### TOTAL COMMUNITY CREDIT UNION

Thank you for your interest in Total Community Credit Union's FHA Title 1 Home Improvement Loan. Here is a checklist of items you will need to bring with you when returning your application. This will help process your request more efficiently.

- Four recent paystubs (two if paid bi-weekly) including rate of pay, your name, social security number, current working status and average hours worked per week.
- Copy of social security card.
- Copy of your driver's license or state ID.
- Proof of ownership of property will be verified by providing a certified copy of the deed or title policy or the mortgage. These documents must contain your names and the legal description of the property.
- A recent paid city/county tax statement or mortgage statement showing escrow for taxes and insurance.
- Proof of homeowners insurance.
- Current mortgage statement with balance.
- A written statement of the work or repairs to be done.
- Copy of Mortgage and/or Land Survey.
- Complete application.
- Signed "Certification of Non-Manufactured Home" for loans over \$5000.00 (attached)

#### FOR SELF-EMPLOYED MEMBERS:

- Copy of recent business financial and operating statement.
- Copy of last two years 1040.

### FOR FHA LOANS OVER \$7,500.00 WE WILL REQUIRE:

 Purchase of flood certificate, \$14.00 pre-paid finance charge - paid by member. (This is ordered by the credit union.)

Please contact the Mortgage Department at 313-291-3300 ext. 225 if you have any questions.

An appointment is required to bring in your application.

25155 GODDARD ROAD TAYLOR, MICHIGAN 48180 (313) 291-3300 OR (800) 291-3003

### TOTAL COMMUNITY CREDIT UNION

# IMPORTANT: TO BE USED IN PROPERTY IMPROVEMENT TRANSACTIONS U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT Office of Housing / Federal Housing Commissioner

You have applied for a property improvement loan under a program made possible through Title 1 of the National Housing Act. This program is administered by the Department of Housing and Urban Development (HUD).

HUD's role in this program is to provide credit insurance to lending institutions making Title 1 loans which protects the lender against major loss if you do not repay the debt.

Although the loan will be obtained through the lending institution, IT IS A FEDERAL OFFENSE FOR ANY PARTY TO THE LOAN TO PROVIDE FALSE OR MISLEADING INFORMATION in connection with this loan; such offense may be punishable by a fine, imprisonment or both.

One of the conditions on the Title 1 Home Improvement Loan is that you agree to furnish the lending institution a completion letter after the work is completed, and to permit us, or our agent, to inspect the completed improvements.

IF YOU FAIL TO REPAY THE LOAN AS AGREED, the lending institution may declare ALL unpaid amounts immediately due and payable, with interest, and may then assign the loan to HUD in exchange for Title 1 insurance benefits. When the loan is assigned to HUD, YOU WILL BE SUBJECT TO HUD COLLECTION ACTIVITIES.

Failure to pay this debt to HUD may result in offset Federal payments due you (including Federal income tax refunds, Social Security benefit payments, and Federal employee wages or retirement) or may result in the administrative garnishment of your wages. In addition, failure to pay may result in the referral of the debt for collection by the Department of Justice, by the Department of the Treasury, or by private collection agencies. In addition to principal and interest on the debt, you will be liable for the payment of any penalties or administrative costs that may be imposed by HUD as authorized by Section 3717 to Title 31 of the United States Code.

Your signature below indicates that you have read and understand this notice, and that you consent to pay any penalties, administrative costs, and interest that may be assessed by HUD.

Borrower	Signature	Date
Borrower	Signature	Date
Account 1	Number	

## TOTAL COMMUNITY CREDIT UNION

\*\*COMPLETE ONLY IF APPLYING FOR MORE THAN \$5,000.00\*\*

### CERTIFICATION OF NON-MANUFACTURED HOME

FHA Loan Application dated	in the amount of \$	
Name of Borrower(s):		
Property Address:		_
City, State, Zip:		
To Whom It May Concern:		
	subsequently found to be manufactured solely responsible for the payment of t	
	Member Signature	Date
	Member Signature	Date

25155 GODDARD ROAD TAYLOR, MICHIGAN 48180 (313) 291-3300 OR (800) 291-3003

### **Credit Application for Property Improvement Loan**

### U.S. Department of Housing and Urban Development

Office of Housing

OMB Approval No. 2502-0328 (exp. 12/31/2015)

