



Pennyryle Area Development District

a regional planning and development agency

300 Hammond Drive, Hopkinsville, KY 42240

voice (270) 886-9484 fax (270) 886-3211

www.peadd.org

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MEMORANDUM

TO: Interested Housing Applicants

FROM: Pennyryle Area Development District/Pennyryle Housing Corporation
Housing Department

RE: Application for Residential Housing Assistance

All applicants must complete and supply the following documents in order to be considered for the program:

- **Completed** Residential Housing Assistance Application
 - **ALL** applications must be filled out completely. Do not leave anything unanswered. If it does not apply to you, please answer N/A. Any incomplete applications will be returned.
- A copy of your most recent credit report
 - If you do not have a copy of your credit report, we can provide one for a \$20 fee

In order to pre-qualify for Residential Rehabilitation Assistance, **you must own your home** and provide the following additional items:

- A copy of the deed to your home
- A list of every repair that is needed on the home

Please return all complete applications to the following address:

**Pennyryle Area Development District
Suzanne Arnold, Housing Coordinator
300 Hammond Drive
Hopkinsville, KY 42240**

If you have any questions regarding the program or the application, please feel free to call us at (270) 886-9484.

III. HOUSING COSTS & OTHER EXPENSES FOR THE HOUSEHOLD

Are you currently paying a mortgage or rent on this house? ___Yes ___No

If yes, please answer the following:

Monthly payment \$_____

Mortgage Company or Bank Name _____

Address _____

Phone _____

(A copy of the mortgage will be needed to process your application)

Do you have homeowner's insurance? ___Yes ___No

If yes, please answer the following: (attach a copy of the current policy)

Monthly payment \$_____

Insurance Company Name _____

Address _____

Phone _____

(You must have or obtain Homeowner's Insurance to participate)

Annual Property Taxes – Are you Homestead Exempt? ___Yes ___No

PVA value of home \$_____

Estimated City taxes \$_____

Estimated County taxes \$_____

Utilities – average monthly bill

Water \$_____

Electric \$_____

Gas \$_____

Phone \$_____

Please list any other monthly expenses you have.

Have you ever applied for a loan to purchase a house? ___Yes ___No

If yes, when did you apply for a mortgage? _____

IV. CREDIT INFORMATION – PLEASE COMPLETE FOR ENTIRE HOUSEHOLD

What are your monthly credit payments? (Please list the name of the creditor, balance owed, and your monthly payment.)

Name of Creditor	Balance Owed	Monthly Payment

Have you ever been more than 30 days late on a credit payment? Yes No

If yes, please explain.

Have you ever filed bankruptcy? Yes No

If yes, list the final discharge date. _____

APPLICANT AUTHORIZATION AND CERTIFICATION

I hereby certify that the statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith to obtain rehabilitation or home loan assistance. I further understand that any information, including income, provided in this application may be given to other state and local agencies in order to coordinate rehabilitation and financial assistance.

I hereby certify that I am not and/or any of my household are not delinquent on any Federal loans (such as school loans, etc.)

WARNING: Section 1001 of Title 18, United States Code provides: “Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up a materials face, or makes any or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years, or both.”

Applicant Signature

Date

Co-Applicant Signature

Date

Photo Release

I hereby give the Pennyrile Area Development District permission to utilize video and photographic images of myself and/or my above listed property (before and after project images) for the sole purpose of advertising the program. I also understand that I will not receive any compensation for the use of said images.

Applicant Signature

Date

Co-Applicant Signature

Date