



GROUND RENT REDEMPTION LOAN APPLICATION

Property Street Address _____

City: _____ County: _____ State: _____ Zip: _____

Homeowners Insurance Company: _____

Agent: _____ Phone # _____

Owner's Name(s) On Deed: _____

Name of Leaseholder on the Deed: _____

Address: _____

Phone No: _____

If you pay ground rent to someone other than the leaseholder listed on the Deed:

Name: _____ Phone #: _____

Address: _____

BORROWER INFORMATION

Name: _____ Social Security Number: _____

Home Phone: _____ E-Mail: _____ DOB _____ Age _____

Marital Status: Married Separated Unmarried

Dependents other than listed by co-borrower: No. _____ Ages: _____

Present Address: _____

City: _____ State: _____ Zip: _____ No. Years: _____ Own Rent

Name and Address of Employer: _____

Years on this job: _____ yrs. self-employed Type of Business: _____

Position Title: _____ Business Phone: _____

CO-BORROWER INFORMATION

Name: _____ Social Security Number: _____

Home Phone: _____ E-Mail: _____ DOB _____ Age _____

Marital Status: Married Separated Unmarried

Name and Address of Employer: _____

Years on this job: _____ yrs. self-employed Type of Business: _____

Position Title: _____ Business Phone: _____

GROSS MONTHLY INCOME

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

LIST ALL OTHER HOUSEHOLD OCCUPANTS

List Income if over the age of 18

| Name | Age | Monthly Income | Source of Income |
|-------------|------------|-----------------------|-------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

MONTHLY HOUSING EXPENSE

| Item | Amount |
|-------------------------------------|---------------|
| First Mortgage (P & I) | \$ |
| Other Mortgages (P & I) | |
| Hazard Insurance | |
| Real Estate Taxes | |
| Mortgage Insurance | |
| Condo or Homeowner Association Dues | |
| Utilities | |
| Total Monthly Payment | \$ |

PERSONAL DEBT HISTORY

| | Borrower | Co-Borrower |
|--|--|--|
| Do you have any outstanding judgments? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you declared bankruptcy in the last seven years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has there been any effort to foreclose on your property? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If the answer to any of the above questions is "Yes", please attach an explanation to your application so the underwriter can more fully understand your current financial situation.

ASSETS

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

LIABILITIES

| Creditors (Name & Address) | Monthly Payment |
|---|-----------------|
| Installment Debts and Revolving charge accounts : | \$ |
| | \$ |
| | \$ |
| Automobile Loans | \$ |
| Real Estate Loans | \$ |
| Other Debts | \$ |
| Alimony, Child Support, Etc. Paid To: | \$ |
| Total Monthly Payment | \$ |

Recording reference for Grantees/Tenants Leasehold estate: 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 for redemption?

- Yes No

NOTICES

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

The information requested by the Department of Housing and Community Development (the "Department") is necessary in determining your eligibility for a Special Loan 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.

Any person who knowingly makes, or causes to be made, a false statement or representation relative to this loan application shall be subject to criminal prosecution, a fine of up to \$5,000 and/or imprisonment up to two years and if a loan has been made, immediate call of the loan requiring payment in full of all amounts disbursed, pursuant to Housing and Community Development Article, Section 4-933, Annotated Code of Maryland.

I/We authorize the Program or its agent to obtain credit information for the purpose of evaluating this application, to verify any information contained in this application with employers or any financial institution or obtain any information or data relating to the Loan, for any legitimate business purpose through any source, including a source named in 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.

Borrower's Signature

Date

Co-Borrower's Signature

Date

STATISTICAL DATA

BORROWER: I do not wish to furnish this information _____ (Initials)

Ethnicity: Hispanic or Latino Not Hispanic or Latino

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Black / African American | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other Multi Racial |
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |

CO-BORROWER: I do not wish to furnish this information _____ (Initials)

Ethnicity: Hispanic or Latino Not Hispanic or Latino

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Black / African American | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other Multi Racial |
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |

MARKETING DATA

The following information is optional and will be used by the Department to evaluate the effectiveness of its marketing and outreach efforts. If you would like to provide this information, please indicate below how you became aware of this program:

- Radio Newspaper _____ Word of Mouth Internet
- Local Government Agency State Agency Other _____

To be completed by the Originating Agency:

This information was provided:

- In a face-to-face interview
- In a telephone interview
- By the applicant and submitted by fax or mail
- By the applicant and submitted via e-mail or the Internet

Loan Originator's Signature: _____ Date _____

SINGLE FAMILY APPLICATION TRANSMITTAL CHECKLIST

| DOCUMENTATION TO ENCLOSE WITH APPLICATION | Ground Rent Redemption Program |
|---|---------------------------------------|
| Income verifications: <ul style="list-style-type: none"> - Copies of most recent month of pay stubs for each employed household member over the age of 18. - Most recent 2 years of federal tax returns and w-2 statements or signed Affidavit of Tax Filing Status. - If your income is from pension or public assistance, include a copy of your award letter and current statement verifying gross income. | |
| Mortgage verification form or current mortgage statement (if applicable) | |
| Copy of the deed to your property, provide death certificate for any owners who are deceased. | |
| Copy of the first page of your homeowners insurance and flood insurance policies verifying coverage and premium. | |
| Copy of your most recent county and local property tax bill | |
| Copy of your most recent bank statements (all pages) | |
| Copy of the most recent Ground Rent Billing statement | |

AFFIDAVIT OF TAX FILING STATUS

I, _____, was not required to file a

Federal Income Tax Return for the following years and for the following Reasons:

TAX YEAR: _____

TAX YEAR: _____

TAX YEAR: _____

I declare that the contents of the foregoing statement is true and correct.

APPLICANT

DATE