## MOBILE HOME REPLACEMENT PROGRAM PRE-APPROVAL BUNDLE COVER SHEET

#### **INSTRUCTIONS:** 1.

- 1. Save this Bundle to your agency's computer/server <u>before</u> populating the Cover Sheet. The web browser is not designed to retain data.
- 2. Adobe bookmarks serves as a table of contents for the bundle and allows the user to navigate through the forms as needed to edit and/or provide any missing information.
- 3. Print documents for signatures. The Pre-Approval Request Form specifies which documents need to be electronically transmitted to MaineHousing through ShareFile.

# The Bundle contains the documents identified below. Request for Pre-Approval Pre-Approval Budget Form MOHO Application Work Write-Up/Cost Estimate

These documents are not included in the Bundle.
Floor Plan
FIRM Map
Waiver Request Form

#### Provide the following data and documents will auto-populate:

	•	• •	
APPLICANT	(OWNER - BORROWER)	CO-APP	LICANT
First Name	MI	First Name	MI
Last Name		Last Name	
Mailing Address		Mailing Address	
City		City	
State	Zip	State	Zip
Telephone		Telephone	
Email		Email	
PROP	ERTY LOCATION	CAA (ESCRO	OW AGENT)
Property Street		CAA Name	
Property City		Mailing Address	
Property State	Zip	City	
		State	Zip
	FUNDING	Telephone	
Mobile Home Replaceme	ent D/F Loan \$	Rep Name	
Owner Contribution	\$	Rep Telephone	
TOTAL FUNDS	\$	Rep Email	
		Technician Name	
	CONTRACT	Technician Telephone	
Contract Price	\$	Technician Email	
Contract Date			
Project Start Date		CONTR	ACTOR
Project Completion Date	te	Contractor Name	
		Mailing Address	
		City	
		State	Zip
		Telephone	
		Contractor Rep Name	

Contractor Rep Email

# MOBILE HOME REPLACEMENT PROGRAM REQUEST FOR PRE-APPROVAL

APPLICANT:			CO-APPLIC	CANT:	
First Name M	I Last Name		First Name	MI	Last Name
Mailing Address			Mailing Address	<u> </u>	
City	State	Zip	City		State Zip
PROPERTY:			COMMUNIT	TY ACTIO	N AGENCY (CAA):
Property Street			CAA Name		
Property City	Property State	Property Zip			
Number of Bedro	ooms:		-		
Program for the be	enefit of the above-	referenced Ap			e Home Replacement leration are the following:
•	orm (for Pre-Appro	•			
	eplacement Progra		1		
	te-up/Cost Estimate	3			
•	Floor Plan				
	ohs (existing mobile		•		
_	_	he location ot ti	he replacement hom	e)	
	ner Education Plan				
The Appli	cation was prioritize	ed as follows:			
Signature of CAA Rep	resentative		CAA Representa	tive Name	
Date			CAA Representa	tive Telephone	•
			CAA Representa	tive Email	
		FOR MAINEHO	DUSING USE ONLY		
Recommendation Date: Made by: Comments:	: Approve	Deny	More Inforn Explanation:	nation Need	ied

### MOBILE HOME REPLACEMENT PROGRAM

## PRE-APPROVAL BUDGET FORM

APPLICANT:	CO-APPLICANT:		
First Name MI Last Name	First Name MI Last Name		
Mailing Address	Mailing Address		
City State Zip	City State Zip		
PROPERTY:	COMMUNITY ACTION AGENCY (CAA):		
Property Street	CAA Name		
Property City Property State Property Zip			
Number of Bedrooms:			
EXPEN	ISES		
Construction Cost  (include demolition and removal of the old mobile howork, utility connection, water and sewer)	nome, site		
Mortgage Payoff Amount (pre-existing, not to exceed \$10,000)	_\$		
Homeowner Education (maximum of \$1,000 per project)	\$		
Temporary Relocation (MaineHousing will review all requests)	\$		
Merchants Fee	_\$		
Registry Filing Fees	\$		
TOTAL EXPENSES	_ \$		
FUND	ING		
MaineHousing Funding Total	\$		
<b>10% Administration Fee</b> (project administration fees will not exceed 10% of a MaineHousing Funding Total for each project)	the		
TOTAL FUNDED BY MAINEHOUSIN	IG <u></u> \$		
Other Project Match Funds	\$		
TOTAL PROJECT FUNDING	\$		

