



**Department of Planning
Division of Community Development
140 West Patrick Street, 2nd Floor
Frederick, MD 21701**

**CDBG Housing Programs
Qualification Application**

301-600-1499 ph ♦ 301-600-1837 fax ♦ www.cityoffrederick.com

Today's Date: _____

Applicant			Co-Applicant		
Last	First	Middle Initial	Last	First	Middle Initial
Date of Birth:			Date of Birth:		
Social Security Number:			Social Security Number:		
Evening Phone Number:			Evening Phone Number:		
Daytime Phone Number:			Daytime Phone Number:		
Email address:			Email Address:		
Current Address:			Current Address:		
Years There:			Years There:		
Rent <input type="checkbox"/> Own <input type="checkbox"/>			Rent <input type="checkbox"/> Own <input type="checkbox"/>		
Is your name currently on a deed?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Is your name currently on a deed?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If you do not currently own a home, have you owned property in the past 3 years?*		Yes <input type="checkbox"/> No <input type="checkbox"/>	If you do not currently own a home, have you owned property in the past 3 years?*		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are mortgage payments current?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Are mortgage payments current?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the property located in the City of Frederick's Historic District?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the property located in the City of Frederick's Historic District?		Yes <input type="checkbox"/> No <input type="checkbox"/>

FOR OPERATION REHAB & KEEPING FREDERICK GREEN

Homeowner's Insurance Carrier: _____
 Policy #: _____
 Agent Name & Phone #: _____

Mortgage Holder: _____
 Address & Phone #: _____
 1st: _____ (balance) Account #: _____
 2nd: _____ (balance)

FOR SOLD ON FREDERICK II

Signed Affidavit of First Time Homebuyer Status: Yes No
 Pre-approval letter from Participating Lender: Yes No
 HBE Completed: Yes No
 Participating Lender Name & Contact: _____
 Settlement Company: _____
 Estimated Closing Date: _____

Employment Information:

Employed full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	Employed full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer's Name:	Employer's Name:
Employer's Address:	Employer's Address:
Job Title:	Job Title:
Years there:	Years there:
Gross Monthly Income (before taxes): _____ Hourly Rate: _____ Hours per Week: _____ Social Security: _____ Child Support (received): _____ Other: _____	Gross Monthly Income (before taxes): _____ Hourly Rate: _____ Hours per Week: _____ Social Security: _____ Child Support (received): _____ Other: _____
Total number of people who will be living in the household:	
Do you have any judgments or unpaid collections? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much is owed?	
Have you filed bankruptcy in the past 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date filed: _____ Year bankruptcy was discharged: _____	

Monthly Debt Breakdown:

Please include credit card payments, any loans including car payments, and child support, but **do not include** rent, insurance or utilities.

CREDITOR	TYPE OF DEBT	PAYMENT	BALANCE
Total Monthly Debt:			

Applicant's Signature

Joint Applicant's Signature

Date

Date

FOR PROGRAM STAFF USE ONLY

For which housing program are you applying:

- Operation Rehab
- Sold on Frederick II
- Keeping Frederick Green

How did you hear of the City's Housing Program?

- The Frederick News-Post – Frederick, MD
- The Gazette – Frederick, MD
- City Website
- Other (*please specify*): _____

Application Number: _____

Date received: _____

Complete Incomplete

- Application
- Credit Report Authorization
- Verifications (Employment, Income, Bank)
- URLA (from approved lender)
- Bank Statements (3 months)
- W-2 (3 years)

LOW/MOD INCOME DETERMINATION:

- Very low (30% or below median)
- Low (50% or below median)
- Moderate (80% or below median)

Application: Approved Denied

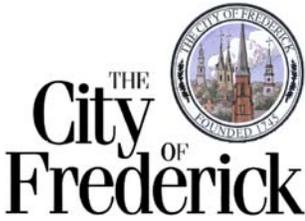
Approval Letter sent: Yes No Date: _____

Reason for denial: _____

Denial Letter Sent: Yes No Date: _____

NOTES:

Signature of staff person making determination: _____



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Credit Authorization Release

I (We) * authorize the City of Frederick, or its' representative (s) to obtain a copy of my (our) credit history from a credit reporting agency, or other agencies or firms, and to release information on my (our) credit history, financial background, employment status, as well as other information that may be required in the securing of a home mortgage.

I (We) * understand that the City of Frederick is not representing any creditor or reporting credit bureau and is in no way responsible or liable for clearing any disputed information that may be contained within a credit report.

*1. Applicant Name:	Maiden Name (if applicable):
Social Security#:	
<u>Present Address:</u>	<u>Former Address (if less than 2 years at current address)</u>
Signature:	Date:

*2. Co-Applicant Name:	Maiden(if applicable):
Social Security#:	
<u>Present Address:</u>	<u>Former Address (if less than 2 years at current address)</u>
Signature:	Date:

Please Note: You have the right to have any disputed information reinvestigated by the credit bureau. If the investigation does not resolve the dispute, you may file a brief statement setting forth the nature of the dispute with the credit bureau.

