



# Historic Preservation Revolving Loan Fund Application

Department of Planning and Community Revitalization

112 Goldsboro Street E. Wilson, NC 27893

Contact : 252.399.2225

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Please complete this application in BLACK or BLUE ink only. PDF Autofill accepted.  
Illegible/incomplete applications will be returned to the applicant.

## PART I : PROPERTY INFORMATION

Property Address: \_\_\_\_\_

Property Owner[s]: \_\_\_\_\_

Owner Occupied or Rental: \_\_\_\_\_

Year Acquired: \_\_\_\_\_ Purchase Price: \_\_\_\_\_ Assessed Value: \_\_\_\_\_

Appraised Value: \_\_\_\_\_ Date of Last Appraisal: \_\_\_\_\_

Mortgages: 1<sup>st</sup> Amount: \_\_\_\_\_ Term: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Adj. or Fixed: \_\_\_\_\_

2<sup>nd</sup> Amount: \_\_\_\_\_ Term: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Adj. or Fixed: \_\_\_\_\_

Rental Units: #1: Monthly Rent: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_ Occupied[Y/N]: \_\_\_\_\_ Family Size: \_\_\_\_\_

#2: Monthly Rent: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_ Occupied[Y/N]: \_\_\_\_\_ Family Size: \_\_\_\_\_

#3: Monthly Rent: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_ Occupied[Y/N]: \_\_\_\_\_ Family Size: \_\_\_\_\_

#4: Monthly Rent: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_ Occupied[Y/N]: \_\_\_\_\_ Family Size: \_\_\_\_\_

Total Cost of Project: \_\_\_\_\_ Loan Amount Requested: \_\_\_\_\_ [Request may not exceed \$15,000.]

Loan Payback Schedule: 3 years  5 years  7 years

## PART II : APPLICANT INFORMATION

Applicant's Name: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

Years at this Address: \_\_\_\_\_

Years at this Address: \_\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**PART III : EMPLOYMENT INFORMATION**

Applicant's Employer: \_\_\_\_\_

Co-Applicant's Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Position/Title/Type of Business: \_\_\_\_\_

Position/Title/Type of Business: \_\_\_\_\_

Number of Years: \_\_\_\_\_

Number of Years: \_\_\_\_\_

**PART VI : ASSETS AND LIABILITIES**

ASSETS	VALUE	LIABILITIES	MONTHLY PAYMENT	UNPAID BALANCE
Cash:		Credit Cards:		
Checking & Savings Accounts:				
Other Investments:		Personal, Student Loans:		
Real Estate Owned [address]:		Real Estate Loans:		
Automobiles Owned:		Automobile Loans:		
Net Worth of Businesses Owned:		Business Loans:		
Other Assets:		Other Liabilities:		
<b>TOTAL ASSETS:</b>		<b>TOTAL LIABILITIES:</b>		

**PART IV : FEDERAL TAX RETURN**

*Attach a signed copy of your most recent Federal Tax Return as verification.*

Tax Year: \_\_\_\_\_

Gross Income: \_\_\_\_\_

Adjusted Gross Income: \_\_\_\_\_

**PART V : MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION**

<u>Gross Monthly Income</u>	<b>Applicant</b>	<b>Co-Applicant</b>	<b>Total</b>
Employment Income:			
Dividends/Interest:			
Net Rental Income:			
Other:			
Total Monthly Income:			

**Monthly Housing Expenses**

1 <sup>st</sup> Mortgage [P&I]: _____	2 <sup>nd</sup> Mortgage [P&I]: _____
Other Financing [P&I]: _____	Hazard Insurance: _____
Real Estate Taxes: _____	
	Total: _____

**PART V : REQUIRED ATTACHMENTS**

*Please check mark next to each item, as required, to show it has been included in application packet.*

- \_\_\_\_ Copy of Deed
- \_\_\_\_ Signed copy of most recent Federal Tax Return
- \_\_\_\_ Summary of Proposed Work
- \_\_\_\_ Proof of Insurance [City of Wilson must be listed as additional policy holder.]
- \_\_\_\_ Three [3] detailed construction bids. [Materials and labor must be itemized separately.]
- \_\_\_\_ Each contractor has provided:
  - Proof of insurance
  - Proof of bond [If not bonded, a \$1,000 local bond will be required.]
  - Copy of contractor license [If not licensed, three [3] references must be included.]

*The undersigned hereby agree that all the information provided above is correct, and to give the lender the right to verify any information contained in the application and to request a credit report and a title search.*

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_