## MOBILE HOME REPLACEMENT PROGRAM **APPLICATION**

Community Action Agency (CAA)		Questions about the	application sho	uld be dir	ected to:
		Name of Intake Staff:			
CAA Name					
CAA Address		Telephone of Intake Sta	ff:		
O/W/Nadioso		Email of Intake Staff:			
CAA City CAA State	CAA Zip				
Return completed and signed applic	cations to th	ne above-named CAA.			
notari completed and eighed applic		io above namou ovivi			
	I. PR	OPERTY INFORMATION			
Property Street		Property City	Property State	Proper	ty Zip
Age of Mobile Home:		Model:	Make:		
Year Manufactured:		How long have you lived on t	the property?		
Do you own the land? Yes	No	Is your name on the Deed?		Yes	No
Does your property have any tax ar	nd/or wastew	vater liens filed against it?		Yes	No
If you have a mortgage, is it paid up	to date?			Yes	No
Water Source: Private	Public				
Does Water Source provide adequ	ate and safe	e water?		Yes	No
Is your <b>Septic System</b> malfunction	ing (i.e. back	king up in house or running out o	on lawn)?	Yes	No

II. APPLICANT INFORMATION					
List all owners of the property.					
Applicant	Co-Applicant				
First Name MI Last Name	First Name MI Last Name				
Mailing Address	Mailing Address				
City State Zip  Date of Birth:  Social Security Number:	City State Zip  Date of Birth:  Social Security Number:				
Daytime Telephone:  Evening Telephone	Daytime Telephone:  Evening Telephone:				

First Name	Last Name	Date of Birth	Social Security Number
First Name	Last Name	Detect Pists	Os siel Os switte Neuerbarr
First Name	Last Name	Date of Birth	Social Security Number
First Name	Last Name	Date of Birth	Social Security Number
First Name	Last Name	Date of Birth	Social Security Number
First Name	Last Name	Date of Birth	Social Security Number
First Name	Last Name	Date of Birth	Social Security Number

## III. HOUSEHOLD INCOME

Total household income shall include the combined gross income of all household members, excluding dependents under the age of 18 or dependents attending school on a full-time basis at the time of this Application.

**Note:** If a household member is earning income but not an owner of the property, or is not listed as a dependent on this Application, only the income the household member actually contributes to the household shall be considered in determining the gross income of the household.

**Note:** Applicant(s) may receive the following deductions from total income: 1) medical expenses for the past 12 months in excess of 3% of gross household income; 2) \$500 (annual) for each family member under age 18; and 3) child care expenses incurred so a family member could work. Supporting documentation must be supplied with this Application.

List the gross monthly income under the	contributing h	ousehold mer	nber(s).	
Write in the Name of the Household member:				
Wages/Salary (enter gross amount)	\$	\$	\$	\$
Overtime/Commissions	\$	\$	\$	\$
VA Benefits	\$	\$	\$	\$
Pensions	\$	\$	\$	\$
Annuities	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Disability Benefits	\$	\$	\$	\$
TANF/General Assistance/Other	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Child Support/Alimony	\$	\$	\$	\$
Total Monthly Income	\$	\$	\$	\$
List the gross annual deduction under the	contributing	household me	ember(s).	
Total Annual Income	\$	\$	\$	\$
Monthly Medical Expenses if greater than 3% of household income	\$	\$	\$	\$
\$500 (annual) deduction for each family member under 18 years old	\$	\$	\$	\$
Monthly Cost of childcare required for family member to work	\$	\$	\$	\$
<b>Total Annual Deductions</b>	\$	\$	\$	\$
Total Annual Adjusted Gross Income	\$	\$	\$	\$