See Public Reporting Burden and Privacy Act Statements on the last page before completing this application This application is submitted to obtain credit under the provisions of Title I of the National Housing Act. Please answer all questions. I/We hereby apply for a loan of \$ (net) to be repaid in months Date 1. Do you have any past due obligations owed to or insured by any agency of the Federal Government? Yes No (If the answer is "Yes," you are not eligible to apply for an FHA Title I loan until the existing debt has been brought current.) 2. Have you any other application for an FHA Title I loan pending at this time? 3. Are you refinancing a Title I loan? Yes Nο If "Yes," enter If "Yes," with whom? .. the loan number and balance owing \$ 5. Are you a party in a pending lawsuit? Yes No 4. Are there any unsatisfied judgments against you? 7. Has your property been foreclosed upon Yes No 6. Have you been declared bankrupt in the last seven years? No Yes in the last seven years? Explain any "Yes" answers to items 4 thru 7. Applicant Co-Applicant Name of Applicant Name of Co-Applicant (if any) Social Security Number Telephone Number Social Security Number Telephone Number Present Address Present Address How long Own or Rent How long Own or Rent Previous Address Previous Address How long Own or Rent How long Own or Rent Marital Status Marital Status Married Separated Unmarried (incl. Single, Divorced, Widowed) Separated Unmarried (incl. Single, Divorced, Widowed) Married Date of Birth No. of Dependents Sex Date of Birth No. of Dependents Male Female Male Female Ethnicity: (select only one) Ethnicity: (select only one) Hispanic or Latino Hispanic or Latino Not Hispanic or Latino Not Hispanic or Latino Race: (select one or more) Race: (select one or more) American Indian or Alaska Native Asian American Indian or Alaska Native Asian White Black or African American White Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islander Name and Address of Nearest Relative Not Living with You Name and Address of Nearest Relative Not Living with You Relationship Telephone No. Relationship Telephone No.

Employment & Inco	<b>me.</b> If self-emp ou will rely upor	ployed, submit a currer	nt financial state an.)	ement. (N	Note: Alimony, child	support, or s	separate mair	ntenance income need	
	Appl	icant				Co-A	pplicant		
Employer's Name & Business Address				Co-Applicant Employer's Name & Business Address					
Business Phone	Type of Work or Position			Busines	iness Phone Type of Work or Position				
Number of Years Salary Per Week or Month \$ per				Number	Number of Years Salary Per Week or Month \$ per				
Previous Employer's Name			s earlier)	Previou	s Employer's Name & B		ess (if less tha		
Business Phone Type of Work or Position				Business Phone Type of Work or Position					
Number of Years	Salary Per We	eek or Month		Number	umber of Years Salary Per Week or Month				
Other Income Source	17	Amount Per Week or Mo		Other Income Source		\$		Neek or Month	
Deels Assessed		\$ p	er	<u> </u>			\$	per	
Bank Accounts	:			Bank Ac		Π			
Checking Sav	ings  None			Checking Savings None					
					& Address of Bank or				
Debts. List all fixed of If more space is needed	obligations, ins I, list additional c	tallment accounts, F lebts on separate page	<b>HA loans, and</b> es and attach th	<b>debts to</b> em to th	b banks, finance co nis form.	ompanies ar	nd Governme	ent agencies.	
Automotive Lienholder			Year & Make		Original Amount of D	ebt Present \$	Balance	Monthly Payment	
Automotive Lienholder			Year & Make		Original Amount of D	ebt Present \$	Balance	Monthly Payment	
Real Estate Lienholder		FHA Insured (ye	es/no)	Original Amount of D	ebt Present \$	Balance	Monthly Payment		
Real Estate Lienholder		FHA Insured (ye	es/no)	Original Amount of D	ebt Present	Balance	Monthly Payment		
To Whom Indebted		Account No.		Original Amount of D	ebt Present	Balance	Monthly Payment		
To Whom Indebted		Account No.		Original Amount of D		Balance	Monthly Payment		
To Whom Indebted		Account No.		Original Amount of D		Balance	Monthly Payment		
To Whom Indebted		Account No.		Original Amount of D		Balance	Monthly Payment		
To Whom Indebted		Account No.		Original Amount of D	-	Balance	Monthly Payment		
To Whom Indebted		Account No.		Original Amount of D		Balance	Monthly Payment		
To Whom Indebted			Account No.		Original Amount of D		Balance	Monthly Payment	
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To Whom Indebted		Account No.		Original Amount of D	· ·	Balance	Monthly Payment		
To Whom Indebted		Account No.		Original Amount of D		Balance	Monthly Payment		
To Whom Indebted		Account No.		Original Amount of D		Balance	Monthly Payment		

