

**AUBURN REHABILITATION PROGRAM
APPLICATION CHECKLIST
-SINGLE FAMILY-**

Fill out and sign the loan application completely and return with all required documentation to:

Community Development Department
2nd Floor, Auburn Hall
60 Court Street
Auburn, Maine
Telephone 333-6601 ext. 1334

Required Documentation

- Verification of Income:**
____ Most recent complete income tax return (if you file)
____ Most recent pay stub or benefit statement
____ Most recent bank statements (two)

- Mortgage:**
Provide a recent mortgage statement or copy of your promissory note

- Homeowner's Insurance:**
Provide current proof of Homeowner's Insurance

REHABILITATION 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

RACE: 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):

- | | |
|--|--|
| <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 |
|-----------------------------------|---------------------------------------|

PROPERTY TO BE REHABILITATED

Property address (if different from mailing address): _____

Describe work to be done: _____

Heat Source: Oil _____ Natural Gas _____ Bottled Gas _____ Wood _____

MONTHLY INCOME: Check yes or no for each type of income. Enter the amount of all money that household members have received for the past 30 days, or money that you expected to receive. Provide a copy of your most recent check stub or benefit statement with this application.

Source of Income	Yes	No	Money Received by Applicant	Other Household Members
Applicant Employment			\$	\$
Temporary Assistance to Needy Families			\$	\$
Social Security			\$	\$
Military/Veterans Benefits			\$	\$
Retirement or Pension Plan			\$	\$
Unemployment Benefits			\$	\$
Worker's Compensation			\$	\$
Child Support/Alimony			\$	\$
SSI/Supplemental Security			\$	\$
Interest/Dividends Income			\$	\$
Earned Income Credit			\$	\$
Other			\$	\$
Other			\$	\$

ASSETS:

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

**Please provide copies of statements verifying asset information listed above

PERSONAL MONTHLY EXPENSES:

Mortgage Payment	\$	Auto Loan	\$
Property Insurance	\$	Life Insurance	\$
Taxes	\$	Medical Insurance	\$
Heat	\$	Medical Expenses	\$
Water/Sewer	\$	Child Care	\$
Electricity	\$	Food	\$
Telephone	\$	Food Stamp Benefit	\$
Cable/Internet	\$	Credit Card	\$
Auto Operating Expenses	\$	Credit Card	\$
Auto Insurance	\$	Other	\$

Mortgage Company _____ Current Balance \$ _____

Interest Rate _____ % Fixed _____ Variable _____

Other Loans or Liens on this Property

1. _____ Balance \$ _____

2. _____ Balance \$ _____

EMPLOYMENT:

Applicant's Employer _____ Number of Years Employed _____

Employer's Address _____ Phone _____

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

Employer's Address _____ Phone _____

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

If yes, were you ___ approved ___ denied

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 rehab 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

