



**CITY OF PORTLAND, MAINE
CUMBERLAND COUNTY HOME CONSORTIUM
HOUSING PROGRAM
APPLICATION**



The information collected on this application will be used to determine whether you qualify as a borrower under the City's and/or the Cumberland County HOME Consortium's Housing Program. You do not have to provide the information, but if you do not your application for a loan may be delayed or rejected. Please indicate below which program you are applying for:

Owner Occupied [<input type="checkbox"/>] Rehab (1-4 unit property) [<input type="checkbox"/>] Lead Safe Housing (1-4 Unit property) [<input type="checkbox"/>] HomePort
Multi-Family (Investor Owned Property) [<input type="checkbox"/>] Rehab & Acquisition Program [<input type="checkbox"/>] Lead Safe Housing Program

Address of Property to be enrolled including Zip Code
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APPLICANT INFORMATION

Applicants Name (Last, First, Middle)		Home Phone
E-Mail Address:		
Present Street Address	City, State, Zip	No. of Years
Former Address (if at current address for less than 2 years):	City, State, Zip	No. of Years
Own:	Rent::	
Marital Status: Married	Unmarried (single, divorced, widowed)	Separated
Employer Name:	Address:	
Business Phone #:	Position:	No. of Years:
Previous Employer	Address:	

CO-APPLICANT INFORMATION

Applicants Name (Last, First, Middle)		Home Phone
E-Mail Address:		
Present Street Address	City, State, Zip	No. of Years
Former Address (if at current address for less than 2 years):	City, State, Zip	No. of Years
Own:	Rent::	
Marital Status: Married	Unmarried (single, divorced, widowed)	Separated
Employer Name:	Address:	
Business Phone #:	Position:	No. of Years:
Previous Employer	Address:	

Name of Nearest Relative Not Living With You	Address, City, State, Zip
Phone #	Relationship

HOUSEHOLD COMPOSITION (List the applicant and/or head of your household and all members who live in your home. Give the relationship of each family member to the head. Include Blood Lead Levels, if known)					
	Full Name (List all occupants of household including applicant(s))	Relationship to applicant	Date of Birth	Social Security No.	Blood Lead Levels (VEBL's ug/dl) if known Attach documentation
1		APPLICANT			
2		CO-APPLICANT			
3					
4					
5					
6					
7					
8					

PROPERTY INFORMATION				
Property Type:	Single Family/Condo	2-4 Unit	Total # Units	Tax Map/.Lot #
Year Built:	If more than 1 unit, do you live in one of the units?			Yes No
Year Purchased:	Purchase Price:			
Do you own the land?	Yes No	Do you operate a business in your home?	Yes No	No
If you rent the land, from whom? (Name/ Address)				
Do you own other real estate?		If so, please list		

WHAT TYPE(S) OF IMPROVEMENT(S) WILL BE DONE WITH THIS LOAN?
NOTE: HUD requires that a lead paint presumption or an inspection is performed in pre-1978 homes and that all identified lead hazards be treated. HUD also requires that the entire home be rehabilitated to meet federal housing quality standards. These are required as a condition of receiving a loan for the repairs that the owner desires.

HOW DID YOU HEAR ABOUT OUR PROGRAMS?		
<input type="checkbox"/> Referral from _____	<input type="checkbox"/> City/County Website	<input type="checkbox"/> Saw an ad in _____
<input type="checkbox"/> Received flyer/postcard in mail	<input type="checkbox"/> Friend or Neighbor	<input type="checkbox"/> Other (please explain) _____

BANK ACCOUNTS/LIQUID ASSETS				
Type	Name(s) on Account	Cash Value		Bank/Credit Union Name
Check Account(s) Account# _____		\$		
Savings Account(s) Account# _____		\$		
Credit Union Account(s) Account # _____		\$		
Stocks/Bonds/Treasury Bills		\$		
Money Market/ CD Accounts		\$		

MONTHLY HOUSING EXPENSES				
Item (If taxes & insurance included in mortgage payment, please indicate so)	Creditor's Name	Amount of Original Debt	Monthly Payment	Unpaid Principal Balance
First Mortgage (Principal & Interest) <input type="checkbox"/> Fixed Rate <input type="checkbox"/> Adj Rate <input type="checkbox"/> Taxes & Insur. Included		\$	\$	\$
Other Finance Secured by Property (Prin. & Interest) <input type="checkbox"/> Fixed Rate <input type="checkbox"/> Adj Rate		\$	\$	\$
Real Estate Taxes- if not included in payment		\$	\$	\$
Home/Flood Insur.- If not included payment		\$	\$	\$
Essential Utilities(Heat, Electric, Gas, etc)		\$	\$	\$
Other (Please specify)		\$	\$	\$
TOTAL		\$	\$	\$

LIABILITIES/DEBTS			
List outstanding obligations (your debts) including auto loans, credit cards, charge accounts, credit union loans, personal loans, real estate loans (except for the home you live in), and all other loans. Use separate sheet if necessary.			
Type	Creditor's Name	Monthly Payment	Unpaid Principal Balance
Auto		\$	\$
Credit Card		\$	\$
Student Loan		\$	\$
Personal Loan		\$	\$
Monthly Alimony		\$	\$
Total Monthly Housing Expense			\$
Total Monthly Liabilities/Debt			\$