Property to be Improved						
Type of Property		Is this property				
Single family		Owned by you?				
Multifamily (No. of units)		Leased from someone else?				
Nonresidential (Type of use		Being purchased on a land installment contract? Yes No				
Manufactured home (not classe		Tomig paronagga on a land mota	interit contract: res No			
Historic residential structure		Is there a mortgage or deed of trust o	on this property? Yes No			
Health care facility	(1.10) Or dimed	is there a mortgage or deed of trust of	if this property?			
Address (number, street, city, State & zip co	nde)	Name & Address of Proporty Owner (if diffe	rout from the condition to			
, all out (manipol), subset, only, state a zip of	540)	Name & Address of Property Owner (if diffe	rent from the applicant)			
Year Built	Date of Purchase	Monthly Lease Payment	Lease Expiration Date			
		\$	Leade Expiration Bate			
Purchase Price	Present Value	If this is a new residential structure	, has it been Yes No			
\$	\$	completed and occupied for 90 day				
Improvements (itemized east breakder	um must be attached)					
Improvements (itemized cost breakdor	wit must be attached)					
Description of Improvements		Name & Address of Dealer / Contractor				
Estimated Cost						
\$						
paint poisoning is to keep your home in of lead-based paint hazards, please co	n good condition and remove any lead- intact your local HUD office for a free pa	c or hospital for screening or treatment. based paint hazards. For detailed inform amphlet entitled "Lead Poisoning: Watch	ation on the prevention and elimination			
Important! Applicant, Read this before Signing.  I /We certify that the above statements are true, accurate, and complete to the best of my (our) knowledge and belief. This application shall remain the property of the lending institution to		sign the following certification:				
which it is submitted for the purpose of obtaining a loan.  I/We hereby consent to and authorize the lending institution or		Contract contains the whole agreement with the borrowers: 3)				
HUD, after giving reasonable notic		ment, rebate, cash bonus, sales commission, or anything of value				
to determine that the improvement	ents specifed in this application	in excess of \$25 as an inducement to enter into this loan transac-				
have been completed.	4:C11	tion; 4) the improvements have not been misrepresented; 5)				
the acceptance of the materials use	tion of a dealer or contractor and	no promises have been made that are impossible of attainment,				
(our) responsibility and HIID do	ed and the work performed is my	encourage trial purchase, or imply that the improvements will be				
workmanship of the property imp	or guarantee the quanty of	used as a model for advertising or other demonstration purposes;				
	o venients.	and 6) no offer of debt consolida	tion has been made.			
Applicant's Signature		Salesperson's Name				
X		Salesperson's Signature				
		X				
Co-Applicant's Signature						
×		Name of Dealer/Contractor				
are based upon information given to m	e by the applicants and are true, accura	s, that person must sign below. I cer ate and complete to the best of my know	ledge and belief.			
	statements. Conviction may result in criminal a	and/or civil penalties. (18 U.S.C. 1001, 100, 1012	; 31 U.S.C. 3729, 3802)			
Prepared by		Address				
X						
Representing						

Name & Address of the Lending Institution	Information verified with applicant by  Face-to-face interview  By (Signature of Loan Officer)  X
Social Security Number Verification Applicant	Credit Alert Access Code Applicant
Co-Applicant	Co-Applicant
Reserved for use by the Lending Institution	

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of infαmation. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Privacy Act Statement: The Department of Housing and Urban Development (HUD) is authorized to collect this information by Title I, section 2 of the National Housing Act (12 U.S.C. 1703), and to obtain and verify your Social Security Number (SSN) by section 165 of the Housing and Community Development Act of 1967 (42 U.S.C. 3543). You must provide all of the information requested. This information will be used to determine your creditworthiness and to assist HUD in accounting for and monitoring the use of Title I funds. Your SSN is a unique identifier which may be used to conduct computer matches to verify the information you provide. This information may be given to Federal, State, or local agencies when relevant to civil, criminal, or regulatory investigations or prosecutions. It will not be otherwise disclosed or released outside of HUD or the lending institution which will provide the loan funds, except as required or permitted by law. Failure to provide any of the requested information may result in delay or rejection of your application.

General Information: You are required to answer the questions on sex, race and ethnic background. Your answers are needed to determine the characteristics of Title I program beneficiaries, and willI not affect consideration of your application. By providing this in formation, you will assist us in ensuring that this program is administered in a nondiscriminatory manner. If you feel you have been discriminated against and you want to report it, the Fair Housing and Equal Opportunity Hotline Number is (800) 424-8590.

This information is being collected to permit more efficient risk management of the Title I loan portfolio as well as facilitate claims processing for loan defaults. The information provides a more comprehensive basis for evaluating Title I lender underwriting practices and there by improving risk management of the loan portfolio and also enhances management's ability to determine appropriate policy changes affecting the Title I portfolio as a whole. Responses are required in order to obtain benefits. No assurance of confidentiality is provided.