

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



**SINGLE FAMILY
RENOVATION PROGRAM APPLICATION**

Property Street Address _____

City _____ County _____ State _____ Zip _____

Name(s) on Property Title: _____

Year Built _____

Describe improvements to be made _____


~~~~~

**To Be Completed After Application Has Been Accepted**

Preferred Contractor \_\_\_\_\_

Amount Estimated to borrow/be granted: \_\_\_\_\_

Proposed Timeline for Project Completion: \_\_\_\_\_

|                                  |                                   |
|----------------------------------|-----------------------------------|
| <b>For Internal Use:</b>         |                                   |
| 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                        | \$ _____ |
| <b>Total Monthly Payment</b> | \$ _____ |

|                                                          | 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<br>[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 – 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<br>FROM:            TO: | TITLE OR POSITION |
|---------------------------------------------|-------------------|

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

|                                     |           |
|-------------------------------------|-----------|
| REASON FOR LEAVING                  |           |
| WOULD YOU REHIRE?<br>[ ] YES [ ] NO | COMMENTS: |

IF PRESENTLY EMPLOYED BY YOU:

|                                                              |                                                          |          |                |                      |                |
|--------------------------------------------------------------|----------------------------------------------------------|----------|----------------|----------------------|----------------|
| PROBABILITY OF CONTINUED EMPLOYMENT                          | PROBABILITY 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<br>[ ] Bi-Week<br>[ ] Bi-Month | <b>Other Earnings During Last 12 Months</b>              | Overtime | Commissions    | Bonus                | Profit sharing |
| EARNINGS LAST CALENDAR YEAR                                  |                                                          |          | Base Pay<br>\$ | Other Earnings<br>\$ |                |
| EARNINGS YEAR TO DATE AS OF _____                            |                                                          |          | Base Pay<br>\$ | Other Earnings<br>\$ |                |
| OTHER PAY OR COMPENSATION NOT SPECIFIED ABOVE                |                                                          |          |                |                      |                |

COMPLETED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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

|         |             |      |
|---------|-------------|------|
| Program | Case Number | Date |
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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<br>FROM:            TO: | TITLE OR POSITION |
|---------------------------------------------|-------------------|

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

|                                     |           |
|-------------------------------------|-----------|
| REASON FOR LEAVING                  |           |
| WOULD YOU REHIRE?<br>[ ] 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<br>[ ] Bi-Week<br>[ ] Bi-Month | Other Earnings During Last 12 Months                     | Overtime | Commissions    | Bonus                | Profit sharing |
| EARNINGS LAST CALENDAR YEAR                                  |                                                          |          | Base Pay<br>\$ | Other Earnings<br>\$ |                |
| EARNINGS YEAR TO DATE AS OF _____                            |                                                          |          | Base Pay<br>\$ | Other Earnings<br>\$ |                |
| 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<br>\$ | TYPE OF MORTGAGE<br><input type="checkbox"/> CONVENTIONAL <input type="checkbox"/> 1 <sup>ST</sup> MORTGAGE<br><input type="checkbox"/> FHA <input type="checkbox"/> 2 <sup>ND</sup> MORTGAGE<br><input type="checkbox"/> VA                                                                                        |          |      |
| DATE OF MATURITY                                                                                                             | PRESENT BALANCE       | ARE PAYMENTS CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                      |          |      |
| MONTHLY PAYMENT:<br>PRINCIPAL & INTEREST        \$                                                                           |                       | IF NO, state:<br>AMOUNT IN ARREARS \$ _____<br><br>PERIOD                                \$ _____                                                                                                                                                                                                                   |          |      |
| MORTGAGE INSURANCE PREMIUM \$                                                                                                |                       |                                                                                                                                                                                                                                                                                                                     |          |      |
| REAL ESTATE TAXES                \$                                                                                          |                       |                                                                                                                                                                                                                                                                                                                     |          |      |
| FIRE INSURANCE                      \$                                                                                       |                       |                                                                                                                                                                                                                                                                                                                     |          |      |
| GROUND RENT, CONDOMINIUM<br>& Other FEES                                                                                     |                       |                                                                                                                                                                                                                                                                                                                     |          |      |
| TOTAL MONTHLY PAYMENTS                                                                                                       |                       |                                                                                                                                                                                                                                                                                                                     |          |      |
| REMARKS                                                                                                                      |                       | State the amount of termination fee or repayment penalty upon full repayment of the loan<br>\$ _____                                                                                                                                                                                                                |          |      |
| 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: <b>Susan Filbird</b><br><b>14 S. HARRISON STREET</b><br><b>P.O. BOX 520</b><br><b>EASTON, MARYLAND 21601</b>                                                                                                                                                                                             |          |      |
| DATE                                                                                                                         | SIGNATURE             |                                                                                                                                                                                                                                                                                                                     |          |      |
|                                                                                                                              | TITLE                 |                                                                                                                                                                                                                                                                                                                     |          |      |



**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 ~ if you are self employed**
  
- 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**