GROSS MONTHLY INCOME attach additional sheet as necessary

Source-Provide supporting documents for all sources of income	Applicant		Co-Applicant		Other Household Member 18 or Older		Total	
Salary, Wages-are you paid weekly, bi-weekly, monthly, etc	\$		\$		\$		\$	
Overtime Pay	\$		\$		\$		\$	
Part Time Employment	\$		\$		\$		\$	
Fees, Commissions	\$		\$		\$		\$	
Tips	\$		\$		\$		\$	
Bonuses	\$		\$		\$		\$	
Interest and/or Dividends	\$		\$		\$		\$	
Net Income from Business	\$		\$		\$		\$	
Net Rental Income	\$		\$		\$		\$	
Social Security, Pensions, Retirement Funds, Etc.	\$		\$		\$		\$	
Unemployment Benefits	\$		\$		\$		\$	
Worker Compensation, Etc.	\$		\$		\$		\$	
Alimony, Child Support	\$		\$		\$		\$	
Public Assistance (TANF)	\$		\$		\$		\$	
Royalties	\$		\$		\$		\$	
VA Compensation	\$		\$		\$		\$	
Sick Pay/Disability Pay	\$		\$		\$		\$	
Other (specify)	\$		\$		\$		\$	
Gross Monthly Income	\$		\$		\$		\$	
Gross Monthly Income x 12	\$		\$		\$		\$	
GROSS HOUSEHOLD INCOME	\$		\$		\$		\$	

For Staff use only: For purposes of program eligibility, the Gross Household Income has been verified by staff to be \$ _____.

U.S. Dept. HUD area median income has been calculated by staff to be _____%.

For the purposes of meeting established Underwriting Guidelines, the Debt to Income Ratio is calculated using actual, stable income for the person(s) signing the Promissory Note. The Debt to Income Ratio has been verified by staff to be _____%.

City of Portland/CCHC

Dated: _____ By: _____

Printed Name: _____

IMPORTANT! READ THIS BEFORE SIGNING

I/we certify that the information provided in this Application is true and complete to the best of my/our knowledge and belief. I/we understand that any false or misleading information will be grounds for disqualification from this program. I/we authorize the City of Portland to make whatever credit inquiries it deems necessary to verify the accuracy of the information provided in connection with the review of this credit application. I/we consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I/we understand that this application shall remain the property of the City of Portland.

I/we hereby consent to and authorize the City of Portland, after giving reasonable notice, to enter the improved property to determine that the approved improvements specific to this Application have been completed and meet codes and standards set forth by the City of Portland and/or the appropriate Cumberland County City or Town.

I/we understand that the selection of a contractor from a pre-qualified list and the acceptance of the materials used and the work performed is my/our responsibility, and the City of Portland does not guaranty the quality of workmanship of the property improvements. A one-year guarantee of the quality of workmanship will be provided by the contractor.

I/we understand that in pre-1978 homes, HUD lead-based paint regulations must be followed as a condition of this loan application.

I/we hereby request that information provided by me/us and developed by the City of Portland, or its staff or agents, with respect to this application for financial assistance be designated confidential and not open for public inspection, pursuant to 5 M.R.S.A. Section 13119 et seq.

Certain records of the City of Portland are designated CONFIDENTIAL AND WILL NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION. This includes the disclosure of tax or financial information; our assessment of creditworthiness or financial condition; records obtained by the City of Portland in connection with the monitoring or servicing of an existing project; proprietary information; and, information regarding the financial status of the application.

I/we understand that it may be a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the facts in this Application as applicable under the provisions of the United States Criminal Code.

NOTICE: Consumer reports (credit reports) will be obtained in connection with this application. If you request, you will be informed of the names and addresses of the consumer reporting agencies (credit bureaus) that furnished the reports.

BORROWER'S SIGNATURE

DATE

CO-BORROWER'S SIGNATURE

DATE

APPLICANT DEMOGRAPHIC PROFILE

The following information is required by the federal government for certain types of loans related to a dwelling or order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

I do not wish to furnish this information

Head of Household (check all that apply)

- Single
- Married
- Elderly
- Single Parent with Children
- Two Parents with Children
- Other

Ethnicity: (select *only one*)

- Hispanic or Latino
- Not Hispanic or Latino

Race: (select *one or more*)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White

THE FOLLOWING ADDITIONAL INFORMATION MUST BE SUBMITTED WITH THE COMPLETED APPLICATION. IF YOU DO NOT PROVIDE THIS INFORMATION WE CANNOT PROCESS YOUR APPLICATION! CHECK OFF EACH APPLICABLE ITEM ON THE LIST THAT YOU HAVE GATHERED FOR THIS APPLICATION.

