

Housing Rehabilitation Program • 501 14th Street • Delta CO 81416 • 970-874-7266 Serving Delta, Montrose, Hinsdale, Gunnison, Ouray and San Miguel County

Rental Rehabilitation Loan Program Eligibility Questionnaire Date: _____ Borrower Information Name:____ Date of Birth: First M.I. Last Date of Birth: Name:____ First M.I. Last Mailing Address: Telephone:_____ E-mail address: SSN: ______ SSN: ___ Other Owner(s) Names: (list below any other owners of the property as listed on the Warranty Deed) Name: Address: **Property Information** Property type: Single Family Detached ____ Duplex ____ Triplex ____ Manufactured ____ Home Land owned (yes or no) _____ Title Purged ____ Leased Land/ Lot (yes or no) _____ **Property** Address Existing Mortgage Balance \$______ Monthly Mortgage Payment \$_____ or if no escrow Monthly Taxes\$____and Insurance \$____ Rental Information Property occupied (yes or no) _____ Monthly Rent _____ Utilities paid by landlord (yes or no) _____ Utilities paid by tenant (yes or no) _____ Approximate amount utilities paid by landlord \$_____ Approximate amount utilities paid by tenant \$_____ Lease expiration date: Number of bedrooms _____ Tenant Family Size _____

Is property covered by Fire/Liability Insurance?	Yes No	o		
Name and Address of Insurer:				
Agent's Name:				
Name and address of Mortgage Holder:				
Address:				
Please indicate your assessment of the condition				
	Ok/ fine	Needs repair	Needs replacement	Don't know or not applicable
Plumbing (sinks, bath fixtures, septic, drains sump pump				
Electrical systems (wiring, outlets, circuit breakers, light fixtures)				
Heating system (furnace, boiler, registers, radiators, wood stove)				
Structural (walls, floors, ceilings, foundation)				
Roof components (shingles, flashing, eaves,) leaks?				
Adequate insulation; weatherization				
Siding material				
Windows, sills, screens				
Doors				
Kitchen and/or bathroom cabinets				
Major appliances (stove. refrigerator, water heater)				
Porches, stairs, railings, walks				
Other				
Other				
List the projects that vou feel are most urgently	neede			

Authorization and Hold Harmless Agreement I/We accept the services of the Rental Rehabilitation Loan Program and authorize Delta Housing Authority to act as a technical assistant and advisor in connection with repair, remodeling or rehabilitation services on the property commonly known as: Street Address City, State, Zip code I/We further agree to hold harmless the employees, members, officers, and directors of The Delta Housing Authority in connection with acts performed by them which would be associated with consultation, technical advice, financial counseling, loan processing, property inspection and other related activities. I/We authorize the staff of The Delta Housing Authority to obtain specific reports, such as personal income reports, property title and tax searches, inspection reports, repair specifications, cost estimates, contractor bids, and such other reports which said staff deems necessary to perform its functions. This information is to be used by the agency collecting it or it's assignees in determining my/our qualifications as a prospective mortgagor under the Rental Rehabilitation Loan Program. I/We understand it will not be disclosed outside the agency except as required and permitted by law. I/We affirm that the information I/We provided is correct and complete to the best of my/our knowledge. 20 Dated this day of Landlords Name **Landlords Name**

Home Owners Signature

Home Owners Signature