



**Town of Easton, Maryland**  
**Easton Affordable Housing Program (EAHP)**

14 South Harrison Street  
 Easton, MD 21601  
 (410) 822-2525  
 www.town-eastonmd.com



**Renewal Application?**

Yes      No

**APPLICATION FORM**

Please read the instructions. Complete ***ALL*** applicable blanks. The information will be used to determine your eligibility for the program; it will not be used to qualify you for mortgage financing. All information will be kept confidential.

**THIS APPLICATION MUST HAVE PHOTOCOPIES OF THE FOLLOWING ITEMS ATTACHED (please check off each attachment – incomplete applications will be returned):**

- Copies of your two most recent Federal Income Tax Returns together with all supporting schedules, attachments, and W-2 forms (***Electronic Summary, e-File, or TeleFax are not acceptable***). If this is a renewal, only the most recent year tax form and W-2 are required.
- Copies of the two most recent pay stubs for every wage earner in the household.
- Employment verification form for each wage earner in the household.

**APPLICANT**

Social Security Number:

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Name: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
 Current Base Salary: \$ \_\_\_\_\_ Overtime: \$ \_\_\_\_\_ Bonuses \$ \_\_\_\_\_  
 Other Income (explain and verify): \_\_\_\_\_  
 Alimony/Child Support Received? ( ) Yes ( ) No \$ \_\_\_\_\_  
 Email address: \_\_\_\_\_

**CO-APPLICANT\***

Social Security Number:

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Name: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
 Current Base Salary: \$ \_\_\_\_\_ Overtime: \$ \_\_\_\_\_ Bonuses \$ \_\_\_\_\_  
 Other Income (explain and verify): \_\_\_\_\_  
 Alimony/Child Support Received? ( ) Yes ( ) No \$ \_\_\_\_\_  
 Email address: \_\_\_\_\_

***Spouses must be included on this application***

**FAMILY INFORMATION:** Provide the requested information for each household member who will be living with you.

Name	Relationship	Gender		Date of Birth
	Head of Household	Male	Female	
		Male	Female	
		Male	Female	
		Male	Female	
		Male	Female	
		Male	Female	
		Male	Female	

(Any dependent listed above who is 18 years of age or older must document if he/she is employed or a student)

Please complete the following to assist in the analysis of the affirmative marketing of units under this program.

Race Category:  Asian  Black  Hispanic  White Other \_\_\_\_\_

**MARITAL STATUS: Check all that apply:**

Are you currently \_\_\_\_\_ single or \_\_\_\_\_ married? Are you \_\_\_\_\_ divorced or \_\_\_\_\_ legally separated?

If you are divorced or separated, you must provide legal documentation stating this.

**CERTIFICATIONS:**

By signing below:

- I certify that no one on this application has owned residential property within the last five (5) years.
- I agree to allow the Easton Affordable Housing Board to review my application and supporting documents to determine my/our present and continuing eligibility.
- I certify that the information provided on this application is true and complete to the best of my knowledge. I am aware that any misrepresentation will result in the forfeiture of my rights to be eligible for the Easton Affordable Housing Program (EAHP), and that inquiries may be made to verify this information.
- I certify that I have read, understand, and will comply with the EAHP

*Signature of Applicant(s)* \_\_\_\_\_ *Date* \_\_\_\_\_

**PLEASE SUBMIT COMPLETED APPLICATION AND SUPPORTING DOCUMENTATION TO:**

Town of Easton Affordable Housing Program  
14 South Harrison Street  
Easton, MD 21601

***FAXED APPLICATIONS WILL NOT BE ACCEPTED***

**OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

<input type="checkbox"/> NEW		TOTAL ANNUAL
<input type="checkbox"/> REVISED (Date: _____)	<input type="checkbox"/> INCOMPLETE (Date: _____)	INCOME \$ _____
<input type="checkbox"/> DELETE FROM DATABASE		<b><u>ELIGIBLE FOR:</u></b>
	<input type="checkbox"/> READY TO PURCHASE	PURCHASE # BR _____
_____ (Prepared By)	<input type="checkbox"/> REFERRED TO CREDIT	<b><u>INELIGIBLE:</u></b>
_____ (Date)	COUNSELING	Reason:
	<input type="checkbox"/> APPROVED BY LENDER	