

SINGLE FAMILY REHABILITATION APPLICATION

Property Street Address _____

City: _____ County: _____ State: _____ Zip: _____

Name(s) On Property Title: _____

Year Built: _____ Located in 100 year flood plain? () yes () no

Homeowners Insurance Company: _____

Agent: _____ Phone# _____

BORROWER INFORMATION

Name: _____ DOB: _____ Age: _____

Social Security Number: _____ Home Phone: _____

E-Mail: _____ Marital Status: () Married () Separated () Unmarried

Dependents other than listed by co-borrower: No. _____ Ages: _____

Present Address: _____

City: _____ State: _____ Zip: _____ No. Years: Own () Rent ()

Name and Address of Employer: _____

Years on this job: yrs. _____ Type of Business: _____

Position Title: _____ Business Phone: _____

CO-BORROWER INFORMATION

Name: _____ DOB: _____ Age: _____

Social Security Number: _____ Home Phone: _____ E-Mail: _____

Marital Status: () Married () Separated () Unmarried

Dependents other than those listed by Borrower: No. _____ Ages: _____

Present Address: _____

City: _____ State: _____ Zip: _____ No. Years: Own () Rent ()

Name and Address of Employer: _____

Years on this job: yrs. _____ Type of Business: _____

Position Title: _____ Business Phone: _____

GROSS MONTHLY INCOME

ITEM	BORROWER	CO-BORROWER	TOTAL
			\$
			\$
			\$
			\$
			\$
			\$
			\$

LIST ALL OTHER HOUSEHOLD OCCUPANTS

NAME	AGE	MONTHLY INCOME	SOURCE OF INCOME

MONTHLY HOUSING EXPENSE

ITEM	AMOUNT
First Mortgage (P & I) (Reverse Equity Mortgages Are Not Eligible)	\$
Other Mortgages (P & I)	\$
Hazard Insurance	\$
Real Estate Taxes	\$
Mortgage Insurance	\$
Utilities (If borrowers are on a fixed income)	\$
Total Monthly Payment	\$

PERSONAL DEBT HISTORY

	BORROWER	CO-BORROWER
Do you have any outstanding judgments?	() YES () NO	() YES () NO
Have you declared bankruptcy in the last seven years?	() YES () NO	() YES () NO
Has there been any effort to foreclose on this property?	() YES () NO	() YES () NO

ASSETS

DESCRIPTION	VALUE
Checking & Savings Account (Name of institution and account number)	\$
Real Estate owned (other than primary residence)	\$
Automobiles - Make & Year	\$
Other Asset - Describe	\$
Total Assets	\$

LIABILITIES

CREDITORS (NAME & ADDRESSES)	MONTHLY PAYMENT
INSTALLMENT DEBTS AND REVOLVING CREDIT ACCOUNTS	\$
	\$
	\$
AUTOMOBILE LOANS	\$
	\$
REAL ESATATE LOANS	\$
	\$
OTHER DEBT	\$
ALIMONY,CHILD SUPPORT, ETC. TO BE PAID	\$
TOTAL MONTHLY PAYMENT	\$

CONSTRUCTION WORKSHEET

NAME:

PROJECT NUMBER:

DATE:

TELEPHONE:

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

MAJOR SYSTEM IMPROVEMENTS

ELECTICAL:

HEATING:

PLUMBING:

EXTERIOR IMPROVEMENTS

ROOF:

DOOR/WINDOWS:

PAINTING /SIDING:

OTHER:

INTERIOR IMPROVEMENTS

CEILINGS:

FLOORS:

WALLS:

OTHER IMPROVEMENTS

INSULATION:

ADDITIONAL SPACE:

OTHER:

SCOPE OF WORK

BRIEF DESCRIPTION OF PROPOSED REHABILITATION: _____

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. Verification may be obtained from any source named herein.

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

APPLICANT

DATE

APPLICANT

DATE

This application should be returned to the following address:
Town of Delmar
100 S. Pennsylvania Avenue
Delmar, Md. 21875
Attention: Grants Administrator

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 APPLICATION. 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 to financial assistance from the program. It does, however help to determine the nature of the repairs to be completed and your eligibility for assistance.

The following information items identified with an (X) should be submitted along with the application for proper verification of ownership of the 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. SOCIAL SECURITY CARD(s) Borrower and Co-Borrower
	3. Name and address of present EMPLOYER(S) Borrower and Co-Borrower And any other source of income
	4. PROOF OF YOUR CURRENT INCOME: Your last two (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 plans or any rental or other income bring proof of this.
	5. Appropriate W-2 FORMS and LAST YEAR TAX STATEMENT.
	6. Your most recent REAL ESATE TAX BILL(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 balances 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 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

RACIAL & ETHNIC CATAGORIES

Specific Instructions: The two questions below are designed to identify your ethnicity and race. Regardless of your answer to question 1, go to question 2.

Question 1. Are You Hispanic or Latino?
 (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
 Yes No

Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.

RACIAL CATEGORY (Check as many as apply)	DEFINITION OF CATEGORY
<input type="checkbox"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
<input type="checkbox"/> Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.