



Caroline County, MD
P.O. Box 534, Denton, MD 21629

Single Family Application

Date: _____

CLIENT INFORMATION

Name: _____ Birth Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Own: () Rent: () Marital Status: _____

Name and Address of Employer: _____

Years on job: _____ yrs.

Position/Title: _____

Self Employed: () Type of Business: _____

Social Security # : _____

Home Phone: _____

Business Phone: _____

Veteran Y/N? _____

Describe repairs/improvements you wish to have made: _____

Incomplete applications will automatically be denied assistance.

MONTHLY HOUSING EXPENSES

Mortgage: _____ Real Estate Taxes (yearly) : _____

Homeowners Insurance (yearly) : _____ Ground Rent (monthly) : _____

INCOME

Base Employee Income (hrs per week & rate): _____

Pensions/Social Security: _____

Alimony/Child Support: _____

Describe other income of all persons 18 years or older residing in owner's household and the source: _____

Homeowner's Signature Date

Homeowner's Signature Date

See Instructions on Back of this Sheet



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DOCUMENTATION TO ENCLOSE WITH APPLICATION

Income Verifications:

Check stubs (4 in consecutive order from employer) from each employer for each adult member of the household;
Copy of award letter from pensions, social security or public assistance;
Copy of award letter for child support.

Ownership Verification:

Copy of Deed to your property.
Copy of bill for homeowner's insurance bill that lists cost and dates of coverage.
Copy of your most recent property tax bill that shows assessment.

OPTIONAL STATISTICAL DATA

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

Black/African American American Indian or Alaskan Native White
 Asian Hispanic Native Hawaiian/Other Pacific Islander

Male Female

The following optional information can be used by rebuilding Together 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 _____
(Name)
- Word of Mouth
- State Agency
- Local Government Agency
- Other