

**Town of Burrillville Housing Rehabilitation Loan Program
Application**

Applicant: _____
Address: _____
Town/Zip Code: _____
Email Address: _____
Social Security No: _____
Applicant's DOB: _____
Home Telephone No: _____
Work Telephone No: _____
State/Drivers License #: _____

Co-Applicant: _____
Address: _____
Town/Zip Code: _____
Email Address: _____
Social Security No: _____
Applicant's DOB: _____
Home Telephone No: _____
Work Telephone No: _____
State/Drivers License #: _____

Note: Homes must be owner-occupied.

Single Family: _____
No. of Household Members: _____

Multi-Family: _____
No. of Units: _____
No. of Persons/Unit: _____
Unit 1 _____ Unit 2 _____
Unit 3 _____ Unit 4 _____

Year House Built: _____

Occupied by Children under 6 years: Yes ___ No ___

**Name of Children
living in Home**

DOB

**Do Children have identified
elevated blood levels?**

Yes No Unit No.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Income

Source

Applicant

Co-Applicant

Monthly Income: _____
Interest Income: _____
Other Income: _____
Total: _____

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Interest Income: _____
Other Income: _____
Total: _____

Other Income:

Rental Property: Apt 1 _____ Apt 2 _____ Apt 3: _____ Apt 4 _____

Employment

Applicant's Occupation: _____

Employer's Name: _____
Employer's Address: _____
Employer's Telephone Number: _____

Co-Applicant's Occupation: _____

Employer's Name: _____
Employer's Address: _____
Employer's Telephone Number: _____

Mortgage Information

Name & Address Bank: _____

Monthly Payment \$ _____

Does this monthly payment include home insurance and real estate taxes? Yes ___ No ___

Other Mortgages

Name & Address of Bank: _____

Monthly Payment (principal & interest): \$ _____

Monthly Housing Expenses

Hazard Insurance: \$ _____
Real Estate Taxes: \$ _____
Land/Ground Lease Payment: \$ _____
Fuel (Oil/Gas): \$ _____
Electricity: \$ _____
Water: \$ _____
Total Monthly Expenses: \$ _____

Note: This application cannot be submitted for review and decision if applicant(s) are delinquent in any local, state or federal taxes.

Cash Accounts

Savings/Checking: Name & Address of Bank: _____

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Liabilities

Do you and/or your spouse/other pay Alimony/Child Support/Separate Maintenance? Yes ___ No ___
If yes, how much do you pay? \$ _____ per week/month. Please provide a copy of this agreement.

****See Credit Report for other liabilities****

The applicant(s) certifies all information reported in this application is true to the best of his/her knowledge and belief. Verification may be obtained from any source named herein.

Borrower's Signature

Date

Co-Borrower's Signature

Date

Penalty for false or fraudulent statement, U.S.C., Title 18, Section 1001, provides:

“Whoever, in any matter within the jurisdiction of any Department or Agency of the United States knowingly and willfully falsify or make any false, fictitious or fraudulent statements for representations or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than Ten-Thousand Dollars (\$10,000) or imprisoned not more than five years, or both.”

Town of Burrillville Planning Department
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