

PLEASE SIGN ALL RELEASES

Authorization by Applicant:

I authorize the Maine Savings Bank, Portland Savings Bank, Sun Savings & Loan, Maine National Bank, any Credit Union or other financial institution to verify mortgage information, savings deposit information or any other information requested by the City of Portland Department of Planning & Urban Development for the purpose of evaluating the feasibility of a loan or grant.

Mary J. Swan
(Signature in Full)
(OWNER)

(Signature in Full)
(CO-OWNER)

6/3/86
(Date)

Authorization by Applicant:

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Mary J. Swan
(Signature in Full)

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Mary J. Swan
(Signature in Full)

(Signature in Full)

6/3/86
(Date)

Authorization by Applicant:

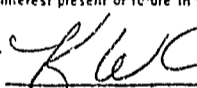
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Mary J. Swan
(Signature in Full)

(Signature in Full)

6/3/86
(Date)

Neighborhood Conservation Program Rehabilitation Loan Program AS-IS PROPERTY APPRAISAL		A. APPLICATION NUMBER	
INSTRUCTIONS: Prepare original for retention in Public Body case files. Make entries in spaces provided on Form NCP 1. and NCP 4.		B. (Check and complete one) <input type="checkbox"/> Urban renewal project No. _____ <input checked="" type="checkbox"/> Code enforcement program No. <u>HCD TARGET AREA</u> <input type="checkbox"/> Certified area program No. _____	
		C. NAME, ADDRESS, AND ZIP CODE OF PUBLIC BODY	
D. PROPERTY			
1. ADDRESS <u>139 BOLTON ST</u> <u>PORTLAND, ME</u>		4. SPECIAL ASSESSMENTS	
2. LEGAL DESCRIPTION (lot and block) <u>186A-E-7</u>		Prepayable \$ _____	Nonprepayable \$ _____
		Interest % _____	Annual payment \$ _____
3. LOT DIMENSIONS <u>55</u> ft. X <u>86</u> ft. = <u>4730</u> sq. ft.		Unpaid balance \$ _____	Remaining term _____ years
		5. LEASEHOLD	
1. NAME AND ADDRESS (Include ZIP Code) <u>MARY T. DURAN</u> <u>139 BOLTON ST</u> <u>PORTLAND, ME</u>		F. TITLE EXCEPTIONS (Easements, encroachments, rights-of-way, other)	
2. TELEPHONE NUMBER		G. OCCUPANCY (Complete appropriate items) <input type="checkbox"/> Vacant. Occupied by <input checked="" type="checkbox"/> owner <input type="checkbox"/> tenant at \$ _____ per month <input type="checkbox"/> furnished <input type="checkbox"/> unfurnished.	
H. DESCRIPTION OF BUILDING Year completed: <u>1925</u> Mineral rights reserved? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)			
<input checked="" type="checkbox"/> Detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Row	<input type="checkbox"/> Brick or stone <input type="checkbox"/> Stucco or c. blk <input type="checkbox"/> Comb. types	<input type="checkbox"/> Store rm. <input type="checkbox"/> Util. rm. <input type="checkbox"/> Garage No. cars _____ <input type="checkbox"/> Built-in <input type="checkbox"/> Attached <input type="checkbox"/> Detached	Type of heating <u>OIL/EPS</u> <input type="checkbox"/> Central air conditioning
<input checked="" type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Wood siding <input type="checkbox"/> Asb. shingle <input type="checkbox"/> Fiberboard	<input type="checkbox"/> Split level <u>100%</u> Basement <input type="checkbox"/> Slab on ground <input type="checkbox"/> Crawl space	Utilities Public Comm. Individual Water <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gas <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Elect. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Sanit. sewer <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Type of paving <u>BIT</u> <input checked="" type="checkbox"/> Curb & gutter <input checked="" type="checkbox"/> Sidewalk <input checked="" type="checkbox"/> Storm sewer
<input type="checkbox"/> % Nonresid. <u>7</u> Living units <u>4</u> Bedrooms <u>1</u> Liv. room <u>1</u> Din. room <u>1</u> Kitchen <u>2</u> No. rooms <u>1</u> Baths <u>0 1/2</u> Baths			

