



**COMMUNITY PLANNING AND DEVELOPMENT SERVICES  
111 MARYLAND AVENUE  
ROCKVILLE, MD 20850**

**CITY OF ROCKVILLE SINGLE FAMILY REHABILITATION PROGRAM APPLICATION**

*Application must be completed or it will not be processed. Write N/A where not applicable. All applications must be signed.*

Do you live within the City Limits of the City of Rockville?  
 YES       NO      If NO, STOP. You are not eligible.

Do you currently reside at this property?  
 YES       NO      If NO, STOP. You are not eligible.

Do you own and/or hold assets that are greater than \$150,000 (including retirement account, rental property; stocks and bonds and such)?  
 YES       NO      If YES, STOP. You are not eligible.

Do you need emergency repairs (heating/cooling; roof leak; no running water or working toilet)? :  
 YES       NO      If YES, please list emergencies items:

List your major repair or improvement needs. Please be as specific as possible:

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**PERSONAL INFORMATION**  
Applicant:

Last Name	First Name	Initial	Social Security #
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Current Address including zip code

Home Phone	Cell Phone	e-mail address
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Marital Status	Date of Birth
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Previous Address	Years lived there
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Present Employer or Previous Employer if retired

Employer's Address including zip code	Phone
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Occupation	Years Employed
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**Spouse/Joint Applicant**  
Co-Applicant:

Last Name	First Name	Initial	Social Security #
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Current Address including zip code

Home Phone	Cell Phone	e-mail address
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Marital Status	Date of Birth
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Previous Address	Years lived there
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Present Employer or Previous Employer if retired

Employer's Address including zip code	Phone
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Occupation	Years Employed
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**Household occupants:**

Number of adults (over age 18) in household \_\_\_\_\_ Number of children under 18-years of age \_\_\_\_\_

**Dependents (as claimed on IRS tax return) other than spouse**

Name	Relationship	Date of Birth
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Name	Relationship	Date of Birth
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Name	Relationship	Date of Birth
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Property to be Assisted

Number of bedrooms \_\_\_\_\_ Number of bathrooms \_\_\_\_\_ Year Property Built \_\_\_\_\_

Have you previously received assistance through the City of Rockville CDBG program for this property? Yes\_\_\_ No\_\_\_

If yes: What year?\_\_\_\_\_ Total Amount of Previous Assistance: \$\_\_\_\_\_

**Mortgage Information – PROVIDE A COPY OF YOUR MOST RECENT MONTHLY STATEMENT**

Current Mortgage on property: \$\_\_\_\_\_ Unpaid balance: \$\_\_\_\_\_ FHA Yes\_\_\_ No\_\_\_

\_\_\_\_\_  
Lender

Home Equity Loan Amount: \$\_\_\_\_\_ Unpaid balance: \$\_\_\_\_\_ Lender:\_\_\_\_\_

Reverse Mortgage Amount: \$\_\_\_\_\_ Unpaid balance: \$\_\_\_\_\_ Lender:\_\_\_\_\_

**Homeowner’s Insurance – PROVIDE A COPY OF YOUR HOMEOWNER’S DECLARATION PAGE**

Name of insurance company	Policy Number
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Expiration Date:\_\_\_\_\_ Face value of policy:\$\_\_\_\_\_

**OTHER LIABILITIES – THIS SECTION MUST BE FILLED OUT COMPLETELY**

1. Automobile(s): make, model, year	<u>Monthly payment</u>	<u>Unpaid loan or Account balance</u>
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_____	\$_____	\$_____
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_____	\$_____	\$_____
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2. Life insurance loan	\$_____	\$_____
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3. Other loans / notes payable	\$_____	\$_____
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4. Mortgages (other than property to be rehabilitated):	\$_____	\$_____
_____		

Location of property

5. Installment/credit card accounts:

Company	Monthly Payment	Account Balance
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_____	\$_____	\$_____
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_____	\$_____	\$_____
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6. Other liabilities (explain)

\_\_\_\_\_

**TOTAL LIABILITIES: \$\_\_\_\_\_**



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**GROSS MONTHLY INCOME:**

- 1. Applicants gross monthly salary or wages \$ \_\_\_\_\_
- 2. Spouse/co-applicant gross monthly salary or wages \$ \_\_\_\_\_
- 3. Other regular earnings (explain) \$ \_\_\_\_\_
- 4. Pension, annuities, social security, etc. \$ \_\_\_\_\_
- 5. Net income from real estate, investment properties \$ \_\_\_\_\_
- 6. Other income (explain) \$ \_\_\_\_\_
- TOTAL GROSS MONTHLY INCOME** \$ \_\_\_\_\_

