

**AUBURN HOME OWNERSHIP PROGRAM
APPLICATION CHECKLIST**



When you apply for the Auburn Home Ownership Program, we need the following information to start the application process:

Verification of Income

- _____ Most recent tax return
- _____ Two months pay stubs
- _____ Benefit statements (Social Security, Disability, Veterans, Unemployment, etc.)
- _____ Two most recent savings and checking bank statements
- _____ Any other income (Interest earned, dividends, Rental, etc.)

Assets: Please list all assets owned along with value (Stocks, Retirement Accounts, Real Estate, Recreational Vehicles)

Return to: Yvette Bouttenot, Community Development Department
2nd Floor, Auburn Hall
60 Court Street
Auburn, Maine
Telephone 333-6601 ext. 1336

OFFICE USE ONLY Date Rec'd: _____
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HOME OWNERSHIP PROGRAM
City of Auburn, Community Development
60 Court Street, Auburn, ME 04210 Telephone 333-6601

Applicant's Name _____ Date of Birth _____

Co-applicant's Name _____ Date of Birth _____

Applicant's Social Security # _____ Co-applicant's Social Security # _____

Mailing Address _____

Email Address _____

Phone: Home _____ Work _____ Cell _____

Number of people who live in the applicant(s) household _____

Please provide additional information:

Name	Relationship	Age

The Community Development Program reports certain information to the federal government. Please provide the race and ethnicity of the head of household (check one box):

Race:

- | | |
|--|--|
| <input type="checkbox"/> White
<input type="checkbox"/> Black/African American
<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> Asian & White
<input type="checkbox"/> American Indian/Alaskan Native & Black
<input type="checkbox"/> Other Multi-Racial |
|--|--|

Ethnicity:

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Not Hispanic |
|-----------------------------------|---------------------------------------|

EMPLOYMENT:

Applicant's Employer _____ Number of Years Employed _____

Employer's Address _____ Phone _____

Co-applicant's Employer _____ Number of Years Employed _____

Employer's Address _____ Phone _____

MONTHLY INCOME: Enter the all income received by household members in the past 30 days.*Provide copies of your most recent check stubs (2 months of earnings), benefit statement or other verification for all sources of income with your application.*

Source of Income	Applicant	Co-Applicant	Other Household Member over 18 years of age	Other Household Member over 18 years of age
Employment	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Military/Veterans Benefits	\$	\$	\$	\$
Retirement or Pension Plan	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Child Support/Alimony	\$	\$	\$	\$
SSI/Supplemental Security	\$	\$	\$	\$
Interest/Dividends Income	\$	\$	\$	\$
TANF/Temp. Assist. for Needy Families	\$	\$	\$	\$
Food Stamps	\$	\$	\$	\$
State Income Tax Refunds	\$	\$	\$	\$
Other	\$	\$	\$	\$

ASSETS:

Type	Balance	Type	Value
Checking Account	\$	Stocks/Bonds	\$
Savings Account	\$	Real Estate	\$
Other:	\$	Other:	\$

Please provide copies of statements verifying asset information listed above. If additional space is required please attach a separate page.

PERSONAL MONTHLY EXPENSES:

Rent	\$	Life Insurance	\$
Electricity	\$	Medical Insurance	\$
Cellphone	\$	Child Support Payments	\$
Cable/Internet/Phone	\$	Auto Loan:	\$
Auto Operating Expense	\$	Credit Card:	\$
Auto Insurance	\$	Credit Card:	\$
Food:	\$	Other:	\$
Child Care Cost:	\$	Other:	\$

Please use a separate sheet to list additional expenses.

Have you applied for credit within the last 3 months? ___yes ___no

APPLICANT'S CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION:

I/we understand that all information in this application is given for the purpose of evaluating eligibility for the City of Auburn's home ownership program. I/we authorize the City of Auburn to obtain verification of all sources named to verify income and employment, and to obtain a credit report. I/we understand that by signing this application I/we authorize release of this information to the City of Auburn.

Client information will be shared with only those individuals, entities, or committee members designated or acknowledged by the City as an interested party to the client's application process excluding information declared as public records pursuant to M.R.S.A. Title 1 §401, Public Records and Proceedings. Otherwise, the information furnished will be held in strict confidence.

I/we hereby certify the information contained in this application is accurate and complete to the best of my/our knowledge and belief. If I/we have intentionally falsified any of this information or omitted information necessary to prevent statements from being misleading, I/we understand that I/we will be liable to the City of Auburn and that such falsification or omission(s) would be considered a Class D Crime.

Date Applicant's Signature Co-Applicant's Signature

**AUBURN HOME OWNERSHIP PROGRAM
CONDITIONS OF PARTICIPATION**

Applicant (please print): _____

(This signed form must accompany the loan application).

I/we understand that to be eligible to participate in the Auburn Home Ownership Program, I/we must meet the following conditions:

- I/we will keep ownership of and to occupy this property for a period of five to fifteen years (depending on the amount of assistance). If I/we choose to sell or transfer the property, the grant and balance of any loan become payable in full.
- If requested, I/we will meet with Community Development staff during the life of the loan to develop a budget and debt management plan.
- I/we will use the property strictly for residential purposes, and will not operate a business, day care, church, social service, or educational institution on the property.
- I/we understand that failure to meet any one (1) of these conditions will result in my/our disqualification from participation in the Auburn Home Ownership Program.

Signatures:

Witness: _____

Applicant: _____

Witness: _____

Applicant: _____

Date: _____