

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

# HOUSING REHAB 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.)
- $\Box$  Most Recent signed Federal income tax return <u>SIGNED</u> 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: <u>https://www.irs.gov/individuals/get-transcript</u>
- $\hfill\square$  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 <u>INTAKE@AuburnMaine.gov</u> 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 Rehab Program Application

#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 Identit	Gender Identity: 🗆 Male / 🗖 Female / 🗖 Other		
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		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 Ho Veteran: Disabled:		□ Yes / □ No □ Yes / □ No □ Yes / □ No	
Was the building constructed prior to 1978?			🗆 Yes / 🛙	⊐NoYEAR:	
Is there known or presumed Lead Paint Hazards pres		sent?	🗆 Yes / 🛙	⊐ No	
Does either borrower have current loans with the City		y of Auburn?	🗆 Yes / 🛙	⊐ No	
If yes, please provide b	orrower name, type of loan, ar	ıd loan number	:		

<b>BORROWER'S INFORMATION</b>	<b>CO-BORROWER'S INFORMATION</b>		
Present Employer:	Present Employer:		
Company:	Company:		
Address:	Address:		
City:	City:		
State: Zip	State: Zip		
Phone:	Phone:		
Position:	Position:		
Years Employed:	Years Employed:		
Gross <u>Monthly</u> Income \$	Gross <u>Monthly</u> 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:_\$		
Trust fund/Annuity:_\$	Trust fund/Annuity:_\$		
401k:\$	401k:\$		

#### PLEASE LIST <u>ALL</u> PERSONS IN YOUR HOUSEHOLD:

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
Name	Signature	Date

# **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? $\square$ YES / $\square$ NO				
Are you currently delinquent on any taxes? $\Box$ YES / $\Box$ NO				
Is there a child under the age of 6 or a pregnant person living on the property? $\square$ YES / $\square$ NO				
Is there a Lead abatement order issued on the property? $\square$ YES / $\square$ NO				
Have you been cited for any Code Violations? $\Box$ YES / $\Box$ NO				
If yes, please describe:				
Please check the appropriate box below to indicate the type of repair or replacement needed:				

- □ **Roof repair or replacement**. The roof must be leaking to qualify for repair. Replacement of a roof shall be deemed acceptable only if the entire roof is determined to be at the end of its useful life.
- **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 only 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**. Repainting or vinyl siding replacement of exterior of home if cited for code violation.
- □ **Porch repair or replacement**. Entrance porches may be repaired only to the extent that they are made safe for normal entrance and exit.
- □ **Electric service repair or replacement**. Electric service may be repaired or upgraded only to the extent that system safety hazards are eliminated.
- Gas service repair or replacement. Replacement of service can be made only to the extent required to provide safe adequate service.
- **Foundation repair**. If structural a Code Violation must deem repair necessary for the safe occupancy.
- □ **Water service replacement**. If required.
- □ **Waste line replacement**. If required.
- □ **Other repair or replacement not covered by insurance**. Such work must be the result of a catastrophic event that renders the structure not habitable under City Code.
- **Known or presumed Lead Hazard**. Abate or mitigate the existence of lead-based paint hazards.

Please Note: This work will be paid for by a loan secured by a mortgage and repayment is expected. For income qualifying residents these payments may be deferred or provided in the form of a Grant.

Work to be performed may require the applicant to provide matching funds. Any amount exceeding program maximums will need to be paid for by the applicant.