



BRISTOL HOME REPAIR PROGRAM

9 COURT STREET
BRISTOL, RHODE ISLAND 02809
401-253-7000 EXT: 126

1 Name: _____ Phone: _____
Address: _____

Address of property to be rehabilitated if different from above:

2 Number of units: Single family _____, or number of apartments. _____

3 Number of household members _____ # of household members employed _____

Names of household members (list on back of sheet)

4 Total gross wages of members _____

Income from other sources including, Soc. Security, Disability, Rents, Child Support, etc:

Income source:	Amount \$
_____	_____
_____	_____
_____	_____

5 Rehabilitation needs:

Please return this form to the Bristol Home Repair Program at the address noted above.

To process your application, you must provide the following documentation.

Please send this information to 9 Court Street, Bristol, RI 02809

- 1 Last pay stub for each household member employed.
- 2 Copy of I. R. S. tax return for the previous year.
- 3 Notification of any secured del, liens, second mortgage, line of credit, etc.)
- 4 Personal Financial Statement (see attached form)
- 5 Verification of tenant income if applicable. (see separate form)
- 6 Copy of Deed.

If you have any questions, please call the Bristol Home Repair Program at 9 Court Street.
Contact Jessica Pflaumer 401-253-7000 Ext 129



PERSONAL FINANCIAL STATEMENT

CONSUMER LOAN # _____

Confidential

OTHER ACCT # _____

This is an application for Individual Credit. Applicant should enter information in column as indicated (Left Column). Co-Applicant information: If co-applicant information is the same as applicant write "same" in appropriate spaces.

APPLICANT-PERSONAL INFORMATION (Print or Type)	CO-APPLICANT-PERSONAL INFORMATION (Print or Type)
Name: _____ DOB: ___/___/___	Name: _____ DOB: ___/___/___
Residence Address: _____ How Long: _____	Residence Address: _____ How Long: _____
City, State & Zip: _____	City, State & Zip: _____
SSN #: ___/___/___ No. Of Dependents: _____	SSN #: ___/___/___ No. of Dependents: _____
Position Or Occupation: _____	Position Or Occupation: _____
Employer/Business Name: _____ How Long: _____	Employer/Business Name: _____ How Long: _____
Business Address: _____	Business Address: _____
City, State, Zip : _____	City, State, Zip: _____
Res. Phone:() _____ Bus. Phone:() _____	Res. Phone:()- _____ Bus. Phone:() _____

APPLICANT-SOURCES OF ANNUAL INCOME	CO-APPLICANT-SOURCES OF ANNUAL INCOME
Salary: _____ Bonus/Commissions: _____	Salary: _____ Bonus/Commissions: _____
Dividends/Interest: _____ Rental Income: _____	Dividends/Interest: _____ Rental Income: _____
Other Income:(Alimony, Child Support, Separate Maintenance)	Other Income:(Alimony, Child Support, Separate Maintenance)

SCHEDULES

US GOVERNMENT SECURITIES, STOCKS, & BONDS OWNED

Number of Shares or Face Value (Bonds)	Description	In Name Of	Are These Pledged ?	Market Value

Residence Own / Rent / Board? Monthly Payment \$ _____

REAL ESTATE OWNED (If investment indicate % owned)

Address & Type of Property	Title in Name Of?	Year	Mortgage				List Liens
		Aquired	Cost	Acct #	Amt.	No.Paymts *	If Any

*Including principal, interest, taxes and property insurance

OTHER DEBT (Name & address of stores, banks, other companies, & national credit cards where I have credit)

To whom owed	Address	Account No.	Original Balance	Balance	Monthly Payment

CONTINGENT LIABILITIES- if any list amts. **GENERAL INFORMATION**

As Endorser, Co-Maker or Guarantor	\$	Are you a partner/officer in any venture? Are you a dependant in any suits or legal actions? Have you ever filed bankruptcy?
On Leases or Contacts	\$	
Legal claims	\$	
Contested Income Tax Liens	\$	
Other Special Debt	\$	
Contested Income Tax Liens	\$	
Other Special Debt	\$	

Each undersigned understands that the information herein is provided for obtaining or maintaining credit.
 Each undersigned certifies that both sides hereof and information inserted thereon is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned.

Applicant Signature: _____
 Date Signed: _____

Co-Applicant Signature: _____
 Date Signed: _____