MARYLAND DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT CDA SINGLE FAMILY SPECIAL LOAN PROGRAMS 100 COMMUNITY PLACE, CROWNSVILLE, MD 21032 800-638-7781 OR 410-514-7530 www.mdhousing.org



SINGLE FAMILY ACCESSIBLE HOMES FOR SENIORS (55+)

	aucets
Check the accessibility improvements you think you may need: Outside ramp Doorways widened Stair lift Hand rails Grab bars/shower or tub seat/hand held shower Lever handles for doors/f Electrical outlets relocated/rocker light switches Additional lighting Laundry relocation First floor bathroom addition/renovation First floor bathroom addition/renovation First floor bathroom addition/renovation Dobe: BORROWER INFORMATION Name: Present Street Address: State: State: No. Years: Own () Rent () Marital Status: () Married () Separate and Address of Employer: Sears on this job: Yrs. () self-employed Type of Business: Social Security No.: Social Security No.: Social Security No.: Social Security No.: Business Phone: CO-BORROWER INFORMATION CO-BORROWER INFORMATION Ame: DOB	aucets
Grab bars/shower or tub seat/hand held shower ☐ Lever handles for doors/f ☐ Electrical outlets relocated/rocker light switches ☐ Additional lighting ☐ Laundry relocation ☐ First floor bathroom addition/renovation ☐ First floor bathroom add	Closet modification
Grab bars/shower or tub seat/hand held shower ☐ Lever handles for doors/f ☐ Electrical outlets relocated/rocker light switches ☐ Additional lighting ☐ Laundry relocation ☐ First floor bathroom addition/renovation ☐ First floor bathroom add	Closet modification
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Laundry relocation	st floor bedroom addit
Preferred Contractor: BORROWER INFORMATION Name: DOB: Present Street Address: State: No. Years: Dependents other than listed by co-borrower: No. Marrial Status: () Married () Separate Address of Employer: State: No. Years: State: No. Years: Summary Own () Rent () Marrial Status: () Married () Separate Address of Employer: State: No. Years: State: No. Years: Social Status: () Married () Separate Address of Employer: State: Social Status: Social Security No.: Social	TIDDS 1000100011 ROUTE
BORROWER INFORMATION Name: DOB: Present Street Address: State: No. Years: Own () Rent ()	
Name:	
Name:	
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City: State: Own () Rent ()	A a .c.:
No. Years: Own () Rent ()	Age:
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o. Years: Own () Rent () Marital Status: () Married () Separa ependents other than listed by borrower: No Ages:	Zip:
:. 04/2012	zip: ated () Unmarried

Name and Address of Employer:				
Years on this job: yrs. () self-empl Position Title: Home Phone:	loyed Social Business	Type of Bus Security No. Phone:	iness:	
		NTHLY INC		
ltem		Borrower	Co-Borrower	
Base Employee Income	\$			Total
Overtime	\dashv		\$	\$
Pensions, Social Security, Annuity				
Alimony, Child Support				
Net Rental Income				
Other				
Total				
	\$		\$	S
List Name, Age and an Total Number of household occupants Name & Ages:			Income Source	
		\$		
		\$		
<u>M</u> 0	NTHLY HO	USING EXP	ENSE	
Item			Amount	
First Mortgage (P & I) (Reverse Equity Mortgages are not Eligible)		\$		
Other Mortgages (P & I)		 		
Hazard Insurance		 		
Real Estate Taxes	 	 		
Mortgage Insurance		 		
CONDO/Homeowner Association Dues Utilities				
Total Monthly Payment		\$		

PERSONAL DEBT HISTORY

Do you have any outstanding judgments?	Borrower	Co-Borrower
	() Yes () No	() Yes () No
Have you declared bankruptcy in the last seven years?	() Yes () No	() Yes () No
Has there been any effort to foreclose on your property?	() Yes () No	() Yes () No

ASSETS

Description	Value
Checking & Savings Account	
(Name of institution and account number)	\$
Real Estate owned (other than primary residence)	
Automobiles - Make & Year	
Total Assets	
	\$

LIABILITIES

Creditors (Name & Address)	Monthly Payment			
Installment Debts and revolving charge accounts:				
	\$			
	<u> </u>			
	\$			
	\$			
Automobile Loans				
	_			
Real Estate Loans	\$			
	\$			
Other Debts	Ф			
	\$			
Alimony, Child Support, Etc. Paid To:	3			
Total Monthly Payment				
	\$			

NOTICES

In accordance with Executive Order 01.01.1983.18, the Department of Housing and Community Development advises you as follows regarding the collection of personal information:

The information requested by the Department of Housing and Community Development (the "Department") is necessary in determining your eligibility for a Special Loan Programs loan. Your failure to disclose this information may result in the denial of your application for a loan. Availability of this information for public inspection is governed by the provisions of the Maryland Public Information Act, State Government Article, Sections 10-611 et. seq. of the Annotated Code of Maryland. This information will be disclosed to appropriate staff of the Department, the staff of the local administrator for the loan, and participating mortgage lender, if any, for purposes directly connected with administration of the loan and the loan program. Such information is not routinely shared with state, federal or local government agencies, but would be made available to the extent consistent with the Maryland Public Information Act. You have the right to inspect, amend or correct personal records in accordance with the Maryland Public Information Act.

