

**TOWN OF EASTON, MARYLAND**  
**AFFORDABLE HOUSING PROGRAM**  
**SINGLE FAMILY SPECIAL LOAN PROGRAM – RENOVATION**  
14 SOUTH HARRISON STREET |  
EASTON MARYLAND 21601  
410-820-2525 | [www.town-eastonmd.com](http://www.town-eastonmd.com)



**SINGLE FAMILY  
RENOVATION PROGRAM APPLICATION**

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Property Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name(s) on Property Title: \_\_\_\_\_

Year Built \_\_\_\_\_

Describe improvements to be made \_\_\_\_\_

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**To Be Completed After Application Has Been Accepted**

Preferred Contractor \_\_\_\_\_

Amount Estimated to borrow/be granted: \_\_\_\_\_

Proposed Timeline for Project Completion: \_\_\_\_\_

<b>For Internal Use:</b>	
Date Application Received: _____	Date Reviewed by Committee: _____
Staff Initial: _____	Amount Awarded: _____
Loan Repayment Schedule: _____	

**BORROWER INFORMATION**

Name \_\_\_\_\_ Age \_\_\_\_\_  
Present Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
No. Years \_\_\_\_\_ Own Property \_\_\_\_\_ Marital Status ( ) Married ( ) Separated ( ) Unmarried  
Dependents other than listed by co-borrower: No. \_\_\_\_\_ Ages: \_\_\_\_\_  
Name and Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
Years on this job: \_\_\_\_\_ yrs. ( ) self-employed - Type of Business: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone: \_\_\_\_\_

**CO-BORROWER INFORMATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Present Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
No. Years \_\_\_\_\_ Own Property \_\_\_\_\_ Marital Status ( ) Married ( ) Separated ( ) Unmarried  
Dependents other than listed by borrower: No. \_\_\_\_\_ Ages: \_\_\_\_\_  
Name and Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
Years on this job: \_\_\_\_\_ yrs. ( ) self-employed: Type of Business: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**INSURANCE INFO:**

Property Insurance Company \_\_\_\_\_  
Insurance Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Insurance Agent's Name: \_\_\_\_\_ Agent's Phone No. : \_\_\_\_\_  
Located in 100 year flood plain? ( ) yes ( ) no:  
Flood Insurance (if applicable): Insurance Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Agent's Name \_\_\_\_\_ Agent's Phone No. \_\_\_\_\_

**GROSS MONTHLY INCOME**

ITEM	BORROWER	Co-BORROWER	TOTAL
Base Income	\$	\$	\$
Overtime	\$	\$	\$
Pensions, Social Security, Annuity	\$	\$	\$
Alimony, Child Support	\$	\$	\$
Net Rental Income	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

Describe other income of **all persons** 18 years

Monthly Income

Source

Or older residing in Borrower's household.

_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**MONTHLY HOUSING EXPENSE**

<b>Item</b>	<b>Amount</b>
First Mortgage (P & I)	\$ _____
Other Mortgages (P & I)	\$ _____
Home owners Insurance	\$ _____
Real Estate Taxes	\$ _____
Mortgage Insurance	\$ _____
Homeowner Association Dues	\$ _____
Other	\$ _____
Total Monthly Payment	\$ _____

**PERSONAL DEBT HISTORY**

	<b>Borrower</b>	<b>Co-Borrower</b>
Do you have any outstanding judgments?	( ) 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

*If you answered yes to any of the above questions, please attach and explanation.*

**ASSETS**

<b>Description</b>	<b>Value</b>
Checking & Savings Account w/ Name of Institution [Must supply current checking & savings statements, 2 months]	\$
Real Estate owned (other than primary residence)	\$
Automobiles – Make & Year	\$
Other Assets	\$
<b>Total Assets</b>	\$

**LIABILITIES**

<b>Creditors (Name &amp; Address)</b>	<b>Monthly Payment</b>
Installment Debts:	\$
	\$
	\$
	\$
Automobile Loans	\$
Real Estate Loans	\$
Other Debts	\$
Alimony, Child Support, Etc. Paid to:	\$
<b>Total Monthly Payment</b>	\$

NOTICES

The Town of Easton advises you as follows regarding the collection of personal information:

The information requested by the Town of Easton (the "Town") 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 Town 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.

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.

