



SOUTHEAST

community development corporation

3700 Eastern Avenue – Baltimore, MD 21224

Phone: 410-342-3234 Fax: 410-342-1719

Authorization Disclaimer and Conflict of Interest

By signing below, I/we have read and understand the following:

Southeast Community Development Corporation engages in the purchase, rehabilitation and sale of properties. As a client of their Homebuyer Education and Counseling Program, I/we are under no obligation to purchase or rent from Southeast Community Development Corporation.

If I/we wish to make a complaint about this agency, it must be done in writing to the attention of the Executive Director. This document must be signed and dated prior to addressing or responding, this complaint may be presented to the Board of Directors for review.

As a client of Southeast Community Development Corporation, I/we understand that the assistance provided by this agency is free of charge. Tax-deductible donations are voluntary.

The staff and board of Southeast Community Development Corporation will respect confidentiality.

In consideration for receiving assistance from Southeast Community Development Corporation, I/we hold their staff free from any claims, damages, liabilities, or injuries arising from these services.

Applicant Signature

Date

Co-Applicant

Date

Counselor Signature

Date



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Authorization and Hold Harmless Agreement

I hereby authorize Southeast Community Development Corporation to verify my past and present employment earnings records, bank accounts, tax returns and any other asset balances. I further authorize Southeast Community Development Corporation to order a consumer credit report and verify other credit information, including past and present mortgages and landlord references.

I understand that Southeast Community Development Corporation is a non-profit corporation and will not charge for its counseling services.

I agree that in connection with any activities undertaken or advice given by or on behalf of Southeast Community Development Corporation, whether or not at my request, neither Southeast Community Development Corporation nor any of its directors, officers, employees, or others associated with it, shall be liable, and I assume all risk of such activities and advice and their results and consequences thereof.

I further agree to indemnify and hold harmless Southeast Community Development Corporation and its directors, officers, employees, and all others associated with it, in connection with any and all acts or commissions for any reason whatsoever, including but not limited to, negligence, with respect to consultation, technical advice, financial consulting, loan processing, property inspection and any and all other activities and advice.

Applicant

Co-Applicant

Name: _____

Address: _____

City/State/Zip: _____

SSNumber: _____

Date: _____

DOB: _____

Signature: _____



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Education (Optional) (please circle one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

Relationship to Customer (please circle): Spouse Daughter Son Sister Brother Girlfriend
 Boyfriend Mother Father Other: _____

CUSTOMER EMPLOYMENT — Last 2 Years Please Print Clearly

Primary Employer: _____

Title Hire Date

Street City State Zip Code

Phone: (____) _____ – _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

Previous Employer (if less than 2 years):

Title Length of Employment

Street City State Zip Code

Phone: (____) _____ – _____

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: _____

Title Hire Date

Street City State Zip Code

Phone: (____) _____ – _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

CO-APPLICANT EMPLOYMENT — Last 2 Years

Primary Employer: _____

Title Hire Date

Street City State Zip Code

Phone: (____) _____ – _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____ (hourly – weekly – bi-weekly)



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Previous Employer: _____

 Title Length of Employment

Street City State Zip Code

Phone: (____) _____-_____

Part-Time or Full-Time

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: _____

 Title Hire Date

Street City State Zip Code

Phone: (____) _____-_____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid hourly weekly every two weeks twice a month monthly?

INCOME

Please Print Clearly

Type of Income	CUSTOMER Monthly Amount	CO-APPLICANT Monthly Amount
Salary		
Alimony/Child Support		
Rental Income		
Social Security		
Pension Income		
Public Assistance		
Self-employment Income		
Dependent SSI Income		
Disability Income		
Other Employment		



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	CUSTOMER		CO-APPLICANT	
	Yes	No	Yes	No
Can you document your child support/alimony income? If yes, how long will it continue?	_____	_____	_____	_____
If your child or a family member receives SSI, how many more years will the payments continue?	_____	_____	_____	_____
If you receive disability income, is it for a permanent disability?	Yes	No	Yes	No
Regarding other employment, have you worked in this field for two years or more?	Yes	No	Yes	No

LIABILITIES/DEBT

Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities.

Paid To	Current Balance	Monthly Payment	Who's Debt? C=Customer, A=Co-Applicant B=Both
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

	CUSTOMER		CO-APPLICANT	
	Yes	No	Yes	No
Have your payments been made on time?	Yes	No	Yes	No
Are you currently in Chapter 13 bankruptcy? If yes, when did it begin? _____ If yes, when will it be paid out? _____ If yes, how much is the payment? _____	Yes	No	Yes	No
Have you had a Chapter 7 bankruptcy? If yes, when was it discharged? _____	Yes	No	Yes	No



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LIQUID FUNDS/SAVINGS/INVESTMENTS

Please Print Clearly

Please list the approximate value of the following:

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
Checking account		
Savings account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other Liquid Funds		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (circle)

Yes

No

If yes, how much? \$_____

LIVING EXPENSES

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
Current monthly rent or mortgage		
Electric/Gas/Solid Waste		
Telephone		
Cellular/Pager		
Cable/Satellite TV		
Other Living Expenses		

ADDITIONAL INFORMATION

	<i>CUSTOMER</i>		<i>CO-APPLICANT</i>	
<i>Have you owned a home in the last three (3) years?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Are you a Veteran?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Do you have a contract on a house at this time?</i>	<i>Yes</i>	<i>No</i>		
<i>Are you currently working with a real-estate agent?</i>	<i>Yes</i>	<i>No</i>		
<i>Most convenient time for an individual appointment?</i>	____ <i>AM</i>			____ <i>PM</i>

Co-Applicant

Date

TECHNICAL CORRECTION OF INCOME CATEGORIES

FFY'2009 AREA MEDIAN FAMILY INCOME LIMITS VERIFIABLE CERTIFICATION

Income Limits Effective: **March 19, 2009**

Area Median Family Income: **\$82,100.00**

Source: U.S. Department of Housing and Urban Development

In order to qualify as an individual or household eligible to participate in Community Development Block Grant Program (CDBG) assisted activities, you must certify your current family or household annual (gross) income. Please check the income in the box below that accurately indicates the annual (gross) income of your family (for all CDBG non-housing, non-area benefit national objective activities) or household (for all CDBG l/m housing national objective activities).

Baltimore City, MD										
FY 2009 Income Limit Area	<u>Median Family Income</u>	FY 2009 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Baltimore City	\$82,100	<u>Extremely Low Income Limits 30% of Median</u>	\$17,250	\$19,700	\$22,200	\$24,650	\$26,600	\$28,600	\$30,550	\$32,550
		<u>Low Income Limits 50% of Median</u>	\$28,750	\$32,850	\$36,950	\$41,050	\$44,350	\$47,600	\$50,900	\$54,200
		<u>Moderate Income Limits 80% of Median</u>	\$44,800	\$51,200	\$57,600	\$64,000	\$69,100	\$74,250	\$79,350	\$84,500

I hereby certify that the information checked above is my current annual family or household income (circle one). The income certified above is subject to verification.

Client's Name (Please Print)

Client's Name (Please Print)

