

DEFERRED PAYMENT LOAN APPLICATION

Applicant's Name _____
Address _____
City _____ Zip _____
Phone # _____ Work # _____
Social Security # _____ Birthdate _____
Disabled? _____ Sex _____ Race _____
Employer _____
Address (work) _____
Years employed here _____
Monthly Income _____
Other Income _____

Co Applicant's Name _____
Address _____
City _____ Zip _____
Phone # _____ Work # _____
Social Security # _____ Birthdate _____
Disabled? _____ Sex _____ Race _____
Employer _____
Address (work) _____
Years employed here _____
Monthly Income _____
Other Income _____

Number people in household? _____

Additional Household Members

Name _____ Monthly Income _____ Source of Income _____
Social Security # _____ Birthdate _____ Disabled? _____ Sex _____ Race _____
Name _____ Monthly Income _____ Source of Income _____
Social Security # _____ Birthdate _____ Disabled? _____ Sex _____ Race _____
Name _____ Monthly Income _____ Source of Income _____
Social Security # _____ Birthdate _____ Disabled? _____ Sex _____ Race _____
Name _____ Monthly Income _____ Source of Income _____
Social Security # _____ Birthdate _____ Disabled? _____ Sex _____ Race _____
Name _____ Monthly Income _____ Source of Income _____
Social Security # _____ Birthdate _____ Disabled? _____ Sex _____ Race _____

Total Household Income _____

What is the balance owing on your home? _____
How long have you owned this property? _____
What is the approximate value of your home? _____

How much is your monthly payment? _____
Property insurance holder _____

List the names of persons on the title to the property and your relationship to them. _____

Describe any problems you may have regarding credit history (bankruptcy, collections, judgements)

Briefly describe the problems with your home and the repairs you would like to make

How were you referred to this Agency? _____
Have you used our grant program before? _____

I/We certify that the above information is true and correct to the best of my knowledge.

I/We hereby authorized ASSIST Inc to obtain information regarding my/our income, employment, pensions, credit, property title and other information relevant to this application which will be used solely for determining my/our eligibility for the Deferred Payment Loan Program from Salt Lake County

Borrower's Signature _____ Date _____

Co-Borrower's Signature _____ Date _____