- Sign and return the enclosed Certification and Authorization
- Certificate of Homebuyer Training (Homeport Program applicants only)
- Most recent bank statement on any Savings, Checking, Money Market, CD and Retirement Accounts, etc.
- For every member of your household who works, bring or send the following information:
 - Most recent 30 day pay stub(s)
 - Most recent W-2 form
 - Most recent IRS tax returns with all pages (signed)
- If any member of your household receives any of the following types of income, bring name, address and telephone number of the source of the income AND information about the amount received:
 - Unemployment Compensation
 - Social Security
 - Supplemental Social Security
 - Pension
 - Disability Income
 - Alimony (copy of divorce decree to evidence such)
 - Child Support (copy of child support order to evidence such)
 - Public assistance
- A Copy of your Property Deed with the property description/legal description attached
- A Copy of your Real Estate Tax Statement
- Proof of Existing Home Owner Insurance Coverage
- For Multi-Unit properties: Completed Tenant Income Forms ***AND*** Two Weeks Pay Stubs From Each Tenant to Verify Income. If Unit(s) is/are Vacant, This Information Must be Provided When Unit(s) is Occupied
- Investor Owners Requesting Rehab Monies Must Submit Copies of Written Leases. ***WRITTEN LEASES ARE REQUIRED TO RECEIVE FEDERAL DOLLARS FOR REHAB ASSISTANCE***
- If Owner Is a Corporation, Articles of Incorporation With a List of Officers Authorized to Sign Contracts

With the exception of single family homes, all properties to be rehabilitated or purchased with federal dollars, will be inspected by a Code Enforcement Officer and by a Fire Department Inspector for building code, life safety code, and other health and safety violations in the City of Portland, and the appropriate Building Code Official(s) in Cumberland County Towns and Cities. It is a Program requirement to ensure that code and safety items ***be corrected first*** before other items become eligible for rehab financing.

NOTE: Certain costs may be incurred for title checks, appraisals etc. The amounts will vary depending on the individual program requirements and will be discussed prior to closing.

Completed applications may be returned to: Ronda Jones, Housing & Neighborhood Services, City of Portland, 389 Congress Street, Room 313, Portland ME 04101

Multi-Unit Housing Information

Attach additional sheet if necessary. Please check the utilities included with rent and those paid by the tenants.

Unit Number	# of Bedrooms	Current Rent	Occupied Yes/No	Family Size	Utilities Included with Rent (please check all that apply)	Utilities Paid by Tenant (please check all that apply)
			Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Heat <input type="checkbox"/> Stove <input type="checkbox"/> Basic electric <input type="checkbox"/> Hot water <input type="checkbox"/> Water <input type="checkbox"/> Sewer	Heat: <input type="checkbox"/> oil <input type="checkbox"/> gas <input type="checkbox"/> electric Stove: <input type="checkbox"/> gas <input type="checkbox"/> electric Basic Electric: <input type="checkbox"/> lights, etc. Hot Water: <input type="checkbox"/> oil <input type="checkbox"/> gas <input type="checkbox"/> electric Water: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewer: <input type="checkbox"/> Public <input type="checkbox"/> Private
			Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Heat <input type="checkbox"/> Stove <input type="checkbox"/> Basic electric <input type="checkbox"/> Hot water <input type="checkbox"/> Water <input type="checkbox"/> Sewer	Heat: <input type="checkbox"/> oil <input type="checkbox"/> gas <input type="checkbox"/> electric Stove: <input type="checkbox"/> gas <input type="checkbox"/> electric Basic Electric: <input type="checkbox"/> lights, etc. Hot Water: <input type="checkbox"/> oil <input type="checkbox"/> gas <input type="checkbox"/> electric Water: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewer: <input type="checkbox"/> Public <input type="checkbox"/> Private
			Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Heat <input type="checkbox"/> Stove <input type="checkbox"/> Basic electric <input type="checkbox"/> Hot water <input type="checkbox"/> Water <input type="checkbox"/> Sewer	Heat: <input type="checkbox"/> oil <input type="checkbox"/> gas <input type="checkbox"/> electric Stove: <input type="checkbox"/> gas <input type="checkbox"/> electric Basic Electric: <input type="checkbox"/> lights, etc. Hot Water: <input type="checkbox"/> oil <input type="checkbox"/> gas <input type="checkbox"/> electric Water: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewer: <input type="checkbox"/> Public <input type="checkbox"/> Private
			Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Heat <input type="checkbox"/> Stove <input type="checkbox"/> Basic electric <input type="checkbox"/> Hot water <input type="checkbox"/> Water <input type="checkbox"/> Sewer	Heat: <input type="checkbox"/> oil <input type="checkbox"/> gas <input type="checkbox"/> electric Stove: <input type="checkbox"/> gas <input type="checkbox"/> electric Basic Electric: <input type="checkbox"/> lights, etc. Hot Water: <input type="checkbox"/> oil <input type="checkbox"/> gas <input type="checkbox"/> electric Water: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewer: <input type="checkbox"/> Public <input type="checkbox"/> Private

GROSS MONTHLY RENT \$ _____

Comments/Explanations Regarding Information in the above table:
