



**Mountain Opportunities Corporation**  
**433 Baltimore Avenue**  
**Clarksburg WV 26301**  
**304-623-3322, Ext. 37**

## **OWNER OCCUPIED REHABILITATION PROGRAM**

**All application documentation is required. Items must be returned within 10 days of the date of application. If accepted into the program, updated items may be required.**

- Copy of current deed
- Current fire insurance policy/declaration page
- Current flood insurance (if applicable)
- Income verifications for all forms of income
  - SS/SSI yearly award letter
  - Child and/or spousal support orders
  - Pension statements
  - 3 consecutive pay stubs
  - Proof of any other income
- Copy of current months bank statement
- Copy of paid property taxes
- Proof of paid city fees, if applicable

**MOUNTAIN OPPORTUNITIES CORPORATION**  
**OWNER OCCUPIED REHABILITATION PROGRAM SCREENING APPLICATION**

Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Marital Status \_\_\_\_\_  
Employer \_\_\_\_\_

Co-Applicant \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_  
Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Marital Status \_\_\_\_\_  
Employer \_\_\_\_\_

Please list names/ages of all household members other than applicant/co-applicant:

\_\_\_\_\_  
\_\_\_\_\_

Household Income (you must include income and assets of all household members 18 years of age or older) source amount and further explanation if necessary:

Applicant's Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Co-Applicant's salary \$ \_\_\_\_\_ per \_\_\_\_\_

Other Income \$ \_\_\_\_\_ Per \_\_\_\_\_

Savings Account Balance \_\_\_\_\_ Checking Account Balance \_\_\_\_\_

**Mortgage Information:**

Approximate Mortgage Balance \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Does your monthly payment include an escrow amount for taxes/insurance? \_\_\_\_\_

Second Mortgage Balance \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Yes No

1. Is your mortgage payment current? \_\_\_\_\_

2. Do you have homeowner's insurance? \_\_\_\_\_

3. Have you filed for bankruptcy in the past 2 years? \_\_\_\_\_

3. Are your property taxes current? \_\_\_\_\_

4. Does anyone residing in the household qualify as a person with special needs? (Physically and/or mentally disabled, developmentally disabled, recovering from domestic abuse (physical or emotional), recovering from chemical dependency, or persons with HIV/Aids) \_\_\_\_\_

What type of home repairs are you in need of? ( ) Foundation ( ) Roofing ( ) HVAC ( ) Plumbing ( ) Electrical ( ) Other (please explain): \_\_\_\_\_

What type of housing do you own? ( ) Single-Family ( ) Manufactured ( ) Ranch ( ) Townhouse ( ) Other (please explain): \_\_\_\_\_

What type of foundation do you have? ( ) Block ( ) Piers ( ) Concrete ( ) Basement ( ) Crawlspace ( ) Other (please explain): \_\_\_\_\_

I (We) certify that all the information in this screening application is true and complete to the best of my (our) knowledge and belief. I (we) authorize verification of any information. I (We) acknowledge and authorize the Mountain Opportunities Corporation to conduct a credit report to verify debt and other financial obligations (collection and judgments). I understand that this is not an official application for the Owner-Occupied Rehabilitation Program, but only an initial screening to determine eligibility. If this screening indicates I am eligible for the Program, I will be scheduled for an interview to submit an official application.

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

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

Return application to the following mailing address or fax number:

Mountain Opportunities Corporation

433 Baltimore Ave.

Clarksburg, WV 26301

Office 304-623-3322

Fax Number 304-623-1836