Any person who knowingly makes, or causes to be made, a false statement or representation relative to this loan application shall be subject to criminal prosecution, a fine of up to \$5,000 and/or imprisonment up to two years and if a loan has been made, immediate call of the loan requiring payment in full of all amounts disbursed, pursuant to Housing and Community Development Article, Section 4-933, Annotated Code of Maryland.

I/We authorize the Program or its agent to obtain credit information for the purpose of evaluating this application and disclose this same information to local agencies participating in the Program and/or a private lending institution agreeing to participate in the loan.

Borrower's Signature	Date	Co-Borrower's Signature	Date
	<u>OP</u>	TIONAL STATISTICAL DATA	
BORROWER: I do not wish () Black/African American () Asian () White () Male () Female	() American Inc	ition (Initials) dian or Alaskan Native dian / Other Pacific Islander	
CO-BORROWER: I do not wi () Black/African American () Asian () White () Male () Female	() American Ind	rmation (Initials) ian or Alaskan Native ian / Other Pacific Islander	
		MARKETING DATA	
The following information is of efforts. If you would like to pro	otional and will be use ovide this information	ed by the Department to evaluate the , please indicate below how you bec	effectiveness of its marketing and outreact came aware of this program:
() Radio () Newspape () Local Government Agency	() State Agency	() Word of Mouth () Other	() Internet

SINGLE FAMILY APPLICATION TRANSMITTAL CHECKLIST

DOCUMENTATION TO ENCLOSE WITH APPLICATION	
INCOME VERIFICATIONS: -COPIES OF MOST RECENT MONTH OF PAY STUBS FOR EACH EMPLOYED HOUSEHOLD MEMBER OR COMPLETED VERIFICATION OF EMPLOYMENT FORM SIGNED BY EMPLOYERIF YOUR INCOME IS FROM PENSION OR PUBLIC ASSISTANCE, INCLUDE	
A COPY OF YOUR AWARD LETTER, AND CURRENT STATEMENT VERIFYING GROSS INCOME MORTGAGE VERIFICATION FORM OR CURRENT MORTGAGE STATEMENT (IF APPLICABLE)	
COPY OF THE DEED TO YOUR PROPERTY. PROVIDE COPY OF DEATH CERTIFICATE FOR ANY OWNERS WHO ARE DECEASED COPY OF THE FIRST PAGE OF YOUR HOMEOWNERS INSURANCE AND	
FLOOD (IF APPLICABLE) INSURANCE POLICIES VERIFYING COVERAGE AND PREMIUM COPY OF YOUR MOST RECENT PROPERTY TAX BILL	
COPY OF YOUR MOST RECENT BANK STATEMENTS (ALL PAGES)	
PREVIOUS 2 YEARS OF FEDERAL TAX RETURN AND W-2 STATEMENTS OR SIGNED AFFIDAVIT ON FILING STATUS CONTRACTOR'S PROPOSAL (IF AVAILABLE)	

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AFFIDAVIT OF TAX FILING STATUS

Ι,	was not required to file a federal income
tax return for the following years because:	was not required to file a federal income
TAX YEAR:	
TAX YEAR:	
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•	The state of the s
TAX YEAR:	
	the state of the s
	
I do solemnly declare that the contents of the foregoi	ing statements are true and correct.
ALLICANT	
ALLICANT	
DATE	