I hereby certify under oath that the information contained in this Single Family Renovation Program Application is true to the best of my knowledge, information and belief.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower's Signature

\_\_\_\_\_  
Date



**TOWN OF EASTON MARYLAND AFFORDABLE HOUSING PROGRAM  
SINGLE FAMILY HOUSING – RENOVATION PROGRAM  
EMPLOYMENT VERIFICATION**

Program	Case Number	Date
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TO: Employer's Name & Address

FROM: Applicant's Name & Address

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I have applied for a loan through the TOWN OF EASTON AFFORDABLE HOUSING PROGRAM – SINGLE FAMILY RENOVATION PROGRAM and have given your name as an employment reference. I authorize you to furnish any information requested. Please complete the bottom portion of this request and return directly to: **STACIE S. RICE**

**14 S. HARRISON ST.  
P.O. BOX 520SS  
EASTON, MARYLAND 21601**

Thank you for your cooperation and assistance.

\_\_\_\_\_  
Applicant's Signature

<b>DATES OF EMPLOYMENT</b>  FROM:            TO:	<b>TITLE OR POSITION</b>
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IF NO LONGER EMPLOYED BY YOU: (PLEASE ALSO COMPLETE SALARY INFORMATION BELOW)

<b>REASON FOR LEAVING</b>	
<b>WOULD YOU REHIRE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>COMMENTS:</b>

IF PRESENTLY EMPLOYED BY YOU:

<b>PROBABLILITY OF CONTINUED EMPLOYMENT</b>	<b>PROBABLILITY OF PAY INCREASE</b>				
<b>STABILITY. IS POSITION NORMALLY SUBJECT TO LAYOFFS?</b>	<b>IF SO, WHAT IS AVERAGE NUMBER OF MONTHS WORKED PER YEAR?</b>				
<b>COMMENTS:</b>					
Base Pay \$ <input type="checkbox"/> Per Week <input type="checkbox"/> Bi-Week <input type="checkbox"/> Bi-Month	<b>Other Earnings During Last 12 Months</b>	Overtime	Commissions	Bonus	Profit sharing
<b>EARNINGS LAST CALENDAR YEAR</b>			Base Pay \$	Other Earnings \$	
<b>EARNINGS YEAR TO DATE AS OF _____</b>			Base Pay \$	Other Earnings \$	
<b>OTHER PAY OR COMPENSATION NOT SPECIFIED ABOVE</b>					

COMPLETED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**TOWN OF EASTON MARYLAND – AFFORDABLE HOUSING PROGRAM  
MORTGAGE VERIFICATION**

NAME & ADDRESS OF APPLICANT		PROGRAM	CASE NO.	DATE
		ADDRESS OF MORTGAGED PROPERTY		
NAME & ADDRESS OF MORTGAGE		The undersigned has applied for a loan through the TOWN OF EASTON AFFORDABLE HOUSING PROGRAM – SINGLE FAMILY HOUSING RENOVATION PROGRAM and has authorized TOE to obtain certification of all existing mortgages secured to the property. The information requested is for the confidential use of this Department.		
MORTGAGE ACCOUNT No.				
DATE OF MORTGAGE	ORIGINAL AMOUNT \$	TYPE OF MORTGAGE <input type="checkbox"/> CONVENTIONAL <input type="checkbox"/> 1 <sup>ST</sup> MORTGAGE <input type="checkbox"/> FHA <input type="checkbox"/> 2 <sup>ND</sup> MORTGAGE <input type="checkbox"/> VA		
DATE OF MATURITY	PRESENT BALANCE	ARE PAYMENTS CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
MONTHLY PAYMENT: PRINCIPAL & INTEREST            \$		IF NO, state: AMOUNT IN ARREARS \$ _____  PERIOD                                    \$ _____		
MORTGAGE INSURANCE PREMIUM \$				
REAL ESTATE TAXES                    \$				
FIRE INSURANCE                            \$				
GROUND RENT, CONDOMINIUM & Other FEES				
TOTAL MONTHLY PAYMENTS				
REMARKS		State the amount of termination fee or repayment penalty upon full repayment of the loan \$ _____		
I AUTHORIZE THE MORTGAGEE TO FURNISH TO THE AGENCY IDENTIFIED BELOW THE INFORMATION REGARDING THE MORTGAGE IDENTIFIED ABOVE.				
_____		_____		
DATE		SIGNATURE		
THE ABOVE INFORMATION IS FURNISHED IN STRICT CONFIDENCE IN RESPONSE TO YOUR REQUEST.		RETURN TO: <b>STACIE S. RICE</b> <b>14 S. HARRISON STREET</b> <b>P.O. BOX 520</b> <b>EASTON, MARYLAND 21601</b>		
_____	_____			
DATE	SIGNATURE			
	_____			
	TITLE			