

CITY OF BANGOR
 COMMUNITY DEVELOPMENT PROGRAM
 RESIDENTIAL REHABILITATION LOAN PROGRAM
 SINGLE-FAMILY OWNER-OCCUPIED APPLICATION

A. NAME, ADDRESS, ZIP CODE OF BORROWER(S)

APPLICATION NUMBER:

PHONE NO. _____

Age(s) of Borrower _____

Female head of Household? YES NO

Number of Others in Household _____

Age(s) _____

B. SELECTED CHARACTERISTICS OF HOUSEHOLD MEMBERS

(indicate for each member of household)

Borrower One:

Gender (circle one)	M	F
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
Native American Indian	<input type="checkbox"/>	<input type="checkbox"/>

Borrower Two:

Gender (circle one)	M	F
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
Native American Indian	<input type="checkbox"/>	<input type="checkbox"/>

Other Household Member One:

Gender (circle one)	M	F
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
Native American Indian	<input type="checkbox"/>	<input type="checkbox"/>

Other Household Member Two:

Gender (circle one)	M	F
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
Native American Indian	<input type="checkbox"/>	<input type="checkbox"/>

Other Household Member Three:

Gender (circle one)	M	F
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
Native American Indian	<input type="checkbox"/>	<input type="checkbox"/>

Other Household Member Four:

Gender (circle one)	M	F
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
Native American Indian	<input type="checkbox"/>	<input type="checkbox"/>

**Use Section M
for more members.**

No. of Dwelling Units Occupied by Low/Moderate Income Households: _____

BORROWERS INFORMATION FOR CREDIT APPROVAL

(use block M page 4 to complete Item requiring additional space)

D.EMPLOYMENT - Occupation, name & address of employer, & years employed1. HEAD OF
HOUSEHOLD

2. SPOUSE

E. PRESENT GROSS MONTHLY INCOME

1. Head of Household \$

2. Spouse \$

3. Other Household Income
(Explain)4. INCOME FROM REAL ESTATE
(Use NET INCOME, list expenses
Section M. page 4)**5. TOTAL GROSS MONTHLY INCOME:****G. ASSETS**

*(attach extra page if necessary)

1. Cash Accounts & Acct.#, name of bank
& type (checking, savings CD etc.)

\$

\$

\$

2. Marketable Securities,
Investments, (explain)

\$

3. Other Real Estate
(market value)

\$

Address:

4. Other Assets (explain)

\$

\$

6. TOTAL

\$

F. PRESENT MONTHLY FIXED CHARGES1. Federal and State
Income taxes \$2. Social Security and/or
retirement payments \$

3. Life Insurance Premium \$

4. Automobile Insurance \$

5. Medical Insurance \$

6. Other (explain) \$

6. TOTAL MONTHLY FIXED CHARGES \$**H. LIABILITIES**

*(attach extra page if necessary)

1. Automobile Loan(s)
(name lender)Monthly
PaymentUnpaid
Balance

\$

2. Notes Payable(explain)

3. Installment, Credit
Card accounts:

\$

\$

\$

\$

\$

4. Mortgages on OTHER
real estate

\$

5. TOTAL LIABILITIES \$

M. COMPLETION OF ITEMS REQUIRING ADDITIONAL SPACE

(attach additional sheets if necessary)

Application Item No.	Additional Information

N. ALLOWANCES

(Include health insurance premiums, and any anticipated medical expenses NOT covered by insurance; unusual expenses are cost for CHILD CARE necessary to enable a family member to work, use MONTHLY figures.)

Description	MEDICAL	UNUSUAL
TOTAL	\$0	\$0

O. BORROWER'S CERTIFICATION

The Borrower(s) certifies that all information in this application, and all information furnished in support of this application is given for the purpose of obtaining a loan under the Residential rehabilitation Loan Program, and is true and complete to the best of the Borrower's knowledge and belief.

Verification may be obtained from any source named herein. The Borrower(s) has received a copy of the TERMS AND CONDITIONS, and LEAD BASED PAINT NOTIFICATION, and agrees to abide by those requirements in connection with any loan that may be made pursuant to this application. (Continued on page 5)

Signature

Date

Signature

Date

O. BORROWER'S CERTIFICATION (CONT.)

PENALTY FOR FALSE OR FRAUDULENT STATEMENTS. U.S.C Title 18, Sect. 101 provides:

"Whoever, in any matter within the jurisdiction of any agency or department of the United States knowingly and willfully falsifies or makes any false or fictitious or fraudulent statements or representations, or makes or uses any false writing or document, knowing the same to contain false, fictitious, or fraudulent statements or entries shall be fined not more than \$10,000 or imprisoned not more than 5 years".

P. RECOMMENDATION ON APPLICATION:

Review of this application and supporting documentation indicates that the application meets the requirements for the making of a Residential Rehabilitation Loan under the City of Bangor Community Development Program Residential Rehabilitation Loan Program Policies and Procedures as adopted by the City Council of the City of Residential Rehabilitation Loan Program Policies and Procedures as adopted by Bangor. Approval of this application is therefore recommended.

Jeffrey M. Wallace
Housing Rehab Coordinator
Community Development

Date

Q. HOUSING DATA TO BE ENTERED BY THE CITY:

- 1. Approximate age of structure (years) _____ +/-
- 2. Remaining Economic Life (years) _____ +/-
- 3. City Assessor's "As-is" Value _____
- 4. Appraised value _____
- 5. Total Existing Mortgage Debt _____
- 6. Loan-To-Value Ratio (LTV) AFTER Rehab _____ (from formula)

R. OPTIONAL HOME ENERGY AUDIT

Are you interested in having an energy audit performed on your home as part of the rehabilitation process?

YES _____ NO _____

If yes is chosen and the loan is approved, the cost of the energy audit and suggested improvements will be included in the loan amount.