REQUEST FOR EMPLOYMENT VERIFICATION

MARYLAND DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT COMMUNITY DEVELOPMENT ADMINISTRATION - SINGLE FAMILY HOUSING Program Case Number Date TO: Employer's Name & Address FROM: Applicant's Name & Address I have applied for a loan through Special Loan Programs of the Maryland Community Development Administration and have given your name as an employment reference. I authorize you to furnish and any information requested. Please complete the bottom portion of this Thank you for your cooperation and assistance. Applicant's Signature DATES OF EMPLOYMENT TITLE OR POSITION FROM: TO: IF NO LONGER EMPLOYED BY YOU: (PLEASE ALSO COMPLETE SALARY INFORMATION BELOW) REASON FOR LEAVING WOULD YOU REHIRE? COMMENTS: [] YES [] NO IF PRESENTLY EMPLOYED BY YOU: PROBABILITY OF CONTINUED EMPLOYMENT PROBABILITY OF PAY INCREASE STABILITY. IS POSITION NORMALLY SUBJECT TO LAYOFFS? IF SO. WHAT IS AVERAGE NUMBER OF MONTHS WORKED PER YEAR? COMMENTS: OTHER EARNINGS BASE PAYS PER WEEK DURING LAST 12 **OVERTIME** COMMISSIONS [] BI-WEEK **BONUS** PROFIT SHARING MONTHS [] BI-MONTH EARNINGS LAST CALENDAR YEAR BASE PAY OTHER EARNINGS S EARNINGS YEAR TO DATE AS OF BASE PAY OTHER OTHER PAY OR COMPENSATION NOT SPECIFIED ABOVE **EARNINGS \$** COMPLETED BY TITLE DATE

COMMUNITY DEVELOPMENT ADMINISTRATION - SINGLE FAMILY HOUSING MORTGAGE VERIFICATION

Name & Address of Mortgage Name & Address of Mortgage The undersigned has applies for a loan through Special Loan Programs of the Maryland Community Development Administrated has authorized SLP to obtain verification of all existing mortgages secured to the property. The information requested is the confidential use of this Department. Mortgage Account No. Date of Mortgage Type of Mortgage FHA Date of Maturity Present Balance Are Payments Current? YES NO Monthly Payment: Principal & Interest Amount in arrears \$ Period Real Estate Taxes Do we have your permission to place an additional mortgage on the property for the purpose of rehabilitation? Ground Rent, Condominium & Other Fees S TOTAL MONTHLY PAYMENTS State the amount of termination fee or prepayment penalty upon for prepayment of the loan. S TOTAL MONTHLY PAYMENTS State the amount of termination fee or prepayment penalty upon for prepayment of the loan. S REMARKS State the amount of termination fee or prepayment penalty upon for prepayment of the loan. S REGARDING THE MORTGAGE IDENTIFIED ABOVE. DATE SIGNATURE SIGNATUR	Name & Address of Appli	cont	7		<u></u>	
Name & Address of Mortgage The undersigned has applies for a loan through Special Loan Programs of the Maryland Community Development Administration and has authorized SLP to obtain verification of all existing mortgages secured to the property. The information requested is the confidential use of this Department. Mortgage Account No. Date of Mortgage Original Amount Type of Mortgage Conventional Present Balance Are Payments Current? Monthly Payment: Principal & Interest Mortgage Insurance Premium Real Estate Taxes Do we have your permission to place an additional mortgage on the property for the purpose of rehabilitation? Ground Rent, Condominium & Other Fees TOTAL MONTHLY PAYMENTS State the amount of termination fee or prepayment penalty upon for prepayment of the loan. State the amount of termination fee or prepayment penalty upon for prepayment of the loan. State the AGENCY IDENTIFIED BELOW THE INFORMATION REGARDING THE MORTGAGE IDENTIFIED ABOVE. DATE SIGNATURE SIGNATURE THE ABOVE INFORMATION IS FURNISHED IN RESPONSE TO YOUR REQUEST.	Name & Address of Applicant		Program	Case No.	Date	
Programs of the Maryland Community Development Administrated has authorized SLP to obtain verification of all existing mortgages secured to the property. The information requested is the confidential use of this Department. Mortgage Account No.			Address of Mortgag	ged Property		
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Date of Mortgage Type of Mortgage Conventional 1st Mortgage Conventional 2st Mortgage Conventional Conventional	M		the confidential use	of this Department.		
Date of Maturity		Original Amount	T. 616			
Date of Maturity			Conventional	□1 ^{si} Mortengo		
Date of Maturity				☐ 2 nd Mortgage		
Monthly Payment: Principal & Interest Mortgage Insurance Premium \$ Real Estate Taxes Fire Insurance Ground Rent, Condominium & Other Fees TOTAL MONTHLY PAYMENTS \$ REMARKS State the amount of termination fee or prepayment penalty upon for prepayment of the loan. State the MORTGAGEE TO FURNISH TO THE AGENCY IDENTIFIED BELOW THE INFORMATION ARE Payments Current? If NO, state: Amount in arrears \$ Period Do we have your permission to place an additional mortgage on a property for the purpose of rehabilitation? UYES NO State the amount of termination fee or prepayment penalty upon for prepayment of the loan. State the amount of termination fee or prepayment penalty upon for prepayment of the loan. STRICT CONFIDENCE IN RESPONSE TO YOUR RETURN TO: RETURN TO:	Date of Maturity	Present Ralance				
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OPTION: MAY ALSO SUBMIT COPY OF CURRENT MORTGAGE STATEMENT