

Housing Rehabilitation Loan Program - Pre Application

Community Connection of Northeast Oregon, Inc. is looking for people who are in need of home repairs. AT THIS TIME, WE ARE TAKING NAMES FOR THE HOUSING REHABILITATION PROGRAM.

To qualify you must:

- 1) Own or be buying your home.
- 2) If over 60 years of age, have a net worth under \$60,000, not including your home.
If under 60 years of age, have a net worth under \$30,000, not including your home.
- 3) Have adequate collateral to secure the amount you will be borrowing, a ZERO % interest loan.
- 4) Live within Baker, Grant, Union or Wallowa County
- 5) Have a yearly income that is less than the amounts shown below.

Household Size	Maximum Income By County			
	Baker	Grant	Union	Wallowa
1	\$36,050	\$36,050	\$36,050	\$36,900
2	\$41,200	\$41,200	\$41,200	\$42,150
3	\$46,350	\$46,350	\$46,350	\$47,400
4	\$51,500	\$51,500	\$51,500	\$52,650
5	\$55,650	\$55,650	\$55,650	\$56,900
6	\$59,750	\$59,750	\$59,750	\$61,100

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

The Housing Rehab Program will provide a zero % interest deferred payment loan up to \$24,999.00. Typical repairs include plumbing, electrical, roofs, doors, windows, siding, painting, foundations and repair, and heating systems, etc. The loan is repaid when the property is sold, death of the last surviving borrower, 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 of Northeast Oregon, Inc., 2802 Adams Ave, La Grande, OR 97850.

There is no obligation and all information is strictly confidential. To find out more about the Community Connection of Northeast Oregon, Inc.'s Housing Rehabilitation Program, call us at (541) 963-3186 or Fax (541) 963-3187.

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"/> Other _____
<input type="checkbox"/> Foundation	<input type="checkbox"/> Heating System	_____
<input type="checkbox"/> Siding/Paint	<input type="checkbox"/> Insulation	_____