



City of Auburn, Maine

Business & Community Development

Glen Holmes, Director

60 Court Street | Auburn, Maine 04210

www.auburnmaine.gov | 207.333.6601

Auburn Lead & Healthy Housing Program (ALHHP) APPLICATION

Incomplete Applications Will Not Be Processed

APPLICATION CHECKLIST

- Copy of **Applicant Photo ID** (State or Federal Issued)
- Copy of **Deed with Exhibit A** (plus P&S if Acquisition) **Death Certificate** required if spouse is deceased
- Copy of **Current Mortgage Statement**
- Copy of **Current Property Insurance**
- Four (4) most recent **pay stubs**, Two (2) if paid bi-weekly (for all adults 18 and over living in the household)
- Documentation of **Other Sources of Income** (i.e. SSI, Worker's Comp, Unemployment or Disability benefits; Pension statements; taxable interest and dividends; tax refunds; business income; rental income from real estate income; etc.)
- Most Recent signed Federal income tax return **SIGNED** with all schedules and copies of W-2 forms
- Completed 4506-T allowing the city of Auburn to verify tax filing information
 - If you did not file a return, you will have to request a Certification of Non-Filing with the IRS at: <https://www.irs.gov/individuals/get-transcript>*
- If self-employed, **year-to-date profit and loss statement**
- Tenant Income Certification Form(s), supporting documentation & Lead Paint Disclosure forms completed by all tenants (if applicable).
- Copy of Lead Abatement Order (if applicable).

Important Application Information:

- Completed applications can be emailed to INTAKE@AuburnMaine.gov or dropped off at the Community Development Office at 60 Court St Auburn, ME.
- **IN-PERSON MEETINGS ARE BY APPOINTMENT ONLY.**
 - To schedule an in-person meeting email INTAKE@AuburnMaine.gov or call 207-333-6601
- Original documents will not be accepted. Staff can scan documents only during scheduled meetings.
- Income documentation must be dated within 45 days of application.
- Program Eligibility is valid for 6 months. If project does not begin within 6 months of application date the applicant's income and program eligibility must be reapproved.

ALHH Program Loan Application

PROPERTY ADDRESS: _____ #UNITS _____

BORROWER'S INFORMATION

CO-BORROWER'S INFORMATION

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

E-mail: _____

E-mail: _____

Social Security #: ____/____/____

Social Security #: ____/____/____

Date of Birth: ____/____/____

Date of Birth: ____/____/____

Marital Status: Married / Single / Separated

Marital Status: Married / Single / Separated

Gender Identity: Male / Female / Other

Gender Identity: Male / Female / Other

Race:

Race:

- 1 - White
- 2 - Black/African American
- 3 - Asian
- 4 - American Indian/Alaskan Native
- 5 - Native Hawaiian/Other Pacific Islander
- 6 - American Indian/Alaskan Native & White
- 7 - Asian & White
- 8 - Black/African American & White
- 9 - American Indian/Alaskan Native & Black/African American
- 10 - Other Multi-Racial

- 1 - White
- 2 - Black/African American
- 3 - Asian
- 4 - American Indian/Alaskan Native
- 5 - Native Hawaiian/Other Pacific Islander
- 6 - American Indian/Alaskan Native & White
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- 8 - Black/African American & White
- 9 - American Indian/Alaskan Native & Black/African American
- 10 - Other Multi-Racial

Ethnicity: Hispanic/Latino: Yes / No

Ethnicity: Hispanic/Latino: Yes / No

Head of Household: Yes / No

Head of Household: Yes / No

Veteran: Yes / No

Veteran: Yes / No

Disabled: Yes / No

Disabled: Yes / No

Was the building constructed prior to 1978? Yes / No YEAR: _____

Is there known or presumed Lead Paint Hazards present? Yes / No

Does either borrower have current loans with the City of Auburn? Yes / No

If yes, please provide borrower name, type of loan, and loan number:

BORROWER'S INFORMATION

Present Employer:

Company: _____

Address: _____

City: _____

State: _____ Zip _____

Phone: _____

Position: _____

Years Employed: _____

Gross **Monthly** Income \$ _____

Additional Monthly Income:

Retirement/Pension income: \$ _____

Social Security SSI: \$ _____

Child Support/ Alimony: \$ _____

FIP Benefits: \$ _____

Other Income: \$ _____

Asset Information

Real Estate Value: \$ _____

Automobile: \$ _____

CASH: \$ _____

Checking/Savings Account: \$ _____

IRA/Investments: \$ _____

Trust fund/Annuity: \$ _____

401k: \$ _____

CO-BORROWER'S INFORMATION

Present Employer:

Company: _____

Address: _____

City: _____

State: _____ Zip _____

Phone: _____

Position: _____

Years Employed: _____

Gross **Monthly** Income \$ _____

Additional Monthly Income:

Retirement/Pension income: \$ _____

Social Security SSI: \$ _____

Child Support/ Alimony: \$ _____

FIP Benefits: \$ _____

Other Income: \$ _____

Asset Information

Real Estate Value: \$ _____

Automobile: \$ _____

CASH: \$ _____

Checking/Savings Account: \$ _____

IRA/Investments: \$ _____

Trust fund/Annuity: \$ _____

401k: \$ _____

PLEASE LIST ALL PERSONS IN YOUR HOUSEHOLD:

(if 18 years or older please provide income documentation listed on the last page of this application)

Name:	Relationship:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL HOUSEHOLD SIZE _____

APPLICATION INFORMATION & INSTRUCTIONS:

1. All required documentation must be submitted with this application (see Application Checklist on Page 1).
2. Required back up documentation must be submitted for all **borrowers listed on the title/Deed to the home.**
3. The City of Auburn reserves the right to request further information or make further inquiry about an applicant's financial status or history.

