

PROVIDENCE REVOLVING FUND
 372 West Fountain Street, Providence, Rhode Island 02903
 401-272-2760 (phone); 401-273-9190 (fax)
 Equal Housing Opportunity Lender

PART 1. PROPERTY INFORMATION				
Owner (list all names on deed):			Property Address:	
# Residential Units:		# Commercial Units:		Plat #: _____ Lot #: _____
Year Acquired:			Work Required:	
Purchase Price:		Date of last Appraisal:		
Assessed Value:		Appraised Value:		
Mortgages:	1st Amount:		Term in years:	
	Interest Rate:		Adj. Or Fixed Rate?	
	2nd Amount:		Term in years:	
	Interest Rate:		Adj. Or Fixed Rate?	
Rental Unit	#1	#2	#3	#4
Monthly Rent				
# Bedrooms				
Occupied?				
Family Size				
Loan Amount Requested:				
Amount of Owner's \$\$ Contribution to Project:				

PART 2. APPLICANT INFORMATION		CO-APPLICANT	
Applicant's Name:		Co-Applicant's Name:	
Present Address:		Present Address:	
Years at this Address:		Years at this Address:	
Social Security Number:		Social Security Number:	
Date of Birth:		Date of Birth:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Business Phone:		Business Phone:	
Email Address:		Email Address:	

PART 3. EMPLOYMENT INFORMATION		CO-APPLICANT	
Name of Employer	Self Employ?	Name of Employer	Self Employ?
Address of Employer		Address of Employer	
Position/Title/Type of Business	# Years	Position/Title/Type of Business	# Years

PART 4. FEDERAL TAX RETURN		
Tax Year:	Gross Income:	Adjusted Gross Income:
Is the rental income from this property claimed on this tax return?		
Attach a signed copy of your most recent Federal Tax Return as verification.		

PART 5. MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION				
Gross Monthly Income	Applicant	CoApplicant	Total	Monthly Housing Expenses
Employment Income	\$	\$	\$	First Mortgage (P&I) \$
Dividends/Interest				Other Financing (P&I)
Net Rental Income				Hazard Insurance
Other				Real Estate Taxes
Total Monthly Income	\$	\$	\$	Total Housing Expenses \$

PART 6. OPERATING PROFORMA FOR A COMMERCIAL PROPERTY LOAN
Attach proforma showing rental income and expenses for property to be renovated. Include mortgage expenses, insurance, taxes, maintenance management, etc.

PART 7. ASSETS AND LIABILITIES				
This Statement and any applicable supporting schedules may be completed jointly by both married and unmarried Co-Applicants if their assets and liabilities are sufficiently joined so that the Statement can be meaningfully and fairly presented on a combined basis; otherwise, separate Statements and Schedules are required.				
ASSETS	VALUE	LIABILITIES	Monthly Payment	Unpaid Balance
Cash	\$		\$	\$
Checking & Savings Accounts		Credit Cards		
Other Investments (stocks, bonds, CD)		Personal Loans, Student Loans		
Real Estate Owned (address)		Real Estate Loans		
Automobiles owned (make & year)		Automobile Loans		
Net Worth of Businesses Owned:		Business Loans		
Other Assets		Other Liabilities		
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$	\$

The undersigned hereby agree that the information provided above is correct, and give the lender the right to verify any information contained in the application and to request a credit report. Include required attachments from Parts 4 and 6.

Applicant	Date	Co-Applicant	Date
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