

Housing Rehabilitation Loan Program - Eligibility Checklist:

3/2/2021 update  
-REDACTED-

Database ID # \_\_\_\_\_  
FY 46- \_\_\_\_\_

CITY OF BILLINGS - COMMUNITY DEVELOPMENT DIVISION  
HOUSING REHAB LOAN PROGRAM

Date of Application: **December 1, 2020**

Name: \_\_\_\_\_

Address: \_\_\_\_\_, Billings 59101

# Years at Address (must be at least one year): \_\_\_\_\_ Email: \_\_\_\_\_

HOME Phone: (406) \_\_\_\_\_ Work Phone: (406) \_\_\_\_\_ Cell Phone: (406) \_\_\_\_\_

Income on Application: **\$2,100/month = \$25,200/year**

Income Reported on Latest Tax Return: **\$31,619** Tax Year: **2019**

Liquid Assets Less Than \$15,000?  Yes  No

Repair Items Listed: **Leaking roof, window safety issues, porch access - kitchen - no heat, etc.**

2020 Income Limits	
Family Size	80% AMI
1	\$42,950
2	\$49,050
3	\$55,200
4	\$61,300
5	\$66,250
6	\$71,150
7	\$76,050
8+	\$80,950

Eligibility Investigation:

Owned by Applicant?  Yes  No Tax ID: \_\_\_\_\_ Taxes delinquent:  Yes  No

Within City Limits?  Yes  No Zone: **R-6000** Residentially Zoned?  Yes  No

Year Built: **1930** 25+ Years?  Yes  No Date of Last Remodel: **Unknown**

Square Feet: **1,875** One - Two Units?  Yes  No

Previous Assistance: **None found**

Is the market value less than \$228,000? (Effective 4/1/2020)  Yes  No  
Use 95% of the median purchase price for the area based on Federal FHA mortgage program data  
<https://www.hudexchange.info/resource/2312/home-maximum-purchase-price-after-rehab-value/>

Date Credit Report Requested: **December 11, 2020** Date AVM Requested: **December 8, 2020**

Mortgage Balance: **\$52,846 + \$2,061** Late House Payments Last 12 Months?  Yes  No

2<sup>nd</sup> Mortgage?  Yes  No Only owns one home?  Yes  No

Date Title Commitment Requested: **Date** Title Clear?  Yes  No Checked:  Tax Data and  Credit Report

FTHB? **None found**

Valuation Determination	
Mortgage Balance	<b>\$52,846</b>
MT Board of Housing / 2 <sup>nd</sup> Mortgage Amount	<b>\$2,061</b>
Other lien(s) on Title (if any):	
Secretary of HUD Document # 53,499	<b>\$18,487</b>
Secretary of HUD Document # 114,988.11	
Projected Housing Rehab Loan	<b>\$25,000</b>
Projected Burdened Amount = Total	<b>\$98,394</b>
AVM Market Value:	<b>\$186,145</b>
<a href="https://credit.credittechnologies.com/custom/login.aspx">https://credit.credittechnologies.com/custom/login.aspx</a> This amount must be greater than the total burdened amount.	

Feasible Based on Market Value and Burdened Amount?  Yes  No Feasibility Concerns?  Yes  No

Comments: **Denial / Late mortgage payment within last 12 months**  
**3/2/2021 UPDATE: Title Commitment shows two additional current mortgages on the property (total of 4 mortgages)**

Late mortgage payments noted on December 11, 2020 Credit Report:

					30	60	90+	Pastdue	Payment	Balance
					23	4	23			
<b>MONTANA BOARD OF HOUSI</b>	Opened 04/04	Reported 11/20	High balance 84,879	Reviewed 87 mos	10/20 09/20 06/20 04/20 02/20 01/20 12/19	07/20 11/18 09/18 08/19 07/19 06/19 05/19 04/19	10/19 09/19 08/19 07/19 06/19 05/19 04/19	-0-	360X \$598	52,846
	Last active 11/20	*BX1 *BU1 *BQ1 [Ind]	High limit ---	Mortgage (1) Mortgage	07/18 06/18	11/17 10/17 09/17 08/17 07/17 06/17 05/17 04/17 03/17 02/17 01/17 12/16				
	FHA Real Estate Mortgage; FHA									

					30	60	90+	Pastdue	Payment	Balance
					19	8	2			
<b>MONTANA BOARD OF HOUSI</b>	Opened 04/04	Reported 11/20	High balance 3,332	Reviewed 87 mos	09/20 06/20 03/20 06/19	10/20 07/20 04/20 07/19	08/19 01/17	-0-	360X \$17	2,061
	Last active 11/20	*BX1 *BU1 *BQ1 [Ind]	High limit ---	Mortgage (1) Second mortgage	03/19 12/18 11/18 09/18 07/18 06/18 12/17 02/17	04/19 01/19 03/17 12/16				
	Second									

As per applicant's request, another credit report was obtained on March 1, 2021 and late mortgage payments are still evident:

					30	60	90+	Pastdue	Payment	Balance
					23	4	23			
<b>MONTANA BOARD OF HOUSI</b>	Opened 04/04	Reported 01/21	High balance 84,879	Reviewed 89 mos	10/20 09/20 06/20 04/20 02/20 01/20 12/19 12/18 10/18	07/20 11/18 09/18 08/19 07/19 06/19 05/19 04/19 03/19 02/19	10/19 09/19 08/19 07/19 06/19 05/19 04/19 03/19 02/19	-0-	360X \$598	52,688
	Last active 01/21	*BX1 *BU1 *BQ1 [Ind]	High limit ---	Mortgage (1) Mortgage	08/18 07/18 06/18	11/17 10/17 09/17 08/17 07/17 06/17 05/17 04/17 03/17 02/17				
	FHA Real Estate Mortgage; FHA									

