

2016 HOME REPAIR PROGRAM

**APPLICATION**

**Community Action Agency (CAA)**

**Questions about the application should be directed to:**

\_\_\_\_\_  
CAA Name

\_\_\_\_\_  
CAA Address

\_\_\_\_\_  
CAA City                      CAA State                      CAA Zip

\_\_\_\_\_  
Name of Intake Staff:

\_\_\_\_\_  
Telephone of Intake Staff:

\_\_\_\_\_  
Email of Intake Staff:

**Return completed and signed applications to the above-named CAA.**

**I. PROPERTY INFORMATION**

Property Street	Property City	Property State	Property Zip
-----------------	---------------	----------------	--------------

Is this a mobile home:    Yes        No        If yes, Model and Year? \_\_\_\_\_

If yes, do you own the land?                      Yes                      No

In what year was this property constructed? \_\_\_\_\_

How many bedrooms are in this property? \_\_\_\_\_

In what year did you purchase this property? \_\_\_\_\_

Have you received any assistance from MaineHousing programs in the past?                      Yes                      No

If you answered "Yes", please state name of program(s) and years:

Year: \_\_\_\_\_ Program: \_\_\_\_\_

Year: \_\_\_\_\_ Program: \_\_\_\_\_

Year: \_\_\_\_\_ Program: \_\_\_\_\_

Does your property have any tax and/or wastewater liens filed against it?                      Yes                      No

If you have a mortgage, is it paid up to date?                      Yes                      No

**II. APPLICANT INFORMATION**

**List all owners of the property.**

Applicant	Co-Applicant																																																
<table border="0" style="width:100%"> <tr> <td style="width:30%">First Name</td> <td style="width:10%">MI</td> <td style="width:60%">Last Name</td> </tr> <tr> <td colspan="3">_____ Mailing Address</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td colspan="3">_____ Date of Birth:</td> </tr> <tr> <td colspan="3">_____ Current Age:</td> </tr> <tr> <td colspan="3">_____ Daytime Phone:</td> </tr> <tr> <td colspan="3">_____ Evening Phone:</td> </tr> <tr> <td colspan="3">_____ Email:</td> </tr> </table>	First Name	MI	Last Name	_____ Mailing Address			City	State	Zip	_____ Date of Birth:			_____ Current Age:			_____ Daytime Phone:			_____ Evening Phone:			_____ Email:			<table border="0" style="width:100%"> <tr> <td style="width:30%">First Name</td> <td style="width:10%">MI</td> <td style="width:60%">Last Name</td> </tr> <tr> <td colspan="3">_____ Mailing Address</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td colspan="3">_____ Date of Birth:</td> </tr> <tr> <td colspan="3">_____ Current Age:</td> </tr> <tr> <td colspan="3">_____ Daytime Phone:</td> </tr> <tr> <td colspan="3">_____ Evening Phone:</td> </tr> <tr> <td colspan="3">_____ Email:</td> </tr> </table>	First Name	MI	Last Name	_____ Mailing Address			City	State	Zip	_____ Date of Birth:			_____ Current Age:			_____ Daytime Phone:			_____ Evening Phone:			_____ Email:		
First Name	MI	Last Name																																															
_____ Mailing Address																																																	
City	State	Zip																																															
_____ Date of Birth:																																																	
_____ Current Age:																																																	
_____ Daytime Phone:																																																	
_____ Evening Phone:																																																	
_____ Email:																																																	
First Name	MI	Last Name																																															
_____ Mailing Address																																																	
City	State	Zip																																															
_____ Date of Birth:																																																	
_____ Current Age:																																																	
_____ Daytime Phone:																																																	
_____ Evening Phone:																																																	
_____ Email:																																																	

List all people in the Household, their age and full-time student status.

	First Name	Last Name	Age	Full-Time Student: Y/N
1				
2				
3				
4				
5				
6				
7				

### III. HOUSEHOLD INCOME

Total household income shall include the combined gross income of all household members, excluding dependents under the age of 18 or dependents attending school on a full-time basis at the time of this Application.

List the gross monthly income under the contributing household member(s).

Write in the Name of the Household member:				
Wages/Salary (enter gross amount)	\$	\$	\$	\$
Overtime/Commissions	\$	\$	\$	\$
VA Benefits	\$	\$	\$	\$
Pensions	\$	\$	\$	\$
Annuities	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Disability Benefits	\$	\$	\$	\$
TANF/General Assistance/Other	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Child Support/Alimony	\$	\$	\$	\$
Other (specify)	\$	\$	\$	\$
<b>Total Monthly Income</b>	\$	\$	\$	\$

### IV. ASSETS

List cash, checking, savings, CD & money market accounts as of the date of this Application.

