

GUNNISON VALLEY REGIONAL HOUSING AUTHORITY
APPLICATION FOR EMERGENCY MORTGAGE ASSISTANCE

PART I - APPLICANT INFORMATION

Applicant Name (as it appears on title): _____

Co-Applicant Name (as it appears on title): _____

Social Security Number: _____ Date of Birth: _____

Social Security Number: _____ Date of Birth: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Marital Status: Married ___ Separated ___

Marital Status: Married ___ Separated ___

Unmarried (single, divorced, widowed) _____

Unmarried (single, divorced, widowed) _____

Dependents: #: _____ Ages: _____

Dependents: #: _____ Ages: _____

Present Physical Address: Yrs _____ Mos _____

Present Physical Address: Yrs _____ Mos _____

Lender Name : _____

Address: _____

Loan #: _____

Total House Payment: \$ _____

Mailing Address: _____

PART II—EMPLOYMENT INFORMATION

Applicant Employer, Address

Co-Applicant Employer, Address

Self Employed _____

Self Employed _____

_____ # Yrs _____

_____ # Yrs _____

From: _____ To: _____

From: _____ To: _____

Phone #: _____

Phone #: _____

***If employed with more than one current employer or LESS THAN 5 YRS with current employer, complete the following
(attach separate sheet if necessary):***

Applicant Employer, Address

Co-Applicant Employer, Address

Self Employed _____

Self Employed _____

From: _____ To: _____

From: _____ To: _____

Position _____

Position _____

Phone #: _____

Phone #: _____

PART III – INCOME AND ASSET INFORMATION



Valley Housing Fund



GUNNISON VALLEY REGIONAL
HOUSING AUTHORITY

Gross Monthly Income	Applicant	Co-Applicant	Total
Primary Job Income	\$	\$	\$
Overtime			
Bonuses			
Commissions			
Dividends/Interest			
Retirement			
Net Rental Income			
Additional Jobs - total			
Other*			
Total	\$	\$	\$
* Source of Other Income: _____			

<u>Description of Asset</u>	<u>A / Co-A</u>	<u>Institution Where Held</u>	<u>Cash Value</u>
Checking			\$
Checking			\$
Savings			\$
Savings			\$
Certificates of Deposit			\$
Stocks/Mutual Funds			\$
Assessor Value of RE			\$
TOTAL			\$

Property Address	# mos not paid	Type of Property	Assessor's Total Value	Gross Monthly Rental Income	Mortgage Payments
1			\$	\$	\$
2					
3					
		Totals	\$	\$	\$

PART IV - CERTIFICATION AND CONSENT

I/We the undersigned, hereby certify that:

- All information contained in this Application is true and correct and complete.
- I/We are aware that any misrepresentation may result in me/us being disqualified for assistance from the Emergency Mortgage Assistance Fund.
- I/We certify that all members of the household are legal residents of the United States.

I/We the undersigned, hereby certify that my/our answers to the following questions are true:

(For any "Yes" answers please identify if it is applicable to the Applicant or Co-Applicant)

	Yes	No
Are there any outstanding judgments against you?	_____	_____
Are you a party to a lawsuit?	_____	_____
Do you occupy the property as your primary residence?	_____	_____

Consent to Release Information

I/We authorize representatives from the Gunnison Valley Regional Housing Authority (GVRHA) to receive information from employers and financial institutions listed in this application. I authorize representatives from the GVRHA to inspect and reproduce documentation provided with this application for purposes of determining my/our eligibility to receive assistance from the Emergency Mortgage Assistance Fund.

I/We release all representatives of the GVRHA from any and all liability arising from an employer's or financial institution's release of my information requested for this purpose.

I/We understand that completion of this application does not guarantee that my/our application will be approved.

Signature

Date Signature

Date

Equal Opportunity: In accordance with the provisions of the Equal Opportunity Act there will be no discrimination against an applicant for these benefits on the basis of race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (18 or older), disability or genetic information.

Confidentiality: To process an application the GVRHA may supply and receive information as detailed in the "Consent to Release Information" clause above. Information may also be released to comply with the auditing requirements of program funders or grantors. With these two exceptions, all personal and identifying information contained within an application remains fully confidential.





EMERGENCY MORTGAGE ASSISTANCE APPLICATION SUPPORTING DOCUMENTATION

Below is a list of all of the supporting documents we will need with your EMAF application:

- 2 most recent consecutive paystubs
- Most recent 2 months bank statements for all accounts
- Most recent mortgage statement
- Evidence of status of HOA dues
- Copy of State issued photo ID
- Letter of explanation regarding need for EMAF financial assistance

Additional information to complete 5-year employment history:

Applicant Employer Name, Address

Self Employed _____

From: _____ To: _____

Position: _____

Phone #: _____

Co-Applicant Employer Name, Address

Self Employed _____

From: _____ To: _____

Position: _____

Phone #: _____

Applicant Employer Name, Address

Self Employed _____

From: _____ To: _____

Position: _____

Phone #: _____

Co-Applicant Employer Name, Address

Self Employed _____

From: _____ To: _____

Position: _____

Phone #: _____

