

**CITY OF KNOXVILLE
OWNER-OCCUPIED REHABILITATION PROGRAM SCREENING APPLICATION**

Property Address to Be Rehabilitated _____
 Do you currently live in the property? _____ If no, when did you move out of the property? _____
 What is the reason you moved out the property? _____

APPLICANT

CO-APPLICANT

Name _____
 Relationship to Co-Applicant _____
 Phone # _____
 Date of Birth _____ SS# _____
 Marital Status _____
 Employer _____
 Income Source _____
 Gross Income \$ _____ per _____
 Income Source _____
 Gross Income \$ _____ per _____
 Savings Account Balance \$ _____
 Checking Account Balance \$ _____
 Retirement/Investment (401k, IRA, CD, Stocks, Bonds, etc)
 \$ _____

Name _____
 Relationship to Applicant _____
 Phone # _____
 Date of Birth _____ SS# _____
 Marital Status _____
 Employer _____
 Income Source _____
 Gross Income \$ _____ per _____
 Income Source _____
 Gross Income \$ _____ per _____
 Savings Account Balance \$ _____
 Checking Account Balance \$ _____
 Retirement/Investment (401k, IRA, CD, Stocks, Bonds, etc)
 \$ _____

MORTGAGE INFO

Mortgage Balance \$ _____ Monthly Payment \$ _____ Is this mortgage payment current? _____
 Does your monthly payment include an escrow amount for taxes/insurance? _____
 2nd Mortgage Balance \$ _____ Monthly Payment \$ _____ Is this mortgage payment current? _____

OTHER HOUSEHOLD MEMBERS

List all children and adults living in the household, other than the applicant and co-applicant.

Name	Age	Income Source (if applicable)	Gross Income (if applicable)
			\$ _____ per _____
			\$ _____ per _____
			\$ _____ per _____
			\$ _____ per _____

ADDITIONAL INFO

Do you have an open bankruptcy case or had a bankruptcy case discharged within the last 12 months? _____
 Are there any outstanding judgements against you? _____
 Do you have any collections or charge-off accounts? _____
 Do you have homeowner's insurance? _____
 Are your property taxes current? _____

I (We) certify that all the information in this screening application is true and complete to the best of my (our) knowledge and belief. I (we) authorize verification of any information. I (We) acknowledge and authorize the City of Knoxville to conduct a credit report to verify debt and other financial obligations (collection and judgments). I understand that this is not an official application for the Owner Occupied Rehabilitation Program, but only an initial screening to determine eligibility. If this screening indicates I am eligible for the Program, I will be scheduled for an interview to submit an official application.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Return application to the following mailing address or fax number:
 Housing & Neighborhood Development Department, City County Building, P.O. Box 1631, Knoxville, TN 37901
 865-215-2120 Office 865-215-2886 Fax Number