**MONTHLY HOUSING EXPENSES:**

- 1. Mortgage Payment \$ \_\_\_\_\_
- 2. Homeowner's Association or Condominium Dues \$ \_\_\_\_\_
- 3. Property insurance \$ \_\_\_\_\_
- 4. Real property taxes, special assessments  
(if not included in mortgage payment) \$ \_\_\_\_\_
- 5. Heat & utilities (average per month for last 12 months) \$ \_\_\_\_\_
- 6. Other housing expenses (explain) \$ \_\_\_\_\_
- TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_

**ASSETS – If \* provide a copy of the most recent monthly statement for the account**

- 1. Checking account \* \$ \_\_\_\_\_
- 2. Savings account \* \$ \_\_\_\_\_
- 3. US Savings Bonds \$ \_\_\_\_\_
- 4. Marketable securities & investments  
Including retirement accounts\* \$ \_\_\_\_\_
- 5. Other real estate owned (market value) \$ \_\_\_\_\_
- Location of property/Title in name of: \_\_\_\_\_
- 6. Have you sold or transferred any real estate within the past 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_
- 7. Cash surrender value of life insurance\* \$ \_\_\_\_\_
- 8. Other assets (explain) \$ \_\_\_\_\_
- TOTAL ASSETS** \$ \_\_\_\_\_

**OATH / AFFIDAVIT:**

Whoever knowingly makes or causes to be made any false statement or report for the purpose of influencing the action of the department upon any application for a loan or any action of the department affecting a loan already made is guilty of a misdemeanor, and upon conviction shall be sentenced to a fine of not more than \$5,000.00 or imprisonment for not more than two years or both. Any mortgagor knowingly making or causing to be made such a false statement or report shall, at the option of the department, and without regard to the commencement or status of criminal prosecution, be subject to immediate acceleration of the mortgage on which he is liable. The criminal penalties and acceleration provided by this action apply to any material misstatement of fact, whether in the nature of an understatement or overstatement of financial condition, or any other fact material to the department's action. I/we authorize the Program to obtain credit information for the purpose of evaluating this application and to disclose this information to locate agencies participating in the Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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The following information is requested by the Federal Government to monitor this program'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.

Applicant:

*Race/National Origin*

American Indian\_\_\_\_\_ Alaskan Native\_\_\_\_\_ Asian/Pacific Islander\_\_\_\_\_ Black\_\_\_\_\_ Hispanic \_\_\_\_\_  
White\_\_\_\_\_ Other (explain)\_\_\_\_\_  
Sex Male\_\_\_\_\_ Female\_\_\_\_\_

Spouse/Co-applicant:

*Race/National Origin*

American Indian\_\_\_\_\_ Alaskan Native\_\_\_\_\_ Asian/Pacific Islander\_\_\_\_\_ Black\_\_\_\_\_ Hispanic \_\_\_\_\_  
White\_\_\_\_\_ Other (explain)\_\_\_\_\_  
Sex Male\_\_\_\_\_ Female\_\_\_\_\_

How did you learn about the program? \_\_\_\_\_



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Checklist of supporting documents.

Verification item	Supporting Documentation
Wages, Salaries, Tips, Commissions, etc.	Copies of three most recent pay stubs or other verification of employment; most recent years tax returns, both Federal and State of Maryland with full supporting documentation, including certified copies of profit/loss statement and financial statement.
Business/Self-employed	Two years tax returns with full supporting documentation, including certified copies of profit/loss statement and financial statement. A 1099-MISC income statement must support the reported self-employed income. For cash-based business (i.e. taxi drivers), daily trip sheets as evidence of income.
Interest and dividend	Copies of 2 recent statements
Retirement and Insurance	Copies of 2 recent statement
Unemployment & Disability	Copies of 2 recent statements/verification call
Welfare Assistance	Copies of 2 recent statements/verification call
Alimony, Child Support and Gift	Interlocutory decree which indicates specified payment or proof of non-payment (lien filed); a notarized letter for a <b>regular</b> contributions or gifts received from organizations or from persons not residing in the dwelling.
Income from Armed Forces	Copies of the last four paychecks or other verification of employment
Checking Account, Savings Account, Mutual Fund/ Money Market Fund, Certificates of Deposit deposits, interest rates and balances.	Copies of two most recent statements indicating
Stocks, including Options	Copy of each stock or option certificate or proof of purchase and statement of current value; for stock prices attach a copy of recent dated newspaper or online source that shows the value of each company's stocks
Bonds, including Savings Bonds	Copies of each and value.
Other Asset	Asset Documentation
Mortgage payments	Current mortgage statements