

City of Auburn, Maine

Business & Community Development Glen Holmes, Director 60 Court Street | Auburn, Maine 04210 www.auburnmaine.gov | 207.333.6601

COMMUNITY DEVELOPMENT APPLICATION

For Income Qualifying Residents 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
	\Box 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) & Lead Paint Disclosure forms completed by all tenants
	Copy of Lead Abatement Order (if applicable).
	For Owner Occupied only: Completion of Money Management Course from HUD Certified provider (links available upon request)
	For Multi-units only: Completion of Landlord Education from HoMEworks.org provider (links available upon request)

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 3 months. If project does not begin within 3 months of application date the applicant's income and program eligibility must be reapproved.

Auburn Community Development Application

PROPERTY ADDRESS:		#UNITS			
BORROWER'S INFO	<u>DRMATION</u>	CO-BORROWER'S INFORMATION			
		Name:			
Phone:		Phone:			
E-mail:		E-mail:			
Social Security #:	//	Social Security #:/			
Date of Birth:/_	/	Date of Birth:/			
Marital Status: ☐ Mar	ried / □ Single / □ Separated	Marital Status: \square Married / \square Single / \square Separated			
Gender Identity: \square M	ale / □ Female / □ Other	Gender Identity: □ Ma	e / □ Female / □ Other		
	an/Alaskan Native an/Other Pacific Islander an/Alaskan Native & White American & White an/Alaskan Native & erican	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			
Ethnicity: Hispanic/	Latino: □ Yes / □ No	Ethnicity: Hispanic	'Latino: □ Yes / □ No		
Head of Household Veteran: Disabled:	: □ Yes / □ No □ Yes / □ No □ Yes / □ No	Head of Household Veteran: Disabled:	: □ Yes / □ No □ Yes / □ No □ Yes / □ No		
Was the building cons	tructed prior to 1978?	□ Yes /	□ No YEAR:		
Is there known or pre	sumed Lead Paint Hazards pres	sent? □ Yes /	□No		
Does either borrower have current loans with the City of Auburn? $\ \square$ Yes / $\ \square$ No					
If yes, please provide l	borrower name, type of loan, an	nd loan number:			

BORROWER'S INFORMATION CO-BORROWER'S INFORMATION Present Employer: Present Employer: Company: _____ Company: Address: State: _____ Zip _____ State: _____ Zip ____ Position: Position: Years Employed: _____ Years Employed: _____ Gross Monthly Income \$ Gross Monthly Income \$____ **Additional Monthly Income: Additional Monthly Income:** Retirement/Pension income: \$ Retirement/Pension income: \$ Social Security SSI: \$_____ Social Security SSI: \$ Child Support/ Alimony: \$_____ Child Support/ Alimony: \$_____ FIP Benefits: \$_____ FIP Benefits: \$ Other Income: \$_____ Other Income: \$_____ **Asset Information Asset Information** Real Estate Value: \$______ Real Estate Value: \$_____ Automobile:_\$______Automobile:_\$_____ CASH: \$ CASH: \$ Checking/Savings Account: \$ Checking/Savings Account: \$ IRA/Investments: \$ IRA/Investments: \$

PLEASE LIST ALL PERSONS IN YOUR HOUSEHOLD:

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

Trust fund/Annuity: \$ Trust fund/Annuity: \$

401k:\$______

Name:	Relationship:	Age:				
TOTAL HOUSEHOLD SIZE						
APPLICATION INFORMATION &	INSTRUCTIONS:					
All required documentation must b	pe submitted with this application (se	ee Application Checklist on Page 1).				
Required back up documentation r	nust be submitted for all borrowers	listed on the title/Deed to the home.				
The City of Auburn reserves the rigapplicant's financial status or histo	ght to request further information or ory.	make further inquiry about an				
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.						
true or correct, I/we may be subje	ment contained in this application an ect to criminal prosecution or, as app property improvements with the pro	licable, my/our loan				
	final decision regarding approval of te of Business & Community Developn	= =				
one or more illegal units shall be mandatory inspection, an illegal un appropriately permitted through will be terminated. An illegal un	exists within the subject property. And edisqualified from participation in unit is discovered, the unit must either the Permitting & Planning Department is defined as an additional housingludes living space, plumbing and	this program. If upon er be deconstructed or ent, or this application ing unit not originally				
Name	Signature	Date				

Signature

1.

2.

3.

Name

Date

Property and Repair Questions

Property Type:	☐ Single Family	☐ Multi-Family	# of Units:	
Are there currently more that Are you currently delinquen Is there a child under the age Is there a Lead abatement or Have you been cited for any If yes, please describ	t on any taxes? YES / e of 6 or a pregnant persector issued on the prope Code Violations? YES	□ NO on living on the proper rty? □ YES / □ NO	·	
Please check the appropriate l	oox below to indicate the	e type of repair or repla	cement needed:	
Property Acquisition				
Roof repair or replacement. be deemed acceptable only if			-	
Ceiling repair or replacement. If associated with roof repair or replacement.				
Accessibility Modifications . Particular construction features and accessibility modifications are eligible to assist those with mobility challenges (i.e., handrails, ramps, wider doorways, grab-bars, etc.).				
Chimney repair or replacement . Repair or replacement of a chimney shall be deemed acceptable onl to the extent necessary to safely ventilate the furnace/boiler or hot water heater.				
Heating system repair or replacement . Full heating system replacement including furnace/boiler and radiators shall be deemed acceptable only if components are deemed to have failed. Failed components only may be replaced.				
Exterior paint or siding . Rep violation.	ainting or vinyl siding re	eplacement of exterior	of home if cited for code	
Porch repair or replacemen safe for normal entrance and o		be repaired only to the	e extent that they are made	
Electric service repair or re extent that system safety haza	=	rice may be repaired or	upgraded only to the	
Gas service repair or replac provide safe adequate service	<u> </u>	service can be made on	ly to the extent required to	
Foundation repair . If structu	ıral a Code Violation mu	st deem repair necessa	ry for the safe occupancy.	
Water service replacement.	If required.			
Waste line replacement . If re	equired.			
catastrophic event that render	rs the structure not habi	table under City Code.		
Please Note: This work will be income qualifying residents th	paid for by a loan secur	ed by a mortgage and r	epayment is expected. For	
Work to be performed may re program maximums will need	quire the applicant to pr to be paid for by the ap	ovide matching funds plicant.	Any amount exceeding	