

City of Bangor
Community Development Block Grant
Application for Homeownership Assistance Programs

I. PLEASE MARK WHICH PROGRAM(S) THAT YOU ARE APPLYING FOR:

_____ **Closing Cost Assistance Program**

Provides up to \$10,000 for closing costs such as Appraisal fees; Credit reports; Title searches; Bank processing fees; Closing Attorney's fees; Recording fees; etc. for income qualified individuals and families City-wide.

_____ **Down Payment Assistance Program**

Provides 50% of required down payment, not to exceed \$10,000 for income qualified individuals and families purchasing a home City-wide.

II. APPLICANT INFORMATION

NAME AND DATE OF BIRTH

SOCIAL SECURITY

1. _____

2. _____

3. _____

DAYTIME PHONE _____

EVENING PHONE _____

EMAIL ADDRESS _____

MAILING ADDRESS _____

III. PROPERTY INFORMATION

PROPERTY ADDRESS

Street/Road: _____

Is this a multifamily home? _____

How long have you owned the property? *(If currently owned)* _____

Anticipated Closing Date *(If not currently owned)* _____

IV. HOUSEHOLD INCOME

For the purpose of this program, 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.

GROSS MONTHLY INCOME

NAME	HOUSEHOLD MEMBER			
	1.	2.	3.	4.
WAGES/SALARY				
OVERTIME/ COMMISSIONS				
VA BENEFITS				
PENSIONS				
ANNUITIES				
SOCIAL SECURITY				
DISABILITY PAYMENTS				
TANF/GENERAL ASST./OTHER				
NET RENTAL INCOME				
UNEMPLOYMENT PAYMENTS				
CHILD SUPPORT/ ALIMONY				
TOTAL				

V. NOTICE OF INTENT TO OCCUPY

I/we, _____ (and _____),
do not intend to sell, transfer, rent or otherwise vacate my/our current residence located at _____
_____. I/we intend to use this residence as my principle residence and not a vacation or second home.

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 and 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

APPLICANT SIGNATURE X	DATE
APPLICANT SIGNATURE X	DATE

STATEMENT OF RELEASE

I/We, _____ (Printed name of applicant) _____ (Printed name of Co-applicant)

Authorize City of Bangor to contact any employer, town official, or other agency deemed necessary to obtain information or verification required to complete my application for Homeownership Assistance Programs.

This Statement of Release shall be valid from the date of my/our signature(s) below.

Applicant: _____ Co-Applicant: _____
Soc. Sec # _____ Soc.Sec. # _____
Date: _____ Date: _____

APPLICATION CONFIDENTIALITY

All personal and financial information will be kept confidential. Program participant files with personal and confidential information will be kept in locked, secured offices.

**DOCUMENTS THAT MUST BE INCLUDED WITH YOUR
COMPLETED APPLICATION**

1. COPY OF PURCHASE & SALE AGREEMENT

2. PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS

(Including last 2 paystubs for all household members over the age of 18.)

3. SIGNED STATEMENT OF RELEASE

4. 2 MONTHS OF CHECKING AND/OR SAVINGS ACCOUNT STATEMENTS