## IV. ASSETS

Name of Financial Institution	Address of Financial Institution	Type of Account	Account Balance
ist all stocks, bonds & mutua	I funds as of the date of this Appli	cation.	
Name of Investment Firm or Broker	Address of investment Firm or Broker	Type of Investment	Current Value
Name of invocation of min of Broker	Address of investment 1 in or Breach	Type of investment	Carrotte value
ist All Real Estate as of the da	l ate of this Application (including pro	nerty igintly owned)	
ist All Iteal Estate as of the de	The of this Application (including pro	perty jointry owned).	Mortgage
Name of Real Estate Owner	Address of Real Estate	Assessed Value	Amount
V. ACKNOV	VLEDGEMENT, CERTIFICATION	N & RELEASE	
ce of Intent to Occupy: I do not i	ntend to sell, transfer, rent or otherwise	vacate the current pro	perty identified
ce of Intent to Occupy: I do not i		vacate the current pro	perty identified
ce of Intent to Occupy: I do not i in. I intend to use this property as dification: I certify that the informa	ntend to sell, transfer, rent or otherwise my principle residence and not a vacation tion provided in this Application is true a	vacate the current proon or second home.	ate set forth
ice of Intent to Occupy: I do not it in. I intend to use this property as tification: I certify that the informations are my signature on this Application.	ntend to sell, transfer, rent or otherwise my principle residence and not a vacation tion provided in this Application is true a on. I acknowledge my understanding th	vacate the current proon or second home.  Ind correct as of the data at any intentional or ne	ate set forth egligent
ice of Intent to Occupy: I do not it in. I intend to use this property as tification: I certify that the informationsite my signature on this Application of the information comparesentation of the information content.	ntend to sell, transfer, rent or otherwise my principle residence and not a vacation provided in this Application is true a on. I acknowledge my understanding the intained in this Application may result in	vacate the current proon or second home.  Ind correct as of the data any intentional or noticity is and/or critical and/or critical controls.	ate set forth egligent minal penalties.
ice of Intent to Occupy: I do not it in. I intend to use this property as tification: I certify that the informationsite my signature on this Application representation of the information contempt of Release: I authorize the	ntend to sell, transfer, rent or otherwise my principle residence and not a vacation provided in this Application is true a on. I acknowledge my understanding the intained in this Application may result in a CAA, on behalf of the MOHO Replacer	vacate the current proon or second home.  Ind correct as of the datat any intentional or noticivil liability and/or criment Program, to cont	ate set forth egligent minal penalties. act any employ
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ice of Intent to Occupy: I do not it bin. I intend to use this property as tification: I certify that the informationsite my signature on this Application representation of the information contement of Release: I authorize the proficial, financial institution, or other plete my request for housing repair our signature(s) below.	ntend to sell, transfer, rent or otherwise my principle residence and not a vacation tion provided in this Application is true a con. I acknowledge my understanding the intained in this Application may result in a CAA, on behalf of the MOHO Replacer agency deemed necessary to obtain its/replacement. This Statement of Release	vacate the current proon or second home.  and correct as of the dat any intentional or noticivil liability and/or criment Program, to continformation or verificat	ate set forth egligent minal penalties. act any employ ion required to
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#### DOCUMENTS THAT MUST BE INCLUDED WITH YOUR COMPLETED APPLICATION

- 1. COPY OF YOUR DEED OR BILL OF SALE FOR MOBILE HOMES ON RENTAL LOTS
- 2. PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS
  - 3 months recent pay stubs, Social Security and/or Disability benefit award letters, or other proof of income and 3 months of bank statements
  - Income Tax Returns from last 2 years if income is variable or from self-employment
- 3. PROOF OF LIQUID ASSETS
  - 3 months of current bank statements for each account
- 4. COPY OF LATEST REAL ESTATE TAX BILL, SHOWING CURRENT LIABILITIES

# MOBILE HOME REPLACEMENT PROGRAM HOMEOWNER EDUCATION PLAN

APPLICANT:	CO-APPLICANT:			
First Name MI Last Name	First Name MI Last Name			
Mailing Address	Mailing Address			
City State Zip	City State Zip			
PROPERTY:	COMMUNITY ACTION AGENCY (CAA):			
Property Street	CAA Name			
Property City Property State Property Zip	<u> </u>			
The following training was provided to the Appli	licant (Homeowner):			
Education	Date Method			
Responsibilities as a homeowner, including property taxes and homeowners insurance				
Maintaining and repairing a home, including seasonal upkeep, energy conservation, and monitoring health and safety measures (smoke and carbon dioxide detectors, fire extinguishers).				
Improving budgeting skills, maintaining good credit, building a savings plan, being prepared for unforeseen events, stopping unwanted solicitations, and keeping good records.				
What to do if they find themselves in financial trouble.				
Other:				
<u>-</u>				
Signature of CAA Representative	CAA Representative Name			
Date	CAA Representative Telephone			
<del></del>	5. 5			

CAA Representative Email

## MOBILE HOME REPLACEMENT PROGRAM WORK WRITE-UP/COST ESTIMATE

APPLICANT:		COMMU	COMMUNITY ACTION AGENCY (CAA):			
First Name	First Name MI Last Name PROPERTY:		CAA Name  CAA TECHNICIAN:  Technician Name:			
Property S	Street		an Name: an Telephone:			
Property C	City Property State Property Zip					
ITEM #	WORK DESCRIPTION REPLACEMENT	PERFORMANCE STANDARD	MATERIAL	LABOR	COST	
	TOTALS					
Signa	ature of CAA Technician		Date			