

Community Development Department
City Hall
Fourth Floor, Room 401
Hagerstown, MD 21740
Single Family Home Ownership Program

A. Applicant			B. Co-applicant				
Last Name	First Name	Middle Initial	Last Name	First Name	Middle Initial		
Social Security Number: _____			Social Security Number: _____				
Date of Birth: _____			Date of Birth: _____				
Home Telephone Number: _____			Home Telephone Number: _____				
Work Telephone Number: _____			Work Telephone Number: _____				
Current Address: _____			Current Address: _____				
Years Here: _____			Years Here: _____				
Previous Address: _____			Previous Address: _____				
Years there: _____			Years there: _____				
Occupation (Position/Title): _____			Occupation (Position/Title): _____				
Employer Name: _____			Employer Name: _____				
Employer Address: _____			Employer Address: _____				
Yrs. _____	City _____	State _____	Zip _____	Yrs. _____	City _____	State _____	Zip _____
Years employed in this line of work: _____			Years employed in this line of work: _____				
Previous Employment (Position): _____			Previous Employment (Position): _____				
Employer Name: _____			Employer Name: _____				
Employer Address: _____			Employer Address: _____				
Yrs. _____	City _____	State _____	Zip _____	Yrs. _____	City _____	State _____	Zip _____
Others Living With You							
Name		Date of Birth			Relationship		
C. Household Income (Information will be verified)							
1. Applicant's gross monthly salary or wages						\$	
2. Co-applicant's gross monthly salary or wages							
3. Pension, annuities, social security, child support, rental income							
4. Other income of applicants (Describe)							
5. Gross income of others living with you.							
6. TOTAL Gross Monthly Household Income (Add lines 1-5)						\$	

D. Assets THIS SECTION MUST BE COMPLETED WITH AN AMOUNT OR PLACE N/A IN SPACE PROVIDED		Estimated Value	
1. Cash, Checking and Savings accounts: (list bank and account number) _____ _____ _____		\$	
2. Stocks and Bonds			
3. Vested interest in a retirement fund			
4. Real estate owned (list address) (a) (b)			
5. Cash value of life insurance			
6. Automobile(s) Year _____ Make _____ Model _____ Year _____ Make _____ Model _____			
7. Net worth of business owned			
8. Other Assets (list below)			
9. TOTAL ASSETS		\$	
E. Liabilities		Monthly Payment	Unpaid Balance
1. Current Monthly Rent		\$	\$
2. Installment Loans (List Lending Institutions) a. _____ b. _____ c. _____ d. _____ e. _____			
3. Credit Card Accounts: Company Account Number a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____			
4. Child Support, Alimony, Separate Maintenance			
5. TOTAL LIABILITIES		\$	\$
NOTE: Self employed applicants/co-applicants MUST furnish signed copies of one or more most recent Federal Income Tax Return(s) and/or audited Profit and Loss Statements. Assets and liabilities of applicant and co-applicant should be listed on a combined basis.			

These questions apply to both applicant and co-applicant.

If a "yes" answer is given to questions 1, 2 or 3, please explain on an attached sheet.

	Applicant	Co-applicant
1. Have you any outstanding judgements?	_____	_____
2. In the last 7 years, have you declared bankruptcy?	_____	_____
3. Have you had property foreclosed on or given title or deed in lieu of Foreclosure?	_____	_____
4. Do you intend to occupy the property as your primary residence?	_____	_____
5. Will any part of the down payment be borrowed?	_____	_____
6. Are you obligated to pay alimony, child support, or separate maintenance?	_____	_____
7. Are you a U.S. citizen?	_____	_____
8. Has anyone in the household been diagnosed as having an elevated lead blood level? If yes, complete below:	_____ Yes	_____ No

Name

Age

_____	_____
_____	_____
_____	_____
_____	_____

AGREEMENT:

The undersigned agree that: the loan request in this application will be secured by a mortgage on a property to be described; to abide by the terms of the mortgage securing the loan, verification of statements made herein may be obtained from any source named in this application; the original or a copy of this application will be retained by the Department of Community Development.

I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provision of Title 18, United States Code, Section 1014.

Applicant's Signature

Date

Co-applicant's Signature

Date

Information for Government Monitoring Purposes

If this loan is related to a dwelling, the following information is requested by the Federal Government to monitor this lender's compliance with Equal Credit Opportunity and Fair Housing Laws. The law provides that a lender may neither discriminate on the basis of this information nor on whether or not it is furnished.

Is there a handicap person in your household? Yes _____ No _____
Is anyone in your household age 62 or older? Yes _____ No _____
Is the head of household a female? Yes _____ No _____

Applicant:

Sex: Female _____ Male _____

Ethnic Origin: White _____
 African American _____
 Hispanic _____
 American Indian/Alaskan Native _____
 Asian, Pacific Islander _____
 Other (specify) _____

Co-applicant:

Sex: Female _____ Male _____

Ethnic Origin: White _____
 African American _____
 Hispanic _____
 American Indian/Alaskan Native _____
 Asian, Pacific Islander _____
 Other (specify) _____