

Town of Skowhegan
Economic and Community Development office
Housing Rehab Loan Application

office section Only	P Value	Mortgage	Taxes Pd	Insurance	Deed Type
	\$	\$			

Owner information

Date of Application _____ File Number _____ Enter Date _____

Applicant Name _____ Phone: _____

Birth date _____

Mailing address: _____ Family Race _____

Social Security Number _____

Ownership of Structure Name: _____ Length of Ownership _____

Everyone in household should be listed here including applicant

Name	Family's Social Security #	Age	Elderly	Handicap	Female

Kvcap Eligible _____

Property to be improved:

Property Address _____

Tax Map _____ Lot _____ Book _____ Page _____ Are Taxes Current _____

Assessed Value of Property _____ Amount of Property Taxes \$ _____

Age of House _____ House in Flood Plain ___ Yes ___ No Flood Insurance ___ Yes ___ No

Type of Structure

___ Single Family House ___ Single Family Rented ___ Mobile Home with Land

___ Mobile Home No Land ___ Mobile Home Rented

Town of Skowhegan
Economic and Community Development office
Housing Rehab Loan Application

Description of Property (type of house, color, siding, etc....)

Improvements Needed:

Income and Expenses for last 12 months				
	Income		Expenses	
Gross Wages, Salaries	\$		Mortgage, Rent	\$
Spouse's Gross Wages	\$		House Insurance	\$
Unemployment	\$		Property Taxes	\$
Social Security	\$		Maintenance	\$
Social Security Disability	\$		Heat	\$
Support, Alimony	\$		Electric	\$
Pensions, annuities	\$		Gas	\$
Interest, dividends	\$		Water	\$
VA Benefits	\$			
AFDC	\$		Loans	\$
General Assistance	\$		Other _____	\$
Net Income Rental Property	\$			
Other _____	\$			

Total Income	\$	Total Expenses	\$
---------------------	----	-----------------------	----

Mortgage Balance \$ _____

Other fixed expenses -Cars, snowmobile, four wheelers, notes, mortgage					
	Loan type	Name of Creditor	Date Incurred	Monthly Payment	Loan Balance
sample	Car Loan	Key Bank	1/1/2013	\$ 125.00	\$ 5,000.00
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
			Total Payment	\$	

Town of Skowhegan
Economic and Community Development office
Housing Rehab Loan Application

	Type	Bank / Agency	Balance / Value
Sample	Savings account	Skowhegan Saving Bank	\$ 500.00
	Savings account		\$
	Checking Account		\$
	Stocks/bonds/investments		\$
	Vehicles (any type)		
	1		\$
	2		\$
		Total Assts	\$

Employment Information

Applicant's employer _____ Years Employed _____

Spouse's employer _____ Years Employed _____

Check List

	Yes	No
Did You supply the following		
Copy of Deed		
Proof Insurance		
verification of Saving and Checking Accounts		
For each person in family employed		
Verification of Employment		
For each person in family		
Verification of SSI/SS		

To the best of my knowledge, the above information is true. I hereby authorize the Economic and Community Development office to do any verification of the information supplied by me (_____) Including verifying credit check, income, and inspect my property. If my/our financial status changes prior to the property inspection, I /we will notify the office within 72 hours.

Signature of Applicant _____ Date _____

Town of Skowhegan
Economic and Community Development office
Housing Rehab Loan Application

Applicant

Fill out Name, Social Security Number, Birth date and then sign form. Once the form is filled out, take a copy to all banks you have accounts with and have them fill in the rest. Once that is done, attach completed application and deliver to the Economic and Community Development office.

To Whom It May Concern:

Would you please provide a written statement of the amount of money I have in all accounts with your bank at this time. This information is being used to verify income for a Housing Rehab Loan.

Name (Print)	_____
Social Security Number	_____
Birth Date	_____
Signature	_____
Name of Bank	_____
Bank representative	_____
Amount in Bank Account	\$ _____

Town of Skowhegan
Economic and Community Development office
Housing Rehab Loan Application

Request for Verification of Employment

One of these forms should be filled out and returned for each member that is working.

The applicant should fill out the first section and then have the employer fill out the second section. Once they have filled out the form then attach to rest of application and return everything to the Economic and Community Development office.

Name _____
Address _____
Social Security # _____
Signature of Applicant _____

Employer
I have applied for a Economic and Community Development Housing Rehab Loan and have stated that I am employed by you. Will you please fill out the following section and sign on the bottom.

Verification

Is applicant employed by you? ___ Yes ___ No
How long has applicant been employed by You? _____
Present Position _____
Gross Earning _____
Over Period of _____
Earning last 12 months _____
Overtime _____
Commission- Bonus _____

I certify that the above information is true and correct.

Name of Company _____
Signature of Employer _____
Title _____
Date _____

The above information on this form is confidential between the employer, applicant and the Office of Economic and Community Development.

Town of Skowhegan
Economic and Community Development office
Housing Rehab Loan Application

When you have completed and signed the Social Security form or forms please mail them to:

**Social Security Administration
14 Colby Street
Waterville, ME 04901**

Please send a self addressed stamped envelope with your return “mailing” address, so that the verified information can be returned and supplied with your housing application.

If you have any questions please call 474-6905 and speak with Trisha or Jeff.