

# Get the Credit You Deserve!

## Home Enhancement Loan Program



Phone: 937-643-2160  
 Fax: 937-643-3885  
 Web: www.dayair.org  
 Email: mail@dayair.org



CITY OF KETTERING

Phone: 937-296-2400  
 Fax: 937-296-3242  
 Web: www.ketteringoh.org  
 Email: communityinfo@ketteringoh.org

<b>Project Description:</b> _____ <b>Account Number:</b> _____ <b>Email Address:</b> _____ <b>Amount Requested:</b> _____ (Must be at least \$15,000 but not greater than \$50,000)	<b>Please submit the following with application:</b> _____ Copy of Deed _____ Year-end Mortgage Statement _____ Proof of Income _____ Homeowners Insurance Policy _____ Cost Estimate
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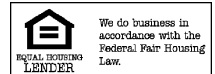
**Notice:** Alimony, child support, or separate maintenance income needs to be revealed (within Monthly Gross Income) for consideration of this loan. In addition, to qualify for this loan, the applicant must reside in the home to be enhanced and this home must be within the City of Kettering's boundaries.

Applicant Name		Social Security No.	
Address		Date of Birth	
City, St, Zip		# of Dependents <i>(exclude self)</i>	
Employer	Position	How Long?	
Home Phone	Work Phone	Monthly Gross Income	

Co-Applicant Name		Social Security No.	
Address		Date of Birth	
City, St, Zip		Relationship to Applicant	
Employer	Position	How Long?	
Home Phone	Work Phone	Monthly Gross Income	

Yrs. at Current Residence		Est. Market Value \$		Payment	Balance	Interest Rate
Date Purchased	Purchase Price	Mortgage Holder				
Auto: Make	Model	Year	Lienholder			

I certify that the above information is true and complete. I authorize the investigation and verification of my credit, employment and income to determine eligibility for credit. Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.



Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_  
 X \_\_\_\_\_ X \_\_\_\_\_

**FOR OFFICE USE ONLY**

Disclosures given \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Type \_\_\_\_\_ Rate \_\_\_\_\_  
 Flood Zone  Yes  No

Approved for disbursement with the following Conditions/Stipulations:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Denied Reasons: \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_