TOWN OF EASTON, MARYLAND
AFFORDABLE HOUSING PROGRAM
SINGLE FAMILY SPECIAL LOAN PROGRAM – RENOVATION
14 SOUTH HARRISON STREET |
EASTON MARYLAND 21601
410-820-2525 | www.town-eastonmd.com

SINGLE FAMILY RENOVATION PROGRAM APPLICATION

Property Street Address ____

City ____________________ County ____________________ State ________ Zip ____________

Name(s) on Property Title: ____

Year Built ____________

Describe improvements to be made ____

____

____

____

<u>To Be Completed After Application Has Been Accepted</u>

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: ____

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: _____
Mobil Phone: _____ Email Address: _____

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: _____
Mobil Phone: _____ Email Address: _____

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. _____

GROSS MONTHLY INCOME

ITEM	BORROWER	Co-BORROWER	TOTAL
Base 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)	$
Home owners Insurance	$
Real Estate Taxes	$
Mortgage Insurance	$
Homeowner Association Dues	$
Other	$
Total Monthly Payment	$

	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.

PERSONAL DEBT HISTORY

ASSETS

Description	Value
Checking & Savings Account w/ Name of Institution [Must supply current checking & savings statements, 2 months]	$
Retirement Accounts, IRA's, 401K's	$
Real Estate owned or co-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 _____

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

Program	Case Number	Date

TO: Employer's Name & Address

FROM: Applicant's Name & Address

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: **Susan Filbird**

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

IF NO LONGER EMPLOYED BY YOU: (PLEASE ALSO COMPLETE SALARY INFORMATION BELOW)

REASON FOR LEAVING	
WOULD YOU REHIRE? [ ] YES [ ] 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 $ [ ] Per Week [ ] Bi-Week [ ] 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 _____

Last Edited 10/01/19

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SINGLE FAMILY HOUSING – RENOVATION PROGRAM
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IF NO LONGER EMPLOYED BY YOU: (PLEASE ALSO COMPLETE SALARY INFORMATION BELOW)

REASON FOR LEAVING	
WOULD YOU REHIRE? [ ] YES [ ] 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 $	[ ] Per Week [ ] Bi-Week [ ] 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 _____

Last Edited 10/01/19

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 _____ MORTGAGE ACCOUNT No.	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.		
DATE OF MORTGAGE	ORIGINAL AMOUNT $	TYPE OF MORTAGE [ ] CONVENTIONAL [ ] 1ST MORTGAGE [ ] FHA [ ] 2ND MORTGAGE [ ] VA	
DATE OF MATURITY	PRESENT BALANCE	ARE PAYMENTS CURRENT? [ ] YES [ ] NO IF NO, state: AMOUNT IN ARREARS $_____ PERIOD $_____	
MONTHLY PAYMENT: PRINCIPAL & INTEREST $			
MORTGAGE INSURANCE PREMIUM $			
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. _____ _____ DATE SIGNATURE _____ TITLE	RETURN TO: **Susan Filbird** **14 S. HARRISON STREET** **P.O. BOX 520** **EASTON, MARYLAND 21601**		

TOWN OF EASTON

P.O. Box 520

Easton, Maryland 21601

CERTIFICATION OF ASSETS

I _____ (applicant) attest that I do not have assets that exceed Twenty Thousand Dollars $20,000. Assets include but are not limited to; cash, checking and savings accounts, stocks and bonds, other bank accounts, CD's, cash value life insurance policies and other real estate; also included would be Retirement Accounts, IRA's and 401k's with a value in excess of $100,000.00

_____

Signature

_____

Printed Name

_____

Signature

_____

Printed Name

_____

Date

_____

NAME OF APPLICANT (S) _____ **DATE** _____

REQUIRED DOCUMENTATION FOR RENOVATION PROGRAM APPLICATION

- ☐ **Completed Application**

- ☐ **Employment Verification form for each household employed person.**
  Note; *household income would include the annual income for all parties listed on the property deed plus all occupants of the property (18) eighteen years of age and over.*
- ☐ **Award letter ~ if your income is from Pension, Social Security or Public Assistance**
- ☐ **Certification of Assets**

- ☐ **Most recent (2) two years of Federal Tax Returns**

- ☐ **Most recent (3) three years Federal Tax Returns ~ <u>if you are self employed</u>**

- ☐ **Copy of the Deed to your property or the Title to your home if Ground Rent**
- ☐ **Copy of Your most recent Property Tax Bill and Assessment**

- ☐ **Mortgage Verification form or Current Monthly Statement from all outstanding mortgage companies**

- ☐ **Copy of the Declarations page of your Home Owners Insurance (if applicable) Flood Insurance Policies**

- ☐ **Lead Based Paint Notification with your signature and date**

- ☐ **Current Checking and Savings Account Statements**