

APPLICATION FOR NEIGHBORHOOD STABILIZATION PROGRAM
(Incomplete applications will not be accepted)

PLEASE NOTE: Each individual making application must pay a \$12.00 application fee and must sign on page 2 of the application. If married only one application fee of \$20.00 is required. Pay stubs for all applicants and persons that are going to live in the home are required with this application.

Name _____ Birth date _____ Soc. Sec. # _____

Spouse _____ Birth date _____ Soc. Sec. # _____

Present address: _____ Zip _____ Phone Number _____

How long at this address: _____ years _____ months

Payment per month: _____ To Whom: _____

Landlord's Name, Address, Phone: _____

Previous Address _____ Years _____ Months _____

Have you owned a home within the last 3 years? Yes [] No [] U.S. Citizen Yes [] No []

Registered Alien _____ Yes _____ No _____ Marital Status _____

Present Employer _____ Years on Job _____

Address _____ Phone Number _____

Job Title _____ Gross Salary \$ _____ Paid Weekly _____ Paid Biweekly _____

(Before taxes & deductions taken out)

Previous Employer _____ Years on Job _____

Address _____ Phone Number _____

Job Title _____ Gross Salary \$ _____ Paid Weekly _____ Paid Biweekly _____

Spouse's Employer _____ Years on Job _____

Address _____ Phone Number _____

Job Title _____ Gross Salary \$ _____ Paid Weekly _____ Paid Biweekly _____

Other yearly income: Alimony \$ _____ Child Support \$ _____ Soc. Security \$ _____

Pensions \$ _____ Other \$ _____

Number of Children at home and claimed on income tax (age and sex of each): _____

Number of other people that will be living with you (excluding children claimed on income tax)

(Age and sex of each): _____

Their income _____

City of Joliet, Neighborhood Services
150 West Jefferson Street
Joliet, Illinois 60432
(815) 724-4092

MONTHLY DEBTS

(Credit cards, bank loans, etc.)

Company	Monthly Payment	Balance	Company	Monthly Payment	Balance
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____

Do you have any open collections, judgments, or legal proceedings against you? Yes [] No []

If yes, explain: _____

Do you pay alimony or child support? Yes [] No [] Monthly payment \$ _____

ASSETS

What is your savings account value? \$ _____ Bank: _____ Account #: _____

What is your checking account value? \$ _____ Bank: _____ Account #: _____

Down payment will come from: _____

I/We have read and answered all statements on this application and affirm that all statements made by me/us on this application are true.

I/We do hereby authorize the City of Joliet, a Municipal Corporation, to receive any and all records and information held by any employer, lending institution, corporation or individual for the purpose of ascertaining that the facts stated herein are true and correct. Any falsification of said facts, either on this Statement or in my application may result in the forfeiture of any and all Homestead Rights.

An application fee of \$20.00 for a married couple and \$12.00 must be paid upon the return of this application.

APPLICANT'S SIGNATURE _____ **DATE** _____

SPOUSE'S SIGNATURE _____ **DATE** _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for.)

BORROWER

Race/National Origin

[] American Indian or Alaskan Native

[] White, not of Hispanic origin

[] Black, not of Hispanic origin

[] Hispanic

[] Asian or Pacific Islander

SEX

[] Female [] Male

[] I do not wish to furnish this information

CO-BORROWER

Race/National Origin

[] American Indian or Alaskan Native

[] White, not of Hispanic origin

[] Black, not of Hispanic origin

[] Hispanic

[] Asian or Pacific Islander

SEX

[] Female [] Male

[] I do not wish to furnish this information

**AUTHORIZATION TO PROVIDE RECORD OF
ARRESTS AND CONVICTIONS TO THIRD PARTIES**

Section I - For Prospective Owners:

By completing this Authorization Form, you are giving the City of Joliet Police Department permission to provide information relating to your arrest and conviction record to the City of Joliet, Neighborhood Services Division. You must complete a separate form for each person age seventeen (17) and older who will be residing at the property.

INFORMATION ABOUT PROSPECTIVE OWNERS (please print all information)

Name: _____
(Last) (First) (Middle)

Maiden Name: _____

Sex: Male _____ Female _____ (CHECK ONE)

Race: Black _____ Hispanic _____ Oriental _____ White _____ Other _____
(describe)

Birth Date: ____/____/____ Social Security No: ____-____-____

Driver's License Number: _____ State: _____

By my signature below, I hereby voluntarily request that the City of Joliet Police Department provide the City of Joliet, Neighborhood Services Division with information relating to my arrest and conviction records. I understand that this information is being sent to the City of Joliet Neighborhood Services Division and that a copy will be sent to me also.

If the information appearing in the report is inaccurate or incomplete, I understand that I must notify the Joliet Police Department of the error within seven (7) days of the date I receive the report. If the Joliet Police Department's investigation reveals errors in the report, a revised report will be provided to the City of Joliet, Neighborhood Services Division.

Your Signature Date

Your Name (please print)

Mailing Address (please print)

City & State & Zip Code (please print)

YOUR SIGNATURE MUST BE NOTARIZED

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public

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