

**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 Alison F. Pepin, Community Development Department**

1st Floor, Auburn Hall  
60 Court Street  
Auburn, Maine  
Telephone 333-6601 ext. 1330

<b>OFFICE USE ONLY</b> <b>Date Rec'd:</b> _____
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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"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Black/African American                 | <input type="checkbox"/> Black/African American & White         |
| <input type="checkbox"/> Asian                                  | <input type="checkbox"/> Asian & White                          |
| <input type="checkbox"/> American Indian or Alaskan Native      | <input type="checkbox"/> American Indian/Alaskan Native & Black |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <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: \_\_\_\_\_