

Housing Rehabilitation Program - Get Your Name In!

Community Connection of Northeast Oregon, Inc. is
 TAKING NAMES FOR THE HOUSING REHABILITATION PROGRAM.
 To qualify you must:

- 1) Own or be buying your home, with a value less than \$175,000.
- 2) If over 60 years of age, have a net worth under \$40,000, not including your home.
 If under 60 years of age, have a net worth under \$20,000, not including your home.
- 3) Have adequate collateral to secure the amount you will be borrowing.
- 4) Live within Baker, Grant, Union or Wallowa counties.
- 5) Have a yearly income that is less than the amounts shown below.



<u>Household Size</u>	<u>Maximum Income By County</u>			
	<u>Baker</u>	<u>Grant</u>	<u>Union</u>	<u>Wallowa</u>
1	\$29,900	\$29,900	\$29,900	\$30,800
2	\$34,150	\$34,150	\$34,150	\$35,200
3	\$38,400	\$38,400	\$38,400	\$39,600
4	\$42,650	\$42,650	\$42,650	\$44,000
5	\$46,100	\$46,100	\$46,100	\$47,550
6	\$49,500	\$49,500	\$49,500	\$51,050

- 6) Have sufficient insurance to cover the loan amount. Meet other requirements of the program.

The Housing Rehab Program will provide a zero percent interest deferred payment loan up to \$24,999. Typical repairs include plumbing, electrical, roofs, doors, windows, siding, painting, foundations, and heating systems, etc. The loan is repaid when the property is sold, upon death of the last surviving borrower, when you no longer reside at the home, or a change of ownership.

If you are interested in this program please complete the bottom of this page and return it to Community Connection, 2802 Adams Ave, La Grande, OR 97850. Fax 541-963-3187

There is no obligation and all information is strictly confidential. To learn more call (541) 963-3186 or 1-800-838-3186 or visit www.ccno.org (click Weatherization/Housing Rehab)

Name _____ Telephone # _____

Address _____

Was your home built before 1978? Yes _____ or No _____ Amount owed on home \$ _____

Number of people living in your home _____ Property's Real Market Value _____ Date _____

Gross household income for all members \$ _____ Your Age: Over 60 _____ Under 60 _____

Please check the items below that need repair or improvements:

<input type="checkbox"/> Electrical	<input type="checkbox"/> Porches/Steps	<input type="checkbox"/> Handicap Access
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Windows/Doors	<input type="checkbox"/> Not Enough Bedrooms
<input type="checkbox"/> Roof	<input type="checkbox"/> Sagging Floors	<input type="checkbox"/> Septic/Sewer
<input type="checkbox"/> Foundation	<input type="checkbox"/> Heating System	<input type="checkbox"/> Water Lines & Wells
<input type="checkbox"/> Siding/Paint	<input type="checkbox"/> Insulation	<input type="checkbox"/> Other _____
<input type="checkbox"/> Dry Rot Repair	<input type="checkbox"/> Hot Water Heaters	_____