I. COMPARABLE BUILDINGS												
1. ADDRESSES												
a. <u>102 Woodford St</u>												
b. <u>27 Hillis St</u>												
c. <u>97 Edwards St</u>												
2. DETAIL FOR EACH COMPARABLE BUILDING LISTED IN BLOCK HI												
AREA (In sq. ft.)	NO. OF STORIES	ROOMS	BED- ROOM	BATHS	CONSTRUC- TION	GAR- AGE	AGE	CONDITION	PRICE	DATE	DATE OF INSPECTION	COMPARISON (+ OR - OR =)
a. 7136	2	6	3	1	Frame N		40	Good	\$50,000	3/3/86	9/26/86	+30,000
b. 5100	2	6	3	1	Frame IC		45+	Fair	\$56,000	2/13/86	9/26/86	+24,000
c. 7830	2	6	3	1	Frame IC		45+	Good	\$87,000	1/2/86	9/26/86	=7,000
3. COMMENTS (Specific conditions, neighborhood characteristics, other; identify building to which comments relate)												
J. PRESENT MONTHLY EXPENSES (Average for past 12 months)						K. BUILDING CONDITION						
1. Real property tax (Annual tax = \$ _____) \$ _____						<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor L. REMAINING ECONOMIC LIFE OF BUI. AFTER REHABILITATION <u>75</u> years M. AS-IS APPRAISAL (Land and Improvements) \$ <u>80,000</u>						
2. Special assessments \$ _____												
3. Ground rent (if any) \$ _____												
4. Heat and utilities \$ _____												
5. Hazara insurance (if any) \$ _____												
6. Maintenance \$ _____												
N. COMPLETION OF ITEMS REQUIRING ADDITIONAL SPACE												
ITEM	INFORMATION											
O. CERTIFICATION BY PUBLIC BODY												
The undersigned certifies that to the best of his knowledge the information presented herein is true, complete, and correct, and that he has no interest present or future in the property, application, or loan.												
 _____ Signature						<u>9/30/86</u> _____ Date						



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

11/21/86

Mr. Joseph E. Gray, Jr.
Director of Planning & Urban Development
Portland, Maine

Re: City Grant Program
MARY T. DURAN
139 Bolton Street
Bethland, ME, 04102
CASE # 03/339/1

Dear Mr. Gray:

Please find enclosed the original and one (1) copy of Form NCP-1, Loan Application as set forth above. The following is a list of the documents retained in our files in support of the approval of this loan:

- | | |
|----------------------------------|------------------------------|
| 1. Form NCP-1, | Loan Application |
| 2. Form NCP-16, | Non-discrimination Statement |
| 3. Form NCP-10, | City Tax Report |
| 4. Credit Rating Report | |
| 5. Form NCP-7, | Verification of Employment |
| 6. Form NCP-8, | Verification of Mortgage |
| 7. Title Search | |
| 8. Form NCP-9, | Verification of Deposit |
| 9. Form NCP-6, | As-Is Appraisal by Staff |
| 10. City Housing Deficiency List | |
| 11. Form NCP-14, | Report of Work Cost Estimate |
| 12. Specifications | (Work write-up) |
| 13. Contractor's Bid | |

- #1. The applicant is unable to secure a loan on comparable terms and conditions as offered by the City of Portland, Maine Rehabilitation Loan Program.

