

SINGLE FAMILY APPLICATION TRANSMITTAL CHECKLIST – RENOVATION PROGRAM

DOCUMENTATION TO ENCLOSE WITH APPICATION	CHECKLIST
INCOME VERIFICATIONS: <ul style="list-style-type: none"> • SUBMIT COMPLETED, SIGNED EMPLOYMENT VERIFICATION FORMS. INCLUDE SEPERATE FORM FOR EACH EMPLOYED PERSON • IF YOU ARE SELF EMPLOYED, INCLUDE 3 YEARS FEDERAL TAX RETURNS. • IF YOUR INCOME IS FROM PENSION OR PUBLIC ASSISTANCE, INCLUDE A COPY OF YOUR AWARD LETTER. 	<input type="checkbox"/>
MORTGAGE VERIFICATION FORM OR STATEMENT FROM MORTGAGE COMPANY	<input type="checkbox"/>
COPY OF THE DEED TO YOUR PROPERTY	<input type="checkbox"/>
COPY OF THE FIRST PAGE OF YOUR HOMEOWNERS INSURANCE AND (if applicable) FLOOD INSURANCE POLICIES.	<input type="checkbox"/>
COPY OF YOUR MOST RECENT PROPERTY TAX BILL WITH ASSESSMENT	<input type="checkbox"/>
COPY OF MOST RECENT TWO (2) YEARS OF FEDERAL TAX RETURNS	<input type="checkbox"/>
LEAD-BASED PAINT NOTIFICATION / RECEIPT FOR OWNER-OCCUPANT HOMEOWNERS	<input type="checkbox"/>
CONTRACTORS PROPOSAL	<input type="checkbox"/>



**SINGLE FAMILY
RENOVATION PROGRAM APPLICATION**

Property Street Address _____

City _____ County _____ State _____ Zip _____

Name(s) on Property Title: _____

Year Built _____

Describe improvements to be made _____

Preferred Contractor _____

Amount Estimated to borrow/be granted: _____

Proposed Timeline for Project Completion: _____

For Internal Use:

Date Application Received: _____ Date Reviewed by Committee: _____

Staff Initial: _____ Amount Awarded: _____

Loan Repayment Schedule: _____

INSURANCE INFO:

Property Insurance Company _____
Insurance Policy No.: _____ Expiration Date: _____
Insurance Agent's Name: _____ Agent's Phone No. : _____
Located in 100 year flood plain? () yes () no:
Flood Insurance (if applicable): Insurance Policy No.: _____ Expiration Date: _____
Agent's Name _____ Agent's Phone No. _____

BORROWER INFORMATION

Name _____ Age _____
Present Street Address _____
City _____ State _____ Zip _____
No. Years _____ Own Property _____ Marital Status () Married () Separated () Unmarried
Dependents other than listed by co-borrower: No. _____ Ages: _____
Name and Address of Employer: _____

Years on this job: _____ yrs. () self-employed Type of Business: _____
Position Title: _____ Social Security No.: _____
Home Phone: _____ Business Phone: _____

CO-BORROWER INFORMATION

Name: _____ Age: _____
Present Street Address _____
City _____ State _____ Zip _____
No. Years _____ Own Property _____ Marital Status () Married () Separated () Unmarried
Dependents other than listed by borrower: No. _____ Ages: _____
Name and Address of Employer: _____

Years on this job: _____ yrs. () self-employed Type of Business: _____
Position Title: _____ Social Security No.: _____
Home Phone: _____ Business Phone: _____

GROSS MONTHLY INCOME

ITEM	BORROWER	Co-BORROWER	TOTAL
Base Employee Income	\$	\$	\$
Overtime			
Pensions, Social Security, Annuity			
Alimony, Child Support			
Net Rental Income			
Other			
Total	\$	\$	\$

Describe other income of **all persons** 18 years
Or older residing in Borrower's household.

