



## GROUND RENT REDEMPTION LOAN APPLICATION

1) Name of Borrower(s)<sup>(Leasee)</sup>: \_\_\_\_\_

Co-borrower (if any) \_\_\_\_\_

2) Borrower's Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Co-Borrower's Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3) Property Address: Street # and Name: \_\_\_\_\_

City \_\_\_\_\_ MD Zip \_\_\_\_\_

Mailing Address (if different):

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

4) Do you own and occupy this property as your principal residence?  yes  no

5) County Where Property is Located: \_\_\_\_\_

6) Names of owners as they appear on the deed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) Ground Rent Leaseholder: (listed in the deed)

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

If you pay the ground rent to someone other than the leaseholder listed on the deed, please provide information:

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

**8) Recording reference for Grantees/Tenants Leasehold estate in the property:**

Liber \_\_\_\_\_, Folio \_\_\_\_\_

The ground rent lease was created on:

April 8, 1884 to April 5, 1888 (.04 rate of redemption)

April 6, 1888 to July 1, 1982 (.06 rate of redemption)

July 2, 1982 or later (.12 rate of redemption)

If executed before April 9, 1884, does it contain a specific provision allowing for redemption?  yes  no

**9) INCOME INFORMATION:** Total number of persons in household: \_\_\_\_\_

**GROSS MONTHLY INCOME**

Item	Borrower	Co-Borrower	Total
Base Employee Income	\$	\$	\$
Overtime			
Pensions, Social Security, Annuity			
Alimony, Child Support			
Net Rental Income			
Other			
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

Describe other income of **all persons** 18 years or older residing in Borrower's household:

<u>Name</u>	<u>Monthly Income</u>	<u>Employer</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**10. MONTHLY HOUSING EXPENSE**

<b>Item</b>	<b>Amount</b>
First Mortgage (P & I) Lender:	\$ _____
Other Mortgages (P & I)	_____
Hazard Insurance	_____
Real Estate Taxes	_____
Mortgage Insurance	_____
Homeowner Association Dues	_____
Other	_____
<b>Total Monthly Payment</b>	\$ _____

**11. PERSONAL DEBT HISTORY**

	<b>Borrower</b>	<b>Co-Borrower</b>
Do you have any outstanding tax liens against this property?	( ) Yes ( ) No	( ) Yes ( ) No
Do you have any outstanding judgments?	( ) Yes ( ) No	( ) Yes ( ) No
Have you declared bankruptcy in the last seven years?	( ) Yes ( ) No	( ) Yes ( ) No
Has there been any effort to foreclose on your property?	( ) Yes ( ) No	( ) Yes ( ) No

**12. ASSETS**

Description	Value
Checking & Savings Account (Name of institution and account number)	\$
Real Estate owned (other than primary residence)	
Automobiles - Make & Year	
<b>Total Assets</b>	\$

**13. LIABILITIES**

Creditors (Name & Address)	Monthly Payment
Installment Debts:	\$
	\$
	\$
Automobile Loans	\$
Real Estate Loans	\$
Other Debts	\$
Alimony, Child Support, Etc. Paid To:	\$
<b>Total Monthly Payment</b>	\$

**NOTICES**

In accordance with Executive Order 01.01.1983.18, the Maryland Department of Housing and Community Development advises you as follows regarding the collection of personal information:

The information requested by the Maryland Department of Housing and Community Development (the "Department") is necessary in determining your eligibility for a Single Family Programs loan. Your failure to disclose this information may result in the denial of your application for a loan. Availability of this information for public inspection is governed by the provisions of the Maryland Public Information Act, State Government Article, Sections 10-611 et. seq. of the Annotated Code of Maryland. This information will be disclosed to appropriate staff of the Department, the staff of the local administrator for the loan, and participating mortgage lender, if any, for purposes directly connected with administration of the loan and the loan program. Such information is not routinely shared with state, federal or local government agencies, but would be made available to the extent consistent with the Maryland Public Information Act. You have the right to inspect, amend or correct personal records in accordance with the Maryland Public Information Act.

A borrower who knowingly makes or causes to be made any material statement or material misstatement of fact, whether in the nature of an understatement or overstatement of financial condition or any other fact material to the Department's action, is subject to immediate acceleration of the loan, in addition to the criminal penalties authorized by the Housing and Community Development Article, Section 4-816, Annotated Code of Maryland.

I/We authorize the Program or its agent to obtain credit information for the purpose of evaluating this application and disclose this same information to local agencies participating in the Program and/or a private lending institution agreeing to participate in the loan.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE      DATE      CO-APPLICANT'S SIGNATURE      DATE**

**DOCUMENTATION TO BE SUBMITTED WITH THE APPLICATION**

- Copy of the Deed to the property.**
- Copy of Death certificate for any names on the deed, if applicable.**
- Copy of your social security award letter or pension or copy of bank statement showing deposit.**
- Copy of most recent pay stub for each employed person in the household.**
- If self employed, 3 years of federal income tax returns.**

- Copy of first page of your homeowners insurance policy.
- Copy of your most recent tax bill.

**OPTIONAL DEMOGRAPHIC DATA**

- |  |                                      |            |                                 |
|--|--------------------------------------|------------|---------------------------------|
| <input type="checkbox"/> American Indian/Alaska native | <input type="checkbox"/> White       | Applicant: | <input type="checkbox"/> Male   |
| <input type="checkbox"/> Asian/Pacific Islander        | <input type="checkbox"/> Hispanic    |            | <input type="checkbox"/> Female |
| <input type="checkbox"/> African American              | <input type="checkbox"/> Other _____ |            |                                 |

**Please submit the completed application, along with the required documentation, to:**

**Ground Rent Redemption Loan Program  
MD Department of Housing and Community Development  
CDA Single Family Housing  
100 Community Place  
Crownsville MD 21032**