

**AUBURN REHABILITATION PROGRAM
COMPREHENSIVE
APPLICATION CHECKLIST**

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

Community Development Department
60 Court Street
Auburn, Maine
Telephone 333-6601 ext. 1330

Required Documentation

- 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.)

- List of Assets with Market Values**

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

- Homeowner's Insurance:**
Provide current proof of Property & Liability Insurance

REHABILITATION PROGRAM
City of Auburn, Community Development
60 Court Street, Auburn, ME 04210 Telephone 333-6601

Edited 12/11/14

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 living in household _____ Number of bedrooms located in the home _____

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"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other Multi Racial |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American & White | <input type="checkbox"/> Amer. Indian/Alaskan Native & White |

ETHNICITY:

Hispanic Not Hispanic

EMPLOYMENT INFORMATION:

Applicant's Employer _____ Number of Years Employed _____

Employer's Address _____ Phone _____

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

Employer's Address _____ Phone _____

PROPERTY TO BE REHABILITATED

Property address (if different from mailing address): _____

Describe the repairs requested to be completed: _____

DEBT ON PROPERTY TO BE REHABBED:

Bank/Mortgage Company/Lien Holder	Term	Interest Rate	Current Balance	Monthly Payment
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

PERSONAL MONTHLY INCOME:

Enter all income that household members have receive monthly. Provide 2 months of recent check stubs or any benefit statement with this application. If self-employed 2 most recent tax returns must be attached.

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	\$	\$	\$	\$

PERSONAL 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:

Mortgage Payment	\$	Auto Operating Expenses	\$
Property Insurance	\$	Auto Insurance	\$
Taxes	\$	Life Insurance	\$
Heat	\$	Medical Insurance	\$
Water/Sewer	\$	Medical Expenses/Prescriptions	\$
Electricity	\$	Child Care	\$
Cellular Phone	\$	Food	\$
Cable/Internet/Telephone	\$	Other:	\$

PERSONAL MONTHLY DEBT:

<u>Company Name</u>	<u>Type of Debt</u>	<u>Present Balance</u>	<u>Payment Amount</u>
	Auto Loan	\$	\$
	Credit Card	\$	\$
	Credit Card	\$	\$
	Credit Card	\$	\$
	Other	\$	\$
	Other	\$	\$

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. I/we have not intentionally falsified any of this information or omitted information.

_____ Date

_____ Applicant's Signature

_____ Co-Applicant's Signature

SUPPLEMENTARY DOCUMENT FOR MULT-FAMILY REHAB APPLICATION

TENANT INFORMATION

Unit # _____ Tenant's Name _____ # Bedrooms _____ Rent \$ _____

Unit # _____ Tenant's Name _____ # Bedrooms _____ Rent \$ _____

Unit # _____ Tenant's Name _____ # Bedrooms _____ Rent \$ _____

Unit # _____ Tenant's Name _____ # Bedrooms _____ Rent \$ _____

Unit # _____ Tenant's Name _____ # Bedrooms _____ Rent \$ _____

Unit # _____ Tenant's Name _____ # Bedrooms _____ Rent \$ _____

Unit # _____ Tenant's Name _____ # Bedrooms _____ Rent \$ _____

(Attach list of additional tenants on separate sheet)

ANNUAL RENTAL OPERATING EXPENSES

Mortgage Payment	\$	Trash Removal	\$
Taxes	\$	Repairs	\$
Property Insurance	\$	Grounds Maintenance	\$
Advertising/Marketing	\$	Snow Removal	\$
Management	\$	Janitorial and Supplies	\$
Heat	\$	Exterminating	\$
Electricity	\$	Other	\$
Water/Sewer	\$	Other	\$

Other Costs (please provide description and cost) _____