Monthly Income

Source

\$ _____

\$ _____

\$ _____

\$ _____

MONTHLY HOUSING EXPENSE

Item	Amount
First Mortgage (P & I)	\$ _____
Other Mortgages (P & I)	_____
Hazard Insurance	_____
Real Estate Taxes	_____
Mortgage Insurance	_____
Homeowner Association Dues	_____
Other	_____
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 your property?	() YES () NO	() YES () NO

If you answered yes to any of the above questions, please attach and explanation.

ASSETS

Description	Value
Checking & Savings Account w/ Name of Institution [Must supply current checking & savings statements, 2 months]	\$
Real Estate owned (other than primary residence)	\$
Automobiles – Make & Year	\$
Other Assets	\$
Total Assets	\$

LIABILITIES

Creditors (Name & Address)	Monthly Payment
Installment Debts:	\$
Automobile Loans	\$
Real Estate Loans	\$
Other Debts	\$
Alimony, Child Support, Etc Paid to:	\$
Total Monthly Payment	\$

NOTICES

The Town of Easton advises you as follows regarding the collection of personal information:

The information requested by the Town of Easton (the "Town") is necessary in determining your eligibility for a Special Loan Programs loan. Your failure to disclose this information may result in the denial of your application for a loan. Availability of this information for public inspection is governed by the provisions of the Maryland Public Information Act, State Government Article, Sections 10-611 et. Seq. of the Annotated Code of Maryland. This information will be disclosed to appropriate staff of the Town for purposes directly connected with administration of the loan and the loan program. Such information is not routinely shared with state, federal or local government agencies, but would be made available to the extent consistent with the Maryland Public Information Act.

I/We authorize the Program or its agent to obtain credit information for the purpose of evaluating this application and disclose this same information to local agencies participating in the Program and/or a private lending institution agreeing to participate in the loan.

I hereby certify under oath that the information contained in this Single Family Renovation Program Application is true to the best of my knowledge, information and belief.

Borrower's Signature

Date

Co-Borrower's Signature

Date

TOWN OF EASTON MARYLAND AFFORDABLE HOUSING PROGRAM

SINGLE FAMILY HOUSING

Lead-based Paint Notification Receipt for Owner-Occupant Homeowners

For our records, please acknowledge the receipt of the brochure "Protect Your Family from Lead in Your Home" by signing below. This brochure explains the hazards of lead-based paint and offers suggestions for reducing and preventing lead poisoning.

I/We certify that I (we) have received a copy of the brochure "Protect Your Family from Lead in Your Home."

Printed Name Signature Date

Printed Name Signature Date

Address of Property

Some of the housing in Maryland that was constructed prior to 1978 contains lead-based paint. Lead-based paint may present a serious health hazard. Pregnant women and children under the age of six are particularly susceptible to the health problems associated with lead poisoning. If the home you own was built before 1978 there is the potential it may have lead-based paint. If you would like more information regarding the hazards of lead-based paint please contact the Maryland Department of the Environment (MDE) at 410-631-3859. Local Town of Easton Code Enforcement contact information is 410-822-2525.

If you have lead-based paint in your home the Maryland Department of Housing and Community Development (DHCD) may be able to provide financing for the cost of lead hazard reduction activities. If you would like more information about financing for reducing the hazards of lead-based paint, please contact Special Loan Programs (SLP) at 1-800-492-7127.

Answering the questions below will help us comply with existing federal regulations concerning lead-based paint if rehabilitation work is performed on your home.

- 1. Was this house built before 1978? Yes No Do Not know
2. Number of children under the age of 6 years old living in the household: Number Ages of those children:
3. Number of Children under the age of 6 years old who do not live in the household, but who spend more than 10 hours per week in the house: Number Ages of those children:
4. Have any of the children noted in the two questions above ever been diagnosed as having lead poisoning (elevated blood-level, or EBL)? Yes No
5. Have you ever received a Lead Paint Violation Notice from the Health Department? Yes No

REQUEST FOR EMPLOYMENT VERIFICATION:

TOWN OF EASTON MARYLAND AFFORDABLE HOUSING PROGRAM
SINGLE FAMILY HOUSING – RENOVATION PROGRAM

Program	Case Number	Date
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TO: Employer's Name & Address

FROM: Applicant's Name & Address

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I have applied for a loan through the TOWN OF EASTON AFFORDABLE HOUSING PROGRAM – SINGLE FAMILY RENOVATION PROGRAM and have given your name as an employment reference. I authorize you to furnish any information requested. Please complete the bottom portion of this request and return directly to:

STACIE S. RICE
14 S. HARRISON ST.
P.O. BOX 520SS
EASTON, MARYLAND 21601

Thank you for your cooperation and assistance.

