

**CITY OF BREWER  
COMMUNITY DEVELOPMENT HOUSING PROGRAM**

**61 Main Street, Suite 61**

**Bangor, ME 04401**

**Tel: 947-8595**

**Fax: (207) 947-4353**

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*The City of Brewer has been awarded a Community Development Block Grant to be used to provide housing improvements to income-eligible homeowners. These funds may be used to upgrade heating and electrical systems, plumbing, roofing, insulation, windows, septic systems, wells, and other needs.*

*In order to qualify for this grant program you must:*

- ◆ *Be the owner of the property or have a life estate, and provide a copy of your deed or bill of sale;*
- ◆ *Complete the application;*
- ◆ *Be income eligible\*;*
- ◆ *Provide verification of income for the last 12 months;*
- ◆ *Meet all other requirements of the program.*

*If you feel you need assistance with housing repairs, you are encouraged to submit an application.*

**\* Family Income Limits**

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Person s	7 Persons	8 Persons
34,650	39,600	44,550	49,500	53,500	57,450	61,400	65,350

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**SINGLE FAMILY REHABILITATION APPLICATION**

**SECTION 1- APPLICANT DATA**

1. Name \_\_\_\_\_ 2. Telephone \_\_\_\_\_
3. Street Address \_\_\_\_\_
4. Mailing Address (if different) \_\_\_\_\_
5. Applicant is: \_\_\_\_\_ White, Not Hispanic  
\_\_\_\_\_ Black, Not Hispanic  
\_\_\_\_\_ Hispanic  
\_\_\_\_\_ Asian or Pacific Islander  
\_\_\_\_\_ American Indian/Alaskan Native  
\_\_\_\_\_ Other Minority

(Minority data is for statistical purposes only and will not be considered in determining eligibility.)

6. Household Members (all people living in the home must be listed)

Name	Social Security	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Are all owners listed on the deed included above? \_\_\_\_\_ If no, are they  
Deceased \_\_\_\_\_ Divorced \_\_\_\_\_ Other Reason \_\_\_\_\_  
(If a divorced spouse is listed on your deed, you must submit a copy of your divorce decree)
8. Do you or anyone in your family have a disability or handicap? \_\_\_\_\_  
If yes, please describe : \_\_\_\_\_



**SECTION 4- ASSETS & ALLOWANCES**

	Institution	Balance/Value
1. Savings	_____	_____
2. U.S. Savings Bonds	_____	_____
3. Stocks	_____	_____
4. Other Investments	_____	_____
5. Other Real Estate	_____	_____
6. Other	_____	_____

**Please write "NONE" if you have no assets to report.**

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**SECTION 5- CHARACTERISTICS OF PROPERTY**

1. Owned \_\_\_\_\_ Date of Purchase \_\_\_\_\_ Rented \_\_\_\_\_
2. Is your property a house? \_\_\_\_\_ Mobile Home? \_\_\_\_\_ Estimate Age \_\_\_\_\_
3. Is this a single-family dwelling: \_\_\_\_\_ If no, explain: \_\_\_\_\_
4. Are there any tax or sewer liens against the property? \_\_\_\_\_
5. Is this property for sale? \_\_\_\_\_
6. What housing conditions do you feel need improvement? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Are any of the above items an immediate hazard to your health and safety? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 6 CERTIFICATION OF APPLICANT(S)**

1. The applicant certifies that all information in this application and all information furnished in support of this application is given for the purposes of obtaining a grant under the Brewer Community Development Housing Program and is true and completed to the best of the applicant's knowledge and belief.
2. The applicant further certifies that proceeds from the program will be used only for the work and materials necessary to meet the rehabilitation code standards, as applicable, which are prescribed for the property described in this application. Should the Brewer Community Development Housing Program or its designee determine that the rehabilitation proceeds will not or cannot be used for the purposes described herein, the applicant agrees that the proceeds will be returned forthwith, in full, to the Brewer Community Development Housing Program, and acknowledges that with respect to such proceeds so returned, the applicant shall have no further interest, right or claim.
3. The applicant hereby authorizes the Brewer Community Development Housing Program to obtain verification of all income information given herein, including investigation of credit record. The applicant further authorizes the Brewer Community Development Housing Program to inspect and photograph the property described herein.
4. The applicant understands that all personal and financial information on file with the Brewer Community Development Housing Program is CONFIDENTIAL and not for public use, or any use not related to the Housing Rehabilitation Program or subsequent activity.

**NOTE: YOU MUST PROVIDE A COPY OF YOUR DEED AND VERIFICATION OF INCOME IN ORDER FOR YOUR APPLICATION TO BE PROCESSED.**

\_\_\_\_\_ Date \_\_\_\_\_ Signature

\_\_\_\_\_ Date \_\_\_\_\_ Signature

May we share information contained in your application with other funding agencies in an effort to provide housing assistance to you? Yes \_\_\_\_\_ No \_\_\_\_\_

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT**

U.S.C. Title 18 Sec. 1001 provides "*Whoever, in any manner within the jurisdiction of any department or agency of the United States knowingly and willingly falsifies...or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined no more than \$10,000 or imprisoned not more than five (5) years or both*".

Please provide directions and a description of your house: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMPORTANT! Before you mail your application:**

- Fill out application completely
- Include verification of income
- Include a copy of your **signed and recorded** deed
- Mail to :

**Community Development  
61 Main Street, Suite 61  
Bangor, ME 04401**

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**For Office Use Only**

APPROVAL OF APPLICATION

The undersigned has examined the application for the Brewer Community Development Housing Program described herein, including supporting data, and finds the application meets the requirements of the Housing Program.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

\_\_\_\_\_ Ownership

\_\_\_\_\_ Income Verification

\_\_\_\_\_ Assets & Allowances

\_\_\_\_\_ Tax Status & Liens

\_\_\_\_\_ Other