

MOUNTAIN OPPORTUNITIES CORPORATION

OWNER OCCUPIED REHABILITATION PROGRAM

Preliminary application documentation 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 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 _____
 SS# _____
 Marital Status _____
 Employer _____

Co-Applicant _____
 Relationship to applicant _____
 Phone _____
 Date of Birth _____
 SS# _____
 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):

Source	Amount	Further Explanation (if necessary)
Applicant's Salary	\$ _____ per	_____
Co-Applicant's salary	\$ _____ per	_____
Other Income	\$ _____ Per	_____
Savings Account Balance	_____	Checking Account Balance _____
Retirement or other investment accts balance (401K, CD, IRA, stocks, bonds, etc.) _____		

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. Have you filed bankruptcy in the past 2 years? _____
3. Are there any outstanding judgments against you? _____
4. Do you have any collection accounts? _____
5. Do you have homeowner's insurance? _____
6. Are your property taxes current? _____
7. 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) _____

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