

APPLICATION FOR RENTAL REHAB./LANDLORD LOAN PROGRAM

A. PROPERTY OWNER

Date: _____

Name _____	
Address _____	
Telephone _____	Date of Birth _____
Social Security Number _____	
Type of Rental Agreement: _____ month-to-month _____ lease _____ lease to buy	
Are any units owner occupied? _____ yes _____ no	

B. BUILDING TO BE REHABILITATED

Address _____	Assessor's Parcel # _____
Number of Units: _____	
Unit 1:	Studios _____ 1-BR _____ 2-BR _____ 3-BR _____
Unit 2:	Studios _____ 1-BR _____ 2-BR _____ 3-BR _____
Unit 3:	Studios _____ 1-BR _____ 2-BR _____ 3-BR _____
Unit 4:	Studios _____ 1-BR _____ 2-BR _____ 3-BR _____
Date of original construction: _____	No. of stories: _____
Structure Types:	Elevator _____ Walk-up/Garden Apt. _____ Row/Townhouse _____
	Detached _____ Semi-Detached _____ Other _____

C. ANTICIPATED PERMANENT DISPLACEMENT OR TEMPORARY RELOCATION

1. Permanent displacement of current tenant anticipated. Number of units affected, by bedroom size: 0-BR _____ 1-BR _____ 2-BR _____ 3-BR _____
2. Temporary relocation of any current tenant anticipated during the rehabilitation period. Number of units affected, by bedroom size: 0-BR _____ 1-BR _____ 2-BR _____ 3-BR _____

D. SUBSIDIZED OR ASSISTED HOUSING

Is the building, any unit in the building, or any tenant now subsidized or assisted under any federal or local housing program? If yes, identify the federal or local housing program: _____ _____ _____

E. PROPERTY FINANCIAL DATA AND CURRENT EXPENSES

1. Date of Purchase _____	Purchase Price	\$ _____
Down Payment _____	Monthly Payment	\$ _____
Amount Borrowed _____	at _____% for _____	_____ years.
Lender _____		
Mortgage Account # _____		

E. PROPERTY FINANCIAL DATA AND CURRENT EXPENSES continued

2. Second Deed Trust

Original Amount of loan	\$ _____	Date Incurred	_____
Monthly Payment	\$ _____	Maturity Date	_____

Lender: _____

Account # _____

3. Fire Insurance Company _____

Account # _____

4. List any liens on property other than those described above:
(attach a separate sheet)

5. Total outstanding indebtedness on property \$ _____

6. Current property value: \$ _____

7. Current annual costs for insurance on property (i.e. fire, extended coverage, other):
\$ _____

8. Current and annual costs for town and county real estate and property taxes:
\$ _____

9. Current annual cost for:	Utilities	\$ _____
	management	\$ _____
	maintenance	\$ _____

F. BRIEF DESCRIPTION OF PROPOSED REHABILITATION

G. UTILITIES AND APPLIANCES

(Insert O if furnished by Owner and included in the rent, T if furnished by the Tenant)

	TENANT	OWNER
Lights-gas heat-gas cook		
Lights-gas heat-electric cook		
Hot water		
Water and sewer		

Do all units have the same utility arrangement? _____
 If not, provide additional data on the variance on a separate sheet of paper.

Have there been any changes in utility arrangements during the past 18 months? _____
 If yes, explain on a separate sheet of paper.

H. ADDITIONAL DATE FOR EACH UNIT TO BE ASSISTED:

TENANT HOUSEHOLD CHARACTERISTICS

PROPERTY ADDRESS:

OWNER OF RECORD:

UNIT #	FULL NAME OF ALL PERSONS IN UNIT	AGE	ETHNICITY	INCOME	DOES TENANT HAVE RENTAL ASSISTANCE?
1					
TOTAL					
2					
TOTAL					
3					
TOTAL					
4					
TOTAL					
GRAND TOTAL					

PLEASE NOTE: YOUR RENTAL REHABILITATION APPLICATION CANNOT BE PROCESSED UNTIL THIS PAGE IS COMPLETELY FILLED OUT. ANY MISSING INFORMATION WILL SUSPEND PROCESSING UNTIL IT IS SUPPLIED.

IF NO TENANTS ARE CURRENTLY IN THE UNITS, THE TOWN MUST BE NOTIFIED AND THIS DATA SHEET MUST BE COMPLETED AND SIGNED WITHIN 30 DAYS OF THE SIGNED RENTAL AGREEMENT.

