

Application HOME REPAIR NETWORK PROGRAM

Return Completed Applications to: **Joan E. Heartquist**
WCAP
PO Box 130 Belfast, Me 04915

Any questions about the application should be directed to Joan E. Heartquist 207-338-6809 x511

I. PROPERTY INFORMATION

PROPERTY ADDRESS

Is this a mobile home? _____ If Yes, Model Year? _____

Does your property have any tax and/or wastewater liens filed against it? _____

If you have a mortgage, is it paid up to date? _____

II. APPLICANT INFORMATION

List all owners of the property:

NAME

1. _____

2. _____

DAYTIME PHONE _____

EVENING PHONE _____

MAILING ADDRESS (if different from above)

LIST ALL PEOPLE IN YOUR HOUSEHOLD AND THEIR AGES:

1 _____ AGE _____ 4 _____ AGE _____

2 _____ AGE _____ 5 _____ AGE _____

3 _____ AGE _____ 6 _____ AGE _____

III. HOUSEHOLD INCOME

For the purpose of this program, total household income shall include the combined gross income of all household members, excluding dependents under the age of 18 or dependents attending school on a full-time basis. In cases involving household members who are earning an income but are not owners of the property or dependents as listed above, only that income which they contribute to the household shall be considered in determining the gross income of the household. Said contribution not to be less than twenty (20) percent of that household member's gross income.

GROSS MONTHLY INCOME

	HOUSEHOLD MEMBER			
NAME	1.	2.	3.	4.
WAGES/SALARY				
OVERTIME/ COMMISSIONS				
VA BENEFITS				
PENSIONS				
ANNUITIES				
SOCIAL SECURITY				
DISABILITY PAYMENTS				
TANF/GENERAL ASST./OTHER				
NET RENTAL INCOME				
UNEMPLOYMENT PAYMENTS				
CHILD SUPPORT/ ALIMONY				
INCOME TOTAL				

Note: Applicants shall receive deductions from their total income if: 1) medical expenses for the past 12 months exceed 3% of gross household income, 2) \$500 for each family member under age 18, and 3) child care expenses incurred so a family member could work

III. HOUSEHOLD INCOME, con't

DEDUCTIONS:

Monthly Medical Expenses if greater than 3% of household income				
Annual \$500 (\$42/month) deduction for each family member under 18 years old				
Monthly Cost of childcare required for family member to work				
TOTAL				

NET ADJUSTED MONTHLY INCOME

TOTAL				
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IV. ASSETS

LIST CHECKING, SAVINGS, CD, & MONEY MARKET ACCOUNTS

NAME & ADDRESS OF BANK, S&L, OR CREDIT UNION, AND TYPE OF ACCOUNT	CURRENT BALANCE

LIST ALL STOCKS, BONDS, & MUTUAL FUNDS

NAME & ADDRESS OF BROKER OR AGENT	CURRENT VALUE

LIST ALL REAL ESTATE YOU OWN

LOCATION	ASSESSED VALUE	MORTGAGE AMT.

V. ACKNOWLEDGMENT & AGREEMENT

The undersigned specifically acknowledge and agree that: (1) deferred/forgivable loans provided by this program will be secured by a mortgage on the property described herein; (2) the property will not be used for any illegal or prohibited purpose or use; (3) all statements made in this application are made for the purpose of obtaining the deferred/forgivable loan or grant indicated herein; (4) occupation of the property will be as primary residence only; (5) verification or reverification of any information contained in the application may be made at any time by the Home Repair Network Program from any source named in this application, and the original copy of this application will be retained by the Program; (6) the Home Repair Network Program will rely on the information contained in the application and I have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I have represented herein should change prior to closing

Certification: I certify that the information provided in this application is true and correct as of the date set forth opposite my signature on this application and acknowledge my understanding that any intentional or negligent misrepresentation of the information contained in this application may result in civil liability and/or criminal penalties.

Signed by all owners of the property:

APPLICANT SIGNATURE X	DATE
APPLICANT SIGNATURE X	DATE

STATEMENT OF RELEASE

I/We, _____
(Printed name of applicant)

(Printed name of Co-applicant)

- 1. COPY OF YOUR DEED OR BILL OF SALE FOR MOBILE HOMES ON RENTAL LOTS**
- 2. PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS** (Recent pay stubs, social security award letters, or other proof of income)
(Income Tax Returns from last 2 years if income is variable or from self-employment)
- 3. PROOF OF LIQUID ASSETS** (copy of bank statement, etc. that shows current account balance)
- 4. PROPERTY QUESTIONNAIRE** (attached)
- 5. COPY OF LATEST REAL ESTATE TAX BILL**
- 6. STATEMENT OF RELEASE** (attached)