

DELAWARE STATE HOUSING AUTHORITY APPLICATION FOR DELAWARE EMERGENCY MORTGAGE ASSISTANCE LOAN PROGRAM						FOR DSHA USE ONLY				
<p>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 loan under the Delaware Emergency Mortgage Assistance Loan 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</p>										
Applicant				Social Security #		Date of Birth				
Residence Address			City		County	State	Zip			
Dwelling Type:										
Single Family		Duplex	Row/Town Home		Condo	Mobile/Trailer	Other (explain)			
Address			City		County		State	Zip		
Co-Applicant			Relationship		Social Security #		Date of Birth			
Address			City		County		State	Zip		
How long have you been a resident of Delaware?			Years	Mos	Do you currently live in the mortgaged property?			Yes	No	
How long have you lived in the property?			Years	Mos	Is this your primary residence?			Yes	No	
Do you own subject property?			Yes	No						
Are all owners a part of the application & willing to sign loan 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?					
Are you currently in repayment of a prior DEMAP loan?			Yes	No	If no, when will you pay the delinquency?					
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:					
When do you feel that you will be able to resume and maintain full payments?										
Are you currently willing and able to make partial payments?			Yes	No	How much can you afford?					
Marital Status: Married* Separated Unmarried Divorced Widow/Widower						Number of Dependents:				
*(include registered domestic partners or civil union parties)						Ages:				
Do you: Pay or Receive Alimony, child support, or separate maintenance?			Yes	No	Amount per month: _____					
List employment data for all persons whose income(s) is used to meet household expenses: (Attach separate sheet if necessary.)										
A= Applicant	C= Co-Applicant	Provide 5 Year Work History Employer Name			Start Date	End Date	Position held	Reason for Leaving	Gross Pay Per Month	
List all other 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
List all future income expected from insurance/disability claims, lawsuits, alimony, child support, social security, workers comp. etc.										
Recipient	Source		When Expected		Amount		Explanation/Attorney Name & Phone Number			

LIST DOLLAR VALUE FOR ALL ASSETS		LIST ALL LIABILITIES (Include "Revolving" Charge Accounts)		
Savings/Checking Accounts – Bank Name /Account #		Installment Debts/Charge Accounts	Normal Monthly Payment	Unpaid balance
Stocks & Bonds/Savings Bonds (Net Cash Value)				
Real Estate (Market Value) of Home in Foreclosure		Mortgage Debts		
Other Real Estate Address/Value				
Vested Interest in Retirement Fund (Type/Value)				
		Real Estate Loans – other property		
		Automobile Loans		
Automobiles (Year/Make/Model)				
Other Assets (Itemize)		Payroll Deductions/Loans		
		Alimony/Child Support/Other		
		Per Capita/Personal Prop. Taxes		
TOTAL ASSETS		TOTAL LIABILITIES		

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans 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 loan 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 loan to be secured by a mortgage or deed of trust on the property 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 loan.

ACKNOWLEDGEMENT: Each of the undersigned hereby acknowledges that any owner of the loan, 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 Loan, 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 loan application and, if a loan 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 loan being denied or immediate repayment required for all loan 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.

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

Counseling Agency Name _____	Counselor Name : _____
Phone Number _____	Counselor Signature: _____
Counselor Email Address: _____	