

**City of Bangor**  
**Residential Rehabilitation Loan Program**

*For loan application questions contact Jeff LaBree at 992-4233*

Please complete the enclosed application. Please return your completed application package along with this completed checklist to the Community Development Office at Bangor City Hall. **Be sure to sign all documents as indicated. Please fill out section(s) indicated or signatures, dates, etc. everywhere that yellow highlighting is found.**

The following items are required to be submitted with your loan application. **Please check the information you are including and indicate N/A on those items that do not apply to you.**

**INCOME INFORMATION**

**Employment Income must be included for every member of your household. If any member of your household received any of the following bring name, address, phone number and amount received for the following:**

- \_\_\_\_\_ Recent paystubs or other income verification for **last 30 days** with year to date totals
- \_\_\_\_\_ Current Federal Income Tax Return – **if self employed last 2 years**
- \_\_\_\_\_ Unemployment Compensation
- \_\_\_\_\_ Social Security (Annual Award Letter)
- \_\_\_\_\_ Supplemental Social Security (Annual Award Letter)
- \_\_\_\_\_ Pension/Retirement
- \_\_\_\_\_ Disability Income
- \_\_\_\_\_ Alimony (Copy of divorce decree)
- \_\_\_\_\_ Child Support (Copy of child support order)
- \_\_\_\_\_ Welfare or any other public assistance
- \_\_\_\_\_ Regular support from family members, friends or other
- \_\_\_\_\_ Last 3 months of Bank Statements for all checking, savings, money market or CD accounts
- \_\_\_\_\_ Interest Income from all bank accounts, stocks, bonds and mutual funds

**PROPERTY INFORMATION**

***Must have the following documents in order to process your application***

- \_\_\_\_\_ Property Deed (send copies not originals)
- \_\_\_\_\_ Current Property Tax Bill
- \_\_\_\_\_ Homeowner's Insurance (Statement showing policy coverage, dates, property info, agent's contact info and premium amount)
- \_\_\_\_\_ If Mobile Home please include Bill of Sale
- \_\_\_\_\_ If Mobile Home please include Lot Lease Agreement
- \_\_\_\_\_ If trade or business operates from your home provide total square footage of area within the home that is used for such and the total square footage of ALL buildings on your property including garages and out buildings.

*Additional information and/or documentation may be required as we review your application.*

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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Email \_\_\_\_\_

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
- White
- Hispanic
- Asian or Pacific Islander
- Native American Indian

*Borrower Two:*

**Gender (circle one)**

M F

- Black or African American
- White
- Hispanic
- Asian or Pacific Islander
- Native American Indian

*Other Household Member One:*

**Gender (circle one)**

M F

- Black or African American
- White
- Hispanic
- Asian or Pacific Islander
- Native American Indian

*Other Household Member Two:*

**Gender (circle one)**

M F

- Black or African American
- White
- Hispanic
- Asian or Pacific Islander
- Native American Indian

*Other Household Member Three:*

**Gender (circle one)**

M F

- Black or African American
- White
- Hispanic
- Asian or Pacific Islander
- Native American Indian

*Other Household Member Four:*

**Gender (circle one)**

M F

- Black or African American
- White
- Hispanic
- Asian or Pacific Islander
- Native American Indian

**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 employed

1. HEAD OF HOUSEHOLD	
2. SPOUSE	

E. PRESENT GROSS MONTHLY INCOME	F. PRESENT MONTHLY FIXED CHARGES
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1. Head of Household \$	1. Federal and State Income taxes \$
2. Spouse \$	2. Social Security and/or retirement payments \$
3. Other Household Income (Explain)	3. Life Insurance Premium \$
4. INCOME FROM REAL ESTATE (Use NET INCOME, list expenses Section M. page 4)	4. Automobile Insurance \$
5. TOTAL GROSS MONTHLY INCOME:	5. Medical Insurance \$
	6. Other (explain) \$
	6. TOTAL MONTHLY FIXED CHARGES \$

G. ASSETS	H. LIABILITIES
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*(attach extra page if necessary)		*(attach extra page if necessary)	
1. Cash Accounts & Acct.#, name of bank & type (checking, savings CD etc.)	1. Automobile Loan(s) (name lender)	Monthly Payment	Unpaid Balance
	2. Notes Payable(explain)		
2. Marketable Securities, Investments, (explain)	3. Installment, Credit Card accounts:		
3. Other Real Estate (market value)			
Address:			
4. Other Assets (explain)	4. Mortgages on OTHER real estate		
6. TOTAL	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
	\$	
	\$	
	\$	
<b>TOTAL</b>		

**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 Bangor. Approval of this application is therefore recommended.

\_\_\_\_\_  
Jeffrey L LaBree  
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.

City of Bangor  
Community Development  
Residential Rehabilitation Loan Program

*Deferred Loan*

I, \_\_\_\_\_ understand that the City of Bangor offers deferred loans, \$10,000 maximum, at 3% interest to make necessary repairs to homes. ***I understand that certain income qualifications need to be met in order to be eligible for a deferred loan.*** I understand that a mortgage will be filed against my property in the full amount of the loan, if the loan is approved. Upon sale or transfer of the property the full amount of the loan and interest accrued will be due back in full to the City of Bangor. ***I understand that deferred loans are not available for mobile homes.***

*Regular Loan*

I, \_\_\_\_\_ understand that the City of Bangor offers monthly pay back loans at 3% interest to make necessary repairs to homes. If the loan is approved, monthly payments will be made by me until the full amount of the loan is paid in full to the City of Bangor.

***This form is an explanation of the types of loans available for qualified homeowners; this form is not a loan commitment. For further explanation of loan types, refer to Appendix C – Rehab Agreement.***

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Residential Rehabilitation Coordinator

\_\_\_\_\_  
Date