

**SOMERSET DISASTER RECOVERY  
APPLICATION FOR HOMEOWNER ASSISTANCE**

Application # \_\_\_\_\_

<b>Applicant Name:</b>		
<b>Co-Applicant Name:</b>		
<b>Property Address:</b>		
<b>City:</b>		<b>Zip Code:</b>
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>
<b>Section 1 - Property Information</b>		
Describe the damage to your house from Hurricane Sandy:		
<b>Is this your primary residence?</b>		<b>How long have you owned this property?</b>
<b>Was this your primary residence at the time of the hurricane?</b>		
<b>Were you the owner at the time of the hurricane?</b>		
<b>Are you currently living in the house?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, explain your current living situation:		
<b>What type of structure is your house? (select one)</b>		
<input type="checkbox"/> Single Family <input type="checkbox"/> Trailer/Mobile Home <input type="checkbox"/> Modular <input type="checkbox"/> Other		
<b>What year was your house built?</b>		<b>Is your property in a floodplain?</b>
<b>Do you own the land your house sits on?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please explain:		

Is there a mortgage on the property?  Yes  No If yes, what is balance owed:  
What is the name and address of the mortgage holder? Account?

Are there any other liens, judgments or debts against this property?  Yes  No  
If yes, please explain and provide documentation:

Are you current with all local, county, state and federal taxes owed on the property?  
 Yes  No If no, please explain:

Have there been any efforts to foreclose on your property?  Yes  No  
If yes, please explain:

**Section 2 – Insurance Information**

Were you carrying homeowner’s insurance on the property at the time of the hurricane?  
 Yes  No

If yes, what type of insurance?  Hazard  Wind  Flood  Contents  Other  
If other, please explain:

Provide the name and address of the insurance company(s) and the policy number(s)?

Do you currently maintain insurance on the property?  Yes  No

Did you file an insurance claim?  Yes  No If no, why not?

Claim Amount Received:	Amount of Deductible
------------------------	----------------------

<b>Purpose of Funds Received:</b>
<b>Are you involved in an appeal or a lawsuit against your insurance company?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, what is the status of this action:</b>
<b>Section 3 – FEMA Information</b>
<b>Did you register with the Federal Emergency Management Agency (FEMA)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Amount approved for structural damage to your house?</b>
<b>Amount received to date?</b>
<b>What is your FEMA registration number(s)?</b> 1. 2. 3.
<b>Section 4 – SBA Information</b>
<b>Did you register with the Small Business Administration? (SBA)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Were you offered an SBA loan?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, did you accept the loan?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no, explain why not:</b>
<b>Loan amount approved for structural damage to your house?</b>
<b>Loan amount received to date?</b>
<b>What is your SBA Application number?</b>
<b>What is your SBA Loan number?</b>
<b>Section 5 – Other Assistance</b>
<b>Did you receive any other assistance for the repair of your house?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please explain the amounts and sources:</b>

**Section 6 – Household Information**

How many persons live in your household?

What is the marital status of applicant(s)?

List the Head of Household and all other persons living in the household. Indicate relationship to Head of Household.

Household Member Name	Relationship to Head of Household	Gender	Date of Birth	Social Security Numbers
1.	<i>Head of Household</i>			
2.				
3.				
4.				
5.				
6.				

**Race of Head of Household:**

American Indian or Alaskan Native       American Indian/Alaskan Native and White  
 Asian       Asian and White  
 Black or African American       White  
 Black/African American and White       Native Hawaiian or Other Pacific Islander  
 Other Multi-Racial  
 American Indian/Alaskan Native and Black/African American and White

**Ethnicity of Head of Household:**

Hispanic or Latino       Non-Hispanic or Latino

**Section 7 – Income Information**

List the income of applicant(s) and all persons in household over the age of 18 who are not full-time college students. Income includes wages, salaries and tips, alimony, child support, military income, TANF, Social Security, pensions, and other benefits.

