



APPLICATION CHECKLIST

When you apply for the Lewiston Housing Program, we need the following information to start the application process. Please check type of loan you are applying for:

- Homebuyer Assistance Program (Purchase 1-4)**
- Homeowner Rehabilitation (Single Family)**
- Owner-occupied Properties (2-4 Rental Units)**
- Homeowner Emergency (Single Family)**
- Investor Owned Housing (1-4 Rental Units)**

For all applicants:

- Copy of latest W-2 form(s) for each applicant and completed tax return(s). If self-employed, a copy of the last 2 years completed tax return(s). Personal and corporate, as applicable.
- Copy of most recent pay stub, with a year to date income figure, for each applicant.
- Copy of other sources of income such as Social Security Benefits, etc.
- Copy of last 2 checking and savings account statements and proof of assets listed in your application.
- Owners of 2 or more unit properties, provide a copy of rent roll that lists the following information: unit #, # of bedrooms, rent charged, date of initial occupancy.

For Rehabilitation requests:

- Proof of hazard and liability insurance on property
- Schedule an initial inspection with Cathy as you are determining the scope of work at 207-513-3126.

PLEASE NOTE: The City has contracted with Community Concepts, Inc to manage all aspects of the rehabilitation work. If more than 6' of painted surfaces will be disturbed in the rehabilitation, lead safe practices and RRP Certification will be required. Substantial rehabilitations may require a lead risk assessment.

For Homebuyers only:

- Copy of certificate signifying that you have attended a homebuyers class
- Pre-approval loan letter from lender
- Copy of the Purchase and Sale Agreement
- Appraisal

Return to: Jayne Jochem, Community Development Coordinator

City of Lewiston
 Economic and Community Development Department
 27 Pine Street
 Lewiston, ME 04240
 Telephone 513-3126 ext. 3233
 Email: jjochem@lewistonmaine.gov

Property Address: _____

APPLICANT		CO-APPLICANT	
NAME:		NAME:	
DATE OF BIRTH:		DATE OF BIRTH:	
SOCIAL SECURITY #:		SOCIAL SECURITY #:	
MAILING ADDRESS:		MAILING ADDRESS:	
EMAIL:		EMAIL:	
PHONE NUMBERS:	HOME: CELL: WORK:	PHONE NUMBERS:	HOME: CELL: WORK:

How do you prefer to be reached: **(please circle:)** Email Home Cell Work
 Number of people who live in the applicant(s) household _____

Please provide additional information: (Place additional names on separate paper and attach it to the application)

NAME	RELATIONSHIP	AGE

The Economic and Community Development Department reports certain information to the federal government. Please provide the race and ethnicity of the head of household (check one box):

Race:

- | | | | |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | White | <input type="checkbox"/> | American Indian/Alaskan Native & White |
| <input type="checkbox"/> | Black/African American | <input type="checkbox"/> | Black/African American & White |
| <input type="checkbox"/> | Asian | <input type="checkbox"/> | Asian & White |
| <input type="checkbox"/> | American Indian or Alaskan Native | <input type="checkbox"/> | American Indian/Alaskan Native & Black |
| <input type="checkbox"/> | Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> | Other Multi-Racial |

Ethnicity:

- | | | | |
|--------------------------|----------|--------------------------|--------------|
| <input type="checkbox"/> | Hispanic | <input type="checkbox"/> | Not Hispanic |
|--------------------------|----------|--------------------------|--------------|

LEWISTON'S HOUSING ASSISTANCE PROGRAMS

APPLICANT EMPLOYMENT		CO-APPLICANT EMPLOYMENT	
NAME OF EMPLOYER		NAME OF EMPLOYER	
EMPLOYER'S ADDRESS		EMPLOYER'S ADDRESS	
PHONE		PHONE	
# OF YEARS EMPLOYED		# OF YEARS EMPLOYED	

ASSETS: Check yes or no for each asset, enter the value, and who owns the asset. If you need more space than what is available, please attach additional sheets to the application.

Type of Asset	Yes	No	Asset Owned by	Amount of Debt on Asset	Market Value of Asset
Real Estate				\$	\$
Stock, Bonds, Retirement					
Auto				\$	\$
Auto				\$	\$
Savings				\$	\$
Recreational Vehicle				\$	\$
Other				\$	\$

MONTHLY INCOME: Check yes or no for each type of income. Enter the amount of all money that household members have received for the past 30 days, or money that you expected to receive. Provide a copy of your most recent check stub or statement for any other source of income listed below with your application.

Source of Income	Yes	No	Money Received by Applicant	Other Household Members (Age 18 and older)	Office Use Only Monthly Total
Applicant Employment			\$	\$	\$
Temporary Assistance to Needy Families			\$	\$	\$
Social Security			\$	\$	\$
Military/Veterans Benefits			\$	\$	\$
Retirement or Pension Plan			\$	\$	\$
Unemployment Benefits			\$	\$	\$
Worker's Compensation			\$	\$	\$
Child Support/Alimony			\$	\$	\$
SSI/Supplemental Security			\$	\$	\$
Interest/Dividends Income			\$	\$	\$
Earned Income Credit			\$	\$	\$
Other			\$	\$	\$

LEWISTON'S HOUSING ASSISTANCE PROGRAMS

DEBT ON PROPERTY:

Mortgages on Property	Original Amount Of Mortgage	Balance Remaining on Mortgage	Monthly Payment Information	Terms of the Loan
1 st Mortgage	\$ _____	\$ _____	Principal \$ _____ Interest \$ _____ Taxes \$ _____ Insurance \$ _____	Interest Rate: _____ % # of Yrs: _____
2 nd Mortgage/Home Equity	\$ _____	\$ _____	Principal \$ _____ Interest \$ _____	Interest Rate: _____ % # of Yrs: _____

PERSONAL DEBT:

Type (credit card, auto, etc.)	Name & Address of Creditor	Account #	Balance	Monthly Payment
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

PERSONAL MONTHLY EXPENSES:

Auto Insurance	\$ _____	Auto Operating Expense	\$ _____
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LEWISTON'S HOUSING ASSISTANCE PROGRAMS

APPLICANT CREDIT AUTHORIZATION		CO-APPLICANT CREDIT AUTHORIZATION	
LEGAL NAME:		LEGAL NAME:	
SIGNATURE	X	SIGNATURE	X
STREET ADDRESS:		STREET ADDRESS:	
CITY, STATE ZIP:		CITY, STATE ZIP:	
SSN:		SSN:	
DATE OF BIRTH:		DATE OF BIRTH:	

Have you applied for credit within the last 3 months? ___yes ___ no

Do you or anyone in your household currently work for the City of Lewiston? ___yes ___ no

Are you related to any person that is currently on the city council? ___yes ___no

Please list the name and relationship: _____