Borrower's Certification

I/We certify that the statements contained in this application and certification are true and correct to the best of my/our knowledge and belief.

I/We certify that the information given on household composition and income is accurate and complete to the best of my/our knowledge and belief.

I/We understand that if any statement contained in this application and certification is not true or correct, I/we may be subject to criminal prosecution or, as applicable, my/our loan application may be denied or the property improvements with the proceeds of the loan maybe foreclosed upon.

I/We further understand that the final decision regarding approval of this application will be made by the City of Auburn, Office of Business & Community Development.

I/We certify that no illegal unit(s) exists within the subject property. Any property containing one or more illegal units shall be disqualified from participation in this program. If upon mandatory inspection, an illegal unit is discovered, the unit must either be deconstructed or appropriately permitted through the Permitting & Planning Department, or this application will be terminated. An illegal unit is defined as an additional housing unit not originally intended for occupancy which includes living space, plumbing and electrical service, full bathroom, and kitchen facilities.

Name	Signature	Date
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Name	Signature	Date
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Property and Repair Questions

Property Type: Single Family Multi-Family # of Units: _____

Are there currently more than two other lenders with liens on your home? YES / NO

Are you currently delinquent on any taxes? YES / NO

Is there a child under the age of 6 or a pregnant person living on the property? YES / NO

Is there a Lead abatement order issued on the property? YES / NO

Have you been cited for any Code Violations? YES / NO

If yes, please describe: _____

Program priorities will focus on Income Qualified units occupied or regularly visited by children under 6 years old or pregnant individuals. Rental units need not have a child resident at the time of assistance but further restrictions on the unit including but not limited to the following will apply:

- Requiring compliance as a condition of assistance agreement with owners;
- Registering assisted units in a publicly accessible lead-safe housing registry; and/or
- Following up with the owner(s) at least annually and document in the unit file that the owner has attempted to comply
-

Full income verification must be completed for all tenants of all units on a property. Applications which are not accompanied by the required verifications will be considered incomplete.

Eligibility of Units		https://www.hud.gov/sites/documents/2014-01_UNIT_ELIGIBILITY.PDF	
Occupancy Type	Income Level	Child Occupant <6 years old	
Renter	At least 50% units must be less than 50% LMI, and Remaining units (<50%) must be less than 80% LMI	Not required at the time of assistance Owners must give priority to families with child under 6yo for at least 3 years	
Multi-Unit (5 or more)	20% of total units MAY exceed 80% LMI 80% of total units MUST meet renter income	Not required at the time of assistance Owners must give priority to families with child under 6yo for at least 3 years	
Owner Occupied	100% of Owner-occupied units must be under 80% LMI	At least 90% of owner-occupied units assisted must have: <ul style="list-style-type: none"> • A child under 6 in residence, or • Child under 6 spends "significant time," or • A pregnant person Less than 10% of total units assisted may be family w/o child under 6yo	

FY 2021 Income Limit Area	FY 2021 Income Limit Category	Persons in Family							
		1	2	3	4	5	6	7	8
Lewiston-Auburn, ME MSA	Very Low (50%) Income Limits (\$)	24,950	28,500	32,050	35,600	38,450	41,300	44,150	47,000
	Extremely Low-Income Limits (\$)	14,950	17,420	21,960	26,500	31,040	35,580	40,120	44,660
	Low (80%) Income Limits (\$)	39,900	45,600	51,300	56,950	61,550	66,100	70,650	75,200

TENANT INFORMATION - ALHHP

Tenant Name: _____ Telephone # _____

Property Address: _____ Unit # _____

Name of Landlord: _____ Date You Occupied Unit: _____

Number of Bedrooms: _____ Number of Adults (over 18): _____

Children (6 yrs.- younger): _____ Children (7 - 18 yrs.): _____

Is head of household: _____ Female _____ Male

How many of the adults are: Elderly _____ Disabled or Handicapped _____

Race & Ethnicity: Check those that apply for each member of Household

	Race	Hispanic
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native & White		
Asian & White		
Black/African American & White		
American Indian/Alaskan Native & Black/African American		
Other Multi-Racial		

Current Rent Rate \$ _____ Utility Cost (electric, and heat) _____ / month

Rent includes the following utilities: Heat ___ Electric ___ Gas ___ Water ___

Do you receive Section 8? Yes ___ No ___

Including all money received (wages, social security benefits, TANIF, etc.) by the members of your household, what is your total income per year: \$ _____/year

Please submit verification of income indicated above (i.e. SSI, Worker’s Comp, Unemployment or Disability benefits; Pension statements; taxable interest and dividends; tax refunds; business income; rental income from real estate income; etc.)

By signing below I certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations

SIGNATURE _____ Date: _____

(This information is considered confidential by Maine State Law, and is used for National Objective purposes only, and will be maintained in the office of Community Development in the Auburn Hall, 60 Court St., Auburn.)