Applicant's Signature

DATES OF EMPLOYMENT FROM: TO:	TITLE OR POSITION
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IF NO LONGER EMPLOYED BY YOU: (PLEASE ALSO COMPLETE SALARY INFORMATION BELOW)

REASON FOR LEAVING	
WOULD YOU REHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS:

IF PRESENTLY EMPLOYED BY YOU:

PROBABLILITY OF CONTINUED EMPLOYMENT	PROBABLILITY OF PAY INCREASE				
STABILITY. IS POSITION NORMALLY SUBJECT TO LAYOFFS?	IF SO, WHAT IS AVERAGE NUMBER OF MONTHS WORKED PER YEAR?				
COMMENTS:					
Base Pay \$ <input type="checkbox"/> Per Week <input type="checkbox"/> Bi-Week <input type="checkbox"/> Bi-Month	Other Earnings During Last 12 Months	Overtime	Commissions	Bonus	Profit sharing
EARNINGS LAST CALENDAR YEAR			Base Pay \$	Other Earnings \$	
EARNINGS YEAR TO DATE AS OF _____			Base Pay \$	Other Earnings \$	
OTHER PAY OR COMPENSATION NOT SPECIFIED ABOVE					

COMPLETED BY _____

TITLE _____

DATE _____

**TOWN OF EASTON MARYLAND – AFFORDABLE HOUSING PROGRAM
MORTGAGE VERIFICATION**

NAME & ADDRESS OF APPLICANT		PROGRAM	CASE NO.	DATE
		ADDRESS OF MORTGAGED PROPERTY		
NAME & ADDRESS OF MORTGAGE		The undersigned has applied for a loan through the TOWN OF EASTON AFFORDABLE HOUSING PROGRAM – SINGLE FAMILY HOUSING RENOVATION PROGRAM and has authorized TOE to obtain certification of all existing mortgages secured to the property. The information requested is for the confidential use of this Department.		
MORTGAGE ACCOUNT No. _____				
DATE OF MORTGAGE	ORIGINAL AMOUNT \$	TYPE OF MORTGAGE <input type="checkbox"/> CONVENTIONAL <input type="checkbox"/> 1 ST MORTGAGE <input type="checkbox"/> FHA <input type="checkbox"/> 2 ND MORTGAGE <input type="checkbox"/> VA		
DATE OF MATURITY	PRESENT BALANCE	ARE PAYMENTS CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
MONTHLY PAYMENT:		IF NO, state:		
PRINCIPAL & INTEREST \$		AMOUNT IN ARREARS \$ _____		
MORTGAGE INSURANCE PREMIUM \$		PERIOD \$ _____		
REAL ESTATE TAXES \$				
FIRE INSURANCE \$				
GROUND RENT, CONDOMINIUM & Other FEES				
TOTAL MONTHLY PAYMENTS				
REMARKS		State the amount of termination fee or repayment penalty upon full repayment of the loan \$ _____		
I AUTHORIZE THE MORTGAGEE TO FURNISH TO THE AGENCY IDENTIFIED BELOW THE INFORMATION REGARDING THE MORTGAGE IDENTIFIED ABOVE.				
DATE _____		SIGNATURE _____		
THE ABOVE INFORMATION IS FURNISHED IN STRICT CONFIDENCE IN RESPONSE TO YOUR REQUEST.		RETURN TO: STACIE S. RICE 14 S. HARRISON STREET P.O. BOX 520 EASTON, MARYLAND 21601		
DATE _____	SIGNATURE _____			
	TITLE _____			