



EMERGENCY HOUSING LOAN APPLICATION

Borrower's Name: _____
(First) (MI) (Last)

Co-Borrower's Name: _____
(First) (MI) (Last)

Property Address: _____

Home Phone: _____ Cell Phone: _____

Income Information

List the following information for each household member who has any source(s) of income:

<u>Name</u>	<u>M/F</u>	<u>Age</u>	<u>Employer/Source of Income</u>	<u>Gross Monthly</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total gross monthly income (before taxes) for all people living in household: \$ _____

Property Information

How long have you owned this property? _____

Name(s) of individuals on Title to the property? _____

Name of Insurance Carrier: _____ Policy Number: _____

Agent's Name: _____ Agent's Phone: _____

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15 South Main Street, Suite 106, Bel Air, Maryland 21014

THIS DOCUMENT IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST



What conditions need repair now?

Plumbing Electrical HVAC Termite Repairs Roofing Tax Lien

Other _____

Verification Authorization: I/We hereby authorize the Harford County Office of Community and Economic Development to obtain and verify any and all information required in connection with my/our application for County assistance for the above-referenced property. I/we understand that verification of information requested by the County is necessary to determine my/our eligibility for the Emergency Housing Loan Program.

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

Borrower's Signature

Co-Borrower's Signature

Borrower's Social Security Number

Co-Borrower's Social Security Number

Date

Date

In order for us to process your application for services, you must attach the following as proof of income for all people in the household.

- A copy of two sequential payroll check stubs for all household members who are currently employed, dated within the last 30 days
- A copy of Social Security and/or pension benefits statements showing the total monthly benefit amount for all household members who currently receive benefits
- A copy of the homeowner's insurance policy on the property
- A copy of your most current bank statement that shows direct deposits
- A copy of your most current mortgage statement, if applicable