Household Member Name	Sources of Income (include employer name)	Rate of Pay	Payment Basis (hourly, weekly, monthly, etc.)
1.			

2.			
3.			
4.			
5.			
6.			

Do you own any other real estate?  Yes  No    If yes, please provide address(es):

List below any other household assets including bank information and property.

Type & Source of Asset	Cash Value of Asset	Annual Income from Asset
1.		
2.		
3.		
4.		
5.		
6.		

**Section 8 – Previous Federal Assistance**

To your knowledge, was federal assistance ever provided for this property?  Yes  No  
If yes, when? For what purpose?

If yes, was the purchase and maintenance of flood insurance a requirement?  Yes  No

If yes, did you continue to maintain flood insurance as required?  Yes  No  
If no, please explain why it is no longer maintained:

If yes, was elevation of the structure required?  Yes  No  
If no, please explain why elevation did not occur:

### **Applicant Certification**

I/We understand that the information provided above is collected to determine if I/We are eligible to receive assistance under the federally funded Community Development Block Grant Disaster Recovery Program or the state funded Disaster Housing Relief Program for damage to my primary residence resulting from Hurricane Sandy. I/We hereby certify that all the information provided herein is true and correct. I/We understand that providing false statements or information is grounds for termination of homeowner assistance and is punishable under federal law. I/We authorize Somerset County and any duly authorized representatives to verify all information provided in this application. I/We understand that additional information will likely be required to move forward with this application for funding.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government including recipients who distribute federal funds.

I also understand that if my request for assistance is approved that this information will be shared with the State of Maryland and the U.S. Department of Housing and Urban Development.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

---

For Somerset County Use Only:

Date Application Submitted:	Date Application Complete:
Date of Approval or Denial:	
Date Agreement Executed:	

## **APPLICATION CHECKLIST**

**All applicable information must be submitted for an application to be determined to be complete. Attach all relevant documents:**

- Copy of the Property Deed**
- Copy of current mortgage statement**
- Copies of documentation regarding other liens, judgments or debts**
- Documentation related to foreclosure proceedings**
- Copies of FEMA and/or SBA denials of funding**
- Documentation of funding approvals from FEMA and/or SBA**
- Documentation of insurance proceeds**
- Copies of receipts for completed home repairs supporting FEMA, SBA, or insurance proceeds**
- Copies of completed Employer Verification forms**
- Current copies of checking and saving bank statements**
- Current copy of Social Security or other monthly government income/benefits**
- Current copy of pension statement**
- Current copies of alimony or child support payments**
- Copies of last 2 years of income tax returns for all persons in the household with the exception of minors and full-time college students**
- Copy of most recent real estate tax bill**

**SOMERSET DISASTER RECOVERY  
APPLICATION FOR HOMEOWNER ASSISTANCE  
ADDITIONAL INFORMATION REQUIRED FOR DHRP**

<b>Section 1 – Monthly Housing Expense</b>		
<b>ITEM</b>	<b>AMOUNT</b>	
First Mortgage (P & I)		
Other Mortgages (P & I)		
Hazard Insurance		
Real Estate Taxes		
Mortgage Insurance		
Homeowner Association Dues		
Other		
<b>Total Monthly Payment</b>		
Utilities		
<b>TOTAL</b>		
<b>Comments:</b>		
<b>Section 2 – Personal Debt History</b>		
	<b>BORROWER</b>	<b>CO-BORROWER</b>
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 7 years?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Comments:</b>		



<b>Section 4 - Liabilities</b>	
<b>CREDITORS (Name and Address)</b>	<b>MONTHLY PAYMENT</b>
<b>Installment Debts:</b>	\$
	\$
	\$
<b>Automobile Loans</b>	\$
<b>Real Estate Loans</b>	\$
<b>Other Debts</b>	\$
<b>Alimony, Child Support, etc. Paid to:</b>	\$
<b>TOTAL MONTHLY PAYMENT</b>	\$