IF ANY INFORMATION IS WITHHELD, IT COULD RESULT IN A PENALTY SUCH AS THE PAYMENT OF THE TOTAL LOAN AMOUNT.

CONSTRUCTION WORKSHEET

NAME:

PROJECT NO.:

DATE:

TELEPHONE:

PLEASE DESCRIBE BELOW THE REPAIRS OR IMPROVEMENTS NEEDED ON YOUR HOME FOLLOWING AN INSPECTION CONDUCTED BY THE REHABILITATION DEPARTMENT. ADDITIONAL ITEMS MAY BE ADDED TO BRING YOUR HOME IN COMPLIANCE WITH THE CITY.

MAJOR SYSTEM IMPROVEMENTS

ELECTRICAL:

HEATING:

PLUMBING:

EXTERIOR IMPROVEMENTS

ROOF:

DOOR/WINDOWS:

PAINTING/SIDING:

OTHER:

INTERIOR IMPROVEMENTS

CEILINGS:

FLOORS:

WALLS:

OTHER IMPROVEMENTS

INSULATION:

ADDITIONAL SPACE:

OTHER:

CERTIFICATION APPLICANT (S)

The Applicant(s) certifies that all information in this application, and all information furnished in support of this application is given for the purpose of obtaining financial assistance for the rehabilitation of his/her property and is true and complete to the best of the Applicant's knowledge and belief. Verification may be obtained from any source named herein.

The applicant has been advised of the Terms and Conditions of the Housing Rehabilitation Program(s). The applicant agrees to abide by those requirements associated with the grant or loan as set forth by the Government (Federal, State and Locally).

APPLICANT

DATE

APPLICANT

DATE

This application should be returned to the following address:

Town of Delmar
100 S. Pennsylvania Avenue
Delmar, MD 21875

ATTN: HOUSING REHAB. DEPT.

AUTHORIZATION TO PROCESS

I HEREBY GIVE FULL AUTHORIZATION TO THE TOWN OF DELMAR'S DIRECTOR OF THE REVOLVING LOAN PROGRAM TO PROCESS MY APPLICATION REQUESTING FUNDS TO FINANCE THE REHABILITATION OF MY PROPERTY REFERENCED IN THE ATTACHED APPLICATIN. I AUTHORIZE THE DIRECTOR OF THE PROGRAM TO OBTAIN ANY REPORTS OR VERIFICATION NECESSARY FROM ALL SOURCES I HAVE PROVIDED TO FACILITATE PROCESSING OF THE APPLICATION. I AUTHORIZE THE DIRECTOR OF THE PROGRAM TO OBTAIN A CREDIT REPORT.

APPLICANT

DATE

APPLICANT

DATE

INTERVIEW CHECKLIST

The Housing and Community Development office will schedule an interview with property owner(s) interested in receiving a low-interest housing rehabilitation loan/grant. An interview does not obligate you in any way to participate in the program or commit financial assistance from the program. It does, however, help to determine the nature of repairs to be completed and your eligibility for assistance.

The following information items identified with the (X) should be submitted along with the application for proper verification of ownership of property. The other items listed below should be made available to the Housing Coordinator during the interview.

	1. DEED to all mortgages or land contracts on the property.
	2. Your SOCIAL SECURITY NUMBER AND THAT OF YOUR SPOUSE, or other joint applicant.
	3. Name and address of your present EMPLOYER(s) and that of your spouse or other source of income (i.e. Social Security, Veterans Administration).
	4. PROOF OF YOUR CURRENT INCOME: Your last (2) pay stubs or vouchers, award letters showing the amount of Social Security, Welfare, or Veterans Administration benefits. If you receive any income from pension or annuity plan, or any rental or other income, bring proof of this.
	5. Appropriate W-2 FORMS and LAST YEAR'S TAX STATEMENT.
	6. Your most recent REAL ESTATE TAX BILLS(s) or reference number.
	7. INFORMATION OF YOUR FINANCIAL ASSETS AND CURRENT LIABILITIES: (i.e.: description and value of savings accounts (you may wish to bring your passbook), bonds, other securities such as stocks, real estate holdings, etc., the balance owed and monthly payments of your current debts and obligations, such as mortgages on other properties, auto loans, revolving credit/charge accounts, etc.
	8. Your FIRE INSURANCE POLICY covering the property.

If you need any assistance assembling the above information or wish to schedule an interview, please call the Housing Rehabilitation Coordinator at (410) 896-2777 or (302) 846-2664.