					30	60	90+	Pastdue	Payment	Balance
					19	7	2			
<b>MONTANA BOARD OF HOUSI</b>	Opened 04/04	Reported 01/21	High balance 3,332	Reviewed 89 mos	09/20 06/20 03/20 06/19	10/20 07/20 04/20 07/19	08/19	-0-	360X \$17	2,042
	Last active 01/21	*BX1 *BU1 *BQ1 [Ind]	High limit ---	Mortgage (1) Second mortgage	03/19 12/18 11/18 09/18 07/18 06/18 12/17 02/17	04/19 01/19 03/17				
	Second									

**Four total mortgages exist on the property, according to the Title Insurance, making the project ineligible for the Housing Rehabilitation Loan program:**

Deed of Trust, to secure an original indebtedness of \$84,879.00, dated April 30, 2004 and any other amounts and/or obligations secured thereby.

Recorded: \_\_\_\_\_ under Document # \_\_\_\_\_

Grantor: \_\_\_\_\_

Trustee: Chicago Title Insurance Company

Beneficiary: Intermountain Mortgage Co., Inc..

Assigned to Montana Board of Housing, by instrument recorded May 3, 2004, under Document # \_\_\_\_\_

Neighborhood Housing Services' Montana Homeownership Network Affordable Housing Program  
Montana Subordinate Trust Indenture, to secure an original indebtedness of \$3,332.00, dated April 29, 2004 and any other amounts and/or obligations secured thereby

Recorded: \_\_\_\_\_ under Document # \_\_\_\_\_

Grantor: \_\_\_\_\_

Trustee: Chicago Title Insurance Company

Beneficiary: Montana Board of Housing

Mortgage, to secure an original indebtedness of \$3,499.40, dated January 22, 2015 and any other amounts and/or obligations secured thereby.

Recorded: \_\_\_\_\_, under Document # \_\_\_\_\_

Mortgagor: \_\_\_\_\_

Mortgagee: Secretary of Housing and Urban Development

Subordinate Deed of Trust, to secure an original indebtedness of \$14,988.11, dated \_\_\_\_\_ and any other amounts and/or obligations secured thereby


Recorded: \_\_\_\_\_, under Document # \_\_\_\_\_

Grantor: \_\_\_\_\_


Trustee: Mark Noennig, Attorney

Beneficiary: Secretary of Housing and Urban Development

Application for the Housing Rehabilitation Loan Program:



**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  
 Copy of your most recent W-2s and / or benefit information

I am applying for the following program:  Housing Rehab Deferred Loan  
**NOTE:** The Manufactured Home Repair Program has been discontinued

The issues I am hoping to address with Community Development Block Grant (CDBG) funds are: *Do not open Exterior Deteriorate*  
*Roof leaking, 1939-Home Windows Safety Issues - GAPS, Porch Access Kitchen NO Heat*

Have you received assistance through Community Development before? If yes, please explain: *No*

**APPLICANT**

Full Name: \_\_\_\_\_ List other names used: \_\_\_\_\_ Age: \_\_\_\_\_ Home Phone: (406) \_\_\_\_\_

Address (street, city, state, zip): *Street Billings, MT 59101*  Rent  Own # Years at Address: *16 yrs*

Email Address: \_\_\_\_\_

Marital Status:  Single, divorced, widowed  Married  Separated

Present Employer (name, address, phone): \_\_\_\_\_ Title: *Self* Length of employment: *2 1/2 years*

Previous Employer (name, address, phone): \_\_\_\_\_ Title: *Billings MT 406-6* Employment: *3 1/2 years*

**CO-APPLICANT**

Full Name: \_\_\_\_\_ List other names used: \_\_\_\_\_ Age: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_  Rent  Own # Years at Address: \_\_\_\_\_

Marital Status:  Single, divorced, widowed  Married  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?
		<i>Self</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<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	\$ <i>2100<sup>00</sup></i>	\$	\$	\$
Other Regular Income	\$ <i>N/A</i>	\$	\$	\$
Pension, Annuities, Social Security, etc.	\$ <i>N/A</i>	\$	\$	\$
Net Income from Real Estate	\$ <i>N/A</i>	\$	\$	\$
Child Support, alimony	\$ <i>N/A</i>	\$	\$	\$
Other (explain):	\$	\$	\$	\$
Other (explain):	\$	\$	\$	\$

**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		
Checking / Savings Accounts (list bank and account numbers):	Balance	Automobiles (make, model, year)	Monthly Payment	Balance Owed
Alana Federal Credit Union	\$ 6000.00		\$ 0	\$ 0
	\$		\$	\$
Stocks, Bonds, IRAs, 401Ks:	Balance	Automobile Loan Lender(s):		
	\$	Mortgages (not previously listed):	Monthly Payment	Balance Owed
	\$	Montana Board Housing	\$ 666.00	\$ 72000
Receivables (describe):	Expected Income	Installment / Credit:	Monthly Payment	Balance Owed
	\$		\$	\$
	\$		\$	\$
Cash Surrender Value of Life Insurance:	Value		\$	\$
	\$		\$	\$
	\$		\$	\$
Other Real Estate Owned / Location (indicate title owner):	Market Value	Other Liabilities	Monthly Payment	Balance Owed
	\$			
	\$			
Other Assets (cars, boats, RVs, etc.)	Market Value	Comments:		
	\$ 5000.00			
	\$			
<b>TOTAL ASSETS</b>	<b>\$ 5600.00</b>	<b>TOTAL LIABILITIES</b>	<b>\$ 52,000</b>	

- 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 18 U.S.C. Code, Section 1014.

Applicant Signature: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Co-Applicant Signature: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Date: 11/25/2020

**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