

DELAWARE STATE HOUSING AUTHORITY APPLICATION FOR DELAWARE EMERGENCY MORTGAGE ASSISTANCE GRANT PROGRAM	FOR DSHA USE ONLY
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The Delaware State Housing Authority (DSHA) will use this application, and other financial information to help determine if, and to what extent, you are eligible for an assistance Grant under the Delaware Emergency Mortgage Assistance Grant Program (DEMAP). This effort is designed to help avoid mortgage foreclosure. DSHA may use your social security number to obtain a credit report. **IF YOU SUBMIT THIS INFORMATION WITHOUT PROVIDING ALL REQUESTED INFORMATION, DSHA MAY NOT BE ABLE TO HELP YOU.** The Mortgagee will then be free to Foreclose on your mortgage

Applicant	Social Security #	Date of Birth
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Residence Address	City	County	State	Zip
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Dwelling Type:
 Single Family Duplex Row/Town Home Condo Mobile/Trailer Other (explain)

Mortgage Property Address (if different from above)	Explain if address is different:
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Address	City	County	State	Zip
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Co-Applicant	Relationship	Social Security #	Date of Birth
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Address	City	County	State	Zip
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How long have you been a resident of Delaware?	Years	Mos	Do you currently live in the mortgaged property?	Yes	No
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How long have you lived in the property?	Years	Mos	Is this your primary residence?	Yes	No
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Do you own subject property? Yes No

Is your loan currently in Forbearance? Yes No If yes, when does the forbearance expire? _____

Are all owners a part of the application & willing to sign Grant documents if approved? Yes No **If no, explain.**

Do you collect rent from any part of the property? Yes No If yes, how much? During what time period?

Is the property used for any type of business purpose? Yes No If yes, what percent? Explain.

Have you filed a previous DEMAP application? Yes No If yes, when?

Name of Mortgage Company	Address	Loan Number	Loan Amount	Term
1.				
2.				

Monthly Payments	Date of Last Full Payment	Last Amt. Applied to Month/Year	Amount Delinquent
1.			
2.			
Total			Total

Have you attempted to make all or partial payments since the last full mortgage payment? Yes No

Has the Mortgagee accepted any payments? Yes No If so, list dates and amounts:

Priority may be given to files not actively in forbearance

Marital Status: Married* Separated Unmarried Divorced Widow/Widower <small>*(include registered domestic partners or civil union parties)</small>	Number of Dependents: Ages:
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Do you: Pay or Receive Alimony, child support, or separate maintenance? Yes No **Amount per month:** _____

List all sources of "Income" such as social security, pensions, unemployment/workers compensation, cash assistance prior to March 1, 2020

Name/Source	Amount/Month	Description	Start Date	Name/Source	Amount/Month	Description	Start Date

List all current sources of "Income" such as social security, pensions, unemployment/workers compensation, cash assistance.

Name/Source	Amount/Month	Description	Start Date	Name/Source	Amount/Month	Description	Start Date

Provide an explanation of the COVID-19 related reason for the loss of income.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of Grants related to a dwelling in order 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. The law provides that a lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. IF you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information, please check the box below. (Lender must receive the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of Grant applied for.)

<p>BORROWER I do not wish to furnish this information</p> <p>Ethnicity: Hispanic or Latino Not Hispanic or Latino</p> <p>Race: American Indian or Alaska Native</p> <p> Asian</p> <p> Native Hawaiian or Other Pacific Islander</p> <p> White</p> <p> Black or African American</p> <p>Sex: Female Male</p>	<p>CO-BORROWER: I do not wish to furnish this information</p> <p>Ethnicity: Hispanic or Latino Not Hispanic or Latino</p> <p>Race: American Indian or Alaska Native</p> <p> Asian</p> <p> Native Hawaiian or Other Pacific Islander</p> <p> White</p> <p> Black or African American</p> <p>Sex: Female Male</p>
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AGREEMENT: The undersigned is applying for an assistance Grant described herein, and represents that the property will not be used for any illegal or restricted purpose and that all statements made in this application are true and are made for the purpose of obtaining a Grant.

ACKNOWLEDGEMENT: Each of the undersigned hereby acknowledges that any owner of the Grant, its servicers, successors and assigns, may verify or re-verify any information contained in the application or obtain any information or data relating to the Grant, for any legitimate purpose through any source, including a source names in the application or a consumer reporting agency.

I hereby authorize the release of mortgage payment history, mortgage information, mortgage delinquency information, employment records and other personal financial information to Delaware State Housing Authority 820 N. French St., 10th Floor Wilmington, DE 19801.

I authorize the release of the above-mentioned information by any means possible, including but not limited to phone discussions, mail, facsimile, e-mail or by any other electronic means.

I understand that this authorization will be used in conjunction with this Grant application and, if a Grant is approved, will continue thereafter until the debt to DSHA is paid in full.

MISREPRESENTATION: I/we fully understand that any intentional misrepresentation of any financial information in conjunction with the filing of this application will result in the assistance Grant being denied or immediate repayment required for all Grant disbursements made as a result of such misrepresentation and the Mortgagees may at any time thereafter take any legal action to enforce the Mortgage without any further restrictions or requirements. The information I/we have provided on this application for purposes of obtaining housing assistance funds through the Program is true and correct, to the best of my/our knowledge, and is not submitted for any fraudulent, improper, illegal purposes, or for any purpose other than for my/our acceptance in the Program. By signing this form, you also agree that a representative from Delaware State Housing Authority (DSHA) may contact you regarding any questions or need for further information.

<p>Applicant's Signature _____</p> <p align="right">Date _____</p> <p align="center"><u>Best time to call:</u></p>	<p>Co-Applicant Signature _____</p> <p align="right">Date _____</p> <p align="center"><u>Best time to call:</u></p>
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
E-mail Address (if applicable) _____	E-mail Address (if applicable) _____

<p>Counseling Agency Name _____</p> <p>Phone Number _____</p> <p>Counselor Email Address: _____</p>	<p>Counselor Name : _____</p> <p>Counselor Signature: _____</p>
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