N

Telephone # of Applicant: Work________________Home________________Cell________________

The Following is for Statistical Purposes only and is Voluntary:

Marital Status: Single_____Married_____Divorced_____Widowed_____Separated_____

Female Head of Household? Y N

<table>
<thead>
<tr>
<th>Household Composition: List the head of your household and all members who live in your home. Give the relationship of each family member to the head of household.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
</tbody>
</table>

**FAILURE TO LIST ALL PERSONS LIVING IN HOUSEHOLD, (INCLUDING NON-RELATIVES) WILL RESULT IN TERMINATION OF ASSISTANCE**

Health Insurance/Medicaid: Y N
Homeowners Insurance: Y N
Disabled: Y N

Do you receive WIC? Y N

Food Stamps/ Horizon Card: Y N Amount $________________

Have you applied for assistance with UBAOG in the past? Y N

Have you received HEAT assistance during this last year? Y N

Have you received Weatherization assistance in the past? Y N If so, when? ____________________________
EMPLOYMENT AND INCOME: (check one)

_____ UNEMPLOYED HOW LONG UNEMPLOYED: _______ REASON FOR LEAVING ________________________________

_____ EMPLOYED FULL-TIME: _____ PART-TIME: _____ TEMP: _____ EMPLOYER: ______________________________

List YOUR OWN Gross Monthly Income for the following:
STATE FINANCIAL ASSISTANCE (not including food allowances) $ ______________________________
SALARY/WAGES $ ________________ UNEMPLOYMENT: $ ________________ DISABILITY: $ ________________
PENSION: $ ________________ SOCIAL SECURITY: $ ________________ GENERAL ASSISTANCE: $ ________________
ALIMONY/CHILD SUPPORT: $ ________________ OTHER (describe): ________________________________

OTHER INCOME: List ALL other persons in household who have income:

<table>
<thead>
<tr>
<th>NAME</th>
<th>GROSS MONTHLY $ AMOUNT</th>
<th>SOURCE(S) OF INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

***FAILURE TO REPORT ENTIRE HOUSEHOLD INCOME FROM ALL SOURCES WILL RESULT IN TERMINATION OF ASSISTANCE***

HOUSING INFORMATION

Current Housing:
Home on foundation Y N Choose One: House_____ Mobile Home _____ Modular _____ Other (specify) ____________
Year Home Built ____________
Bedrooms: Please circle one: 1 2 3 4 5
Are you willing to obtain a loan to assist with repairs? Y N
Have you declared bankruptcy within the past seven years? Y N
Do you have any unpaid judgments? Y N

Describe how you learned about this program you are applying for ________________________________
Describe the necessary services for which you are requesting funding:
__________________________________________________________

Please note: All complete applications are processed by rating and ranking on the basis of needs and other criteria.

The information provided above is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information related to my/our application for financial assistance. The UBAOG reserves the right to verify information included in this application once it is accepted. I/We understand that any false or misleading information will be grounds for disqualification.

______________________________________________  ____________________________
Applicant Date
AUTHORITY TO VERIFY CREDIT INFORMATION

This is your authority to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make any other inquiries pertaining to my qualification for a loan from you. You may make copies of this document for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective mortgagor or borrower may be delayed or rejected.

Applicant Signature

__________________________________________
Date

Please Print
SS# ______________________________
Date of Birth

Co-Applicant Signature

__________________________________________
Date

Please Print
SS# ______________________________
Date of Birth

Current Address: ____________________________________________________________

Previous Address: ____________________________________________________________

By signing this document, client gives UBAOG permission to share information with other lending institutions that may be beneficial to the loan process.
Client Name: ____________________________________________

RACE AND ETHNIC DATA

THE FOLLOWING IS FOR STATISTICAL PURPOSES ONLY AND IS VOLUNTARY

Applicant declined to answer the questions below:

PLEASE MARK ONE ON EACH SECTION

- American Indian or Alaska Native
- Black or African American
- White
- Asian and White
- American Indian or Alaska Native and Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Black or African American and White
- Other

- Hispanic/Latino
- Not Hispanic/Latino

Signature: ____________________________________________ Date __________________________
I, _______ Below Signed _______, authorize Uintah Basin Association of Governments (UBAOG) and its affiliates, to use and publish to the general public, non-income specific information about the services applying for, in any manner or media now known or hereafter discovered, including via the Internet; which may include and not be limited to our website, Facebook, Instagram, Twitter, and YouTube.

I understand that I may revoke this authorization at any time; my revocation must be submitted in writing to Uintah Basin Association of Governments.

UBAOG
Attention:
Housing Specialist
330 East 100 South
Roosevelt, UT 84066

Print: __________________________________________
Signature: ______________________________________Date: ____________________

Print: __________________________________________
Signature: ______________________________________Date: ____________________

Housing Staff Signature:
______________________________________________Date: ____________________

330 East 100 South, Roosevelt, Utah 84066 (435) 722-4518
Fax (435) 722-4890