

# Economic & Community Development

James E. Andrew  
Director  
Mark I. McComas  
Deputy Director



Dear Applicant:

Thank you for your interest in the City of Lewiston Housing Loan Programs. The goals of the programs are to assist Lewiston homebuyers, homeowners or investors to purchase and or rehabilitate their homes and/or apartment buildings to provide for safe, decent, affordable housing for the citizens of Lewiston.

The application form is attached. Please call for an appointment if you need assistance or have questions about the application. Return the **completed application signed with all the supporting documents attached with a check in the amount of \$ 50.00 for a non-refundable application fee for Lewiston residents and \$100.00 for non-Lewiston residents** to the Economic and Community Development Office (3<sup>rd</sup> floor City Hall) and include all the required documents as listed below:

## DOCUMENTS REQUIRED WITH THIS APPLICATION:

### **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).
- 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 above.
- Copy of hazard and liability insurance on property to be rehabbed
- Copy of deed to verify ownership of property

### **For Rehabilitation requests:**

- Scope of work to be accomplished with loan funds requested
- List of tenant names and mailing addresses

### **For Homebuyers only:**

- Copy of certificate signifying that you have attended a homeowners class
- Uniform Residential Loan Application (Form 1003) and all supporting documents including, source of income, credit report, etc.)
- Pre-approval loan letter from lender
- Truth in lending statement from lender
- Other documents may be needed to qualify

**We can begin the applications process when the requested information is received.** Call me to set up an appointment. You can reach us at 513-3000, Ext. 3233.

Sincerely,

Jayne Jochem  
Grants Coordinator

(207) 513-3000; TTY/TDD (207) 784-5999; FAX (207) 795-5071; [www.ci.lewiston.me.us](http://www.ci.lewiston.me.us)

Please check type of loan you are applying for:

- Housing Rehabilitation
- Home Buyer Assistance

**CITY OF LEWISTON  
LOAN APPLICATION**

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Date: \_\_\_\_\_ Amount Applied for: \$ \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Legal Residence: \_\_\_\_\_  
(if different from mailing)

\_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employment: Name, address and phone # of employer:

**Applicant:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Co-Applicant:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Position:**  
\_\_\_\_\_

# of years: \_\_\_\_\_

Self-employed (y/n): \_\_\_\_\_

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Address of Property to receive rehabilitation: \_\_\_\_\_

Property Type (Check one):

Single Family: \_\_\_\_\_

Multifamily: \_\_\_\_\_

Owner Occupied (y/n): \_\_\_\_\_

Property Information:

Year Built: \_\_\_\_\_

# of units: \_\_\_\_\_

Mobile Home: \_\_\_\_\_ (rehab only)

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**INCOME**

	APPLICANT	CO-APPLICANT
Wages (Gross Monthly)	\$ _____	\$ _____
Additional Income:		
Overtime	\$ _____	\$ _____
Part-time employment	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Public Assistance (TANF/AFDC)	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____
Assets:	\$ _____	\$ _____
Checking Interest	\$ _____	\$ _____
Savings Interest	\$ _____	\$ _____
Money Market Interest	\$ _____	\$ _____
Gross Monthly Income:	\$ _____	\$ _____
Annual Income (Monthly x 12)	\$ _____	\$ _____
Total Income	\$ _____	\$ _____

**INCOME FROM PROPERTY TO BE REHABILITATED:**

Unit #										
# of Bedrooms										
Monthly Rental Amount	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Unit vacant or occupied										

TOTAL MONTHLY INCOME FROM PROPERTY: \$ \_\_\_\_\_

**DEBT ON PROPERTY TO BE REHABILITATED:**

<u>Mortgages on Property</u>	<u>Lender's Name/Address</u>	<u>Original Amount of Mortgage</u>	<u>Monthly Payment Information</u>	<u>Terms of the Loan</u>
<u>1<sup>st</sup> Mortgage</u>		\$ _____	Principal \$ _____ Interest \$ _____ Taxes \$ _____ Insurance \$ _____	Interest Rate: _____ % # of Yrs: _____
<u>2<sup>nd</sup> Mortgage/Home Equity</u>		\$ _____	Principal \$ _____ Interest \$ _____	Interest Rate: _____ % # of Yrs: _____
<u>3<sup>rd</sup> Mortgage/Home Equity</u>		\$ _____	Principal \$ _____ Interest \$ _____	Interest Rate: _____ % # of Yrs: _____

**MONTHLY EXPENSES ON PROPERTY TO BE REHABILITATED:**

Maintenance		Electricity	
Repairs	\$ _____	Heat/Fuel	\$ _____
Water/Sewer	\$ _____	Other:	\$ _____
Waste Collection	\$ _____		

**PERSONAL DEBT:**

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

**Personal Monthly Expenses**

Car Insurance	\$ _____	Cell Phone	\$ _____
Vehicle Maintenance	\$ _____	Email/Internet	\$ _____
Medical Ins.	\$ _____	Cable	\$ _____
Telephone	\$ _____	Life Ins.	\$ _____
Other	\$ _____	Other	\$ _____
Other	\$ _____	Other	\$ _____

**List Personal Monthly Utility Expense** (if you have expenses in addition to the property to be rehabilitated)

Heat	\$ _____	Electricity	\$ _____
Water/Sewer	\$ _____	Other	\$ _____

I hereby certify that the above statements are true, accurate and complete to the best of my/our knowledge and belief. If I have intentionally falsified any of this information or omitted information necessary to prevent statements from being misleading, I understand that I will be liable to the City of Lewiston and that such falsification or omission(s) would be considered a Class D crime. This application shall remain the property of the City of Lewiston.

I/we hereby consent to and authorize the City of Lewiston to inspect the property prior, during and after to verify the scope of work and determine the improvements specified in the application have been completed.

I/we hereby understand that the selection of a contractor and the acceptance of the materials used and the work performed is my/our responsibility, and the City of Lewiston does not guarantee the workmanship of the property improvements.

**NOTICE:** Consumer reports (credit reports) may be obtained in connection with this application. If you request, 1) you will be informed whether or not consumer reports were obtained; and 2) If reports were obtained, you will be informed of the names and addresses of the consumer reporting agencies (credit bureau) that furnished the reports.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Co-applicant's signature

\_\_\_\_\_  
Date

The following questions are requested by the federal Government to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so.

Race/National Origin: American Indian \_\_\_\_\_, Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_, Pacific  
Islander \_\_\_\_\_  
Black \_\_\_\_\_ Hispanic \_\_\_\_\_ White \_\_\_\_\_ Other \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_

I DO NOT WISH TO FURNISH THIS INFORMATION (initial) \_\_\_\_\_