



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: \_\_\_\_\_

Describe repairs/improvements you wish to have made: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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



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

**Single Family Application**

**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