Name of Financial Institution	Address of Financial Institution	Type of Account	Account Balance
			\$
			\$
			\$
			\$



**Acknowledgement:** I specifically acknowledge and agree that: (1) the property will not be used for any illegal or prohibited purpose or use; (2) all statements made in this Application are made for the purpose of obtaining the grant provided by the Program; (3) occupation of the property will be as a primary residence only; (4) verification or re-verification of any information contained in this Application may be made at any time by the Program from any source named in this Application, and the original copy of this Application will be retained by the Program; (5) the Program will rely on the information contained in this Application; and (6) I have a continuing obligation to amend and/or supplement the information provided in this Application, if any, of the material facts which I have represented in this Application should change prior to closing.

**Notice of Intent to Occupy:** I certify that I do not intend to sell, transfer, rent or otherwise vacate the residence listed in this application.

**Certification:** I certify that the information provided in this Application is true and correct as of the date set forth opposite my signature on this Application. I acknowledge my understanding that any intentional or negligent misrepresentation of the information contained in this Application may result in civil liability and/or criminal penalties.

**Statement of Release:** I authorize the CAA, on behalf of the Home Repair Program, to contact any employer, town official, financial institution, or other agency deemed necessary to obtain information or verification required to complete my request for housing repairs/replacement. This Statement of Release shall be valid from the date of my/our signature(s) below.

**Signed by all owners of the property.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

## V. DOCUMENTS THAT MUST BE INCLUDED WITH YOUR COMPLETED APPLICATION

### 1. COPY OF YOUR DEED OR BILL OF SALE FOR MOBILE HOMES

### 2. PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS

- Three (3) months most recent, consecutive pay stubs, Social Security and/or Disability benefit award letters, or other proof of income for items identified in Section III above
- Income Tax Returns from last 2 years if income is variable or from self-employment

### 3. PROOF OF LIQUID ASSETS FOR ALL HOUSEHOLD MEMBERS

- Bank statements for past three (3) consecutive months for each account
- Other asset documentation for items identified in Section IV above

### 4. COPY OF LATEST REAL ESTATE TAX BILL, SHOWING CURRENT LIABILITIES

### 5. COPY OF HOMEOWNERS INSURANCE COVERAGE INCLUDING FLOOD INSURANCE COVERAGE, IF AVAILABLE AND APPLICABLE

### 6. STATEMENT OF RELEASE

### 7. APPLICANT AFFIDAVIT

## VI. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the CAA's compliance with equal credit opportunity fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a CAA may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this CAA is required to not race and sex on the basis of visual observation or surname. If you do not wish to furnish the information requested below, please check the appropriate box below. (CAA must review the below material to assure that the disclosures satisfy all requirements to which the CAA is subject under applicable state law for the particular type of assistance applied for.)

Applicant/Owner	Co-Applicant/Co-Owner
<p>I <u>do not</u> wish to furnish this information.</p> <p>Ethnicity:</p> <p style="padding-left: 20px;">Hispanic or Latino</p> <p style="padding-left: 20px;">Non-Hispanic or Non-Latino</p> <p>Race:</p> <p style="padding-left: 20px;">American Indian or Alaska Native</p> <p style="padding-left: 20px;">Asian</p> <p style="padding-left: 20px;">Black or African American</p> <p style="padding-left: 20px;">White</p> <p style="padding-left: 20px;">Native Hawaiian or Other Pacific Islander</p> <p>Gender:</p> <p style="padding-left: 20px;">Female</p> <p style="padding-left: 20px;">Male</p>	<p>I <u>do not</u> wish to furnish this information.</p> <p>Ethnicity:</p> <p style="padding-left: 20px;">Hispanic or Latino</p> <p style="padding-left: 20px;">Non-Hispanic or Non-Latino</p> <p>Race:</p> <p style="padding-left: 20px;">American Indian or Alaska Native</p> <p style="padding-left: 20px;">Asian</p> <p style="padding-left: 20px;">Black or African American</p> <p style="padding-left: 20px;">White</p> <p style="padding-left: 20px;">Native Hawaiian or Other Pacific Islander</p> <p>Gender:</p> <p style="padding-left: 20px;">Female</p> <p style="padding-left: 20px;">Male</p>