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT APPLICATION FOR REHABILITATION GRANT		E. IDENTIFICATION:	
		1. APPLICATION NUMBER	2. DATE OF APPROVAL
		03 339 1	YR. MO. DAY
A. APPLICANT DATA		3. NAME, ADDRESS AND ZIP CODE OF LOCAL PUBLIC AGENCY OR MUNICIPALITY	
1. NAME, ADDRESS, AND ZIP CODE OF APPLICANT(S) (Last name first) MARY T. DURAN 139 Bolton St. Portland, ME, 04102		MARGE SCHMUCKAL, Asst. Chief of Insp. Serv. City Hall - Rm 315 384 Congress St. Portland, Me. 04101	
2. TOTAL NUMBER OF DEPENDENTS OF APPLICANT(S) LISTED ABOVE: <input type="text" value="0"/>		F. PRESENT MONTHLY HOUSING EXPENSE ALLOCABLE TO APPLICANT'S DWELLING UNIT	
Ages of dependents: _____		1. Mortgage payments (principal and interest only) \$ None	
B. NAME, ADDRESS, AND ZIP CODE OF EMPLOYER OF EACH APPLICANT Retired		2. Ground rent _____	
		3. Hazard insurance _____	
		4. Real property taxes; special assessments 100	
		5. Maintenance _____	
		6. Heat and utilities 81	
		7. Other _____	
C. TOTAL PRESENT MONTHLY INCOME OF APPLICANT(S)		8. Total present monthly housing expense (sum of Lines 1 through 7) \$ 181	
1. Base pay: Husband _____ Wife _____ Other _____ Total - All applicants \$ 1		G. CHARACTERISTICS OF PROPERTY	
2. Other earnings _____		1. As-is value (If application for Section loan is in process, show same as-is value, otherwise estimate as-is value) \$ 80,000	
3. Net income from property being rehabilitated, if any _____		2. Age of structure 61± years	
4. Social security pensions, annuities 471		3. Remaining economic life of structure after rehabilitation (If application for loan is in process, show same number of years; otherwise estimate remaining economic life) 15 years	
5. Other income _____		4. Number of dwelling units	
6. Total present monthly income (sum of Lines 1 through 5) \$ 471		a. Before rehabilitation 1	
D. ASSETS OF APPLICANT(S)		b. After rehabilitation 1	
1. Total assets		H. REHABILITATION COSTS	
a. Cash on hand and in cash accounts \$ 50		1. Amount of grant applied for \$ 4,500	
b. Marketable securities and U. S. savings bonds _____		2. If any, loan applied for _____	
c. Equity in other real estate		3. If any, funds from other sources _____	
(1) Market value \$ _____		4. Total rehabilitation costs (sum of Lines 1 through 3) \$ 4,500	
(2) Unpaid balance _____			
(3) Equity (line c(1) minus Line c(2)) _____			
d. All other assets (Do not include value of property shown in Item A1, or value of furniture, clothing, automobiles or other personal property) _____			
e. Total assets (sum of Lines a, b, c(3), and d) _____			
2. Unpaid bills for food, medical expenses, etc. (Do not include debts on furniture, clothing, automobiles, or other personal property) _____			
3. Net assets (Line 1e minus Line 2) \$ 50			

(Over)

I. Certification by Applicant(s)

The Applicant certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining a grant under Planning & Urban Development Program, and is true and complete to the best of the Applicant's knowledge and belief.

The Applicant further certifies that he is the owner of the property described in this application, and that the rehabilitation grant proceeds will be used only for the work and materials necessary to meet the rehabilitation or code standards, as applicable, which are prescribed for the property described in this application. If the Approving Officer determines that the rehabilitation grant proceeds will not or cannot be used to the purposes described herein, the Applicant agrees that the proceeds shall be returned forthwith, in full, to the City of Portland, and acknowledges that, with respect to such proceeds so returned, he shall have no further interest, right, or claim.

The Applicant covenants and agrees that he will comply with all requirements imposed by or pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964 (78 Stat. 252). The Applicant agrees not to discriminate upon the basis of race, color, creed, or national origin in the sale, lease, rental, use, or occupancy of the real property rehabilitated with assistance of the grant. The United States shall be deemed to be a beneficiary of these provisions both for and in its own right and also for the purpose of protecting the interests of the community and other parties, public or private, in whose favor or for whose benefit these provisions have been provided and shall have the right, in the event of any breach of these provisions, to maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breach.

Verification of any of the information contained in this application may be obtained from any source named herein.

Date

MARY T. DEWAN Signature

Date

Signature

Date

Signature

State of Maine
Cumberland, ss.

Personally appeared the above-named _____ and made oath to the truth of the foregoing statements.

Before me,

Notary Public
Justice of the Peace

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. 17 M.R.S.A. Sec. 1604 provides: "Whoever shall knowingly make or cause to be made any false statement in writing by him signed, with the intent that it shall be relied upon respecting the financial condition . . . of himself, and procures upon the faith thereof . . . any . . . benefit, shall be punished by a fine of not more than \$1,000 or by imprisonment for not more than 11 months."

J. Approval of Application

The undersigned has examined the application for a Planning & Urban Development Program rehabilitation grant described herein, including supporting data, and finds that the application meets the requirements, and satisfies the rules and regulations issued by the Planning & Urban Development Program pertaining to the rehabilitation grant program. Accordingly, the undersigned has approved the application for a grant in the amount indicated in Block H, Line 1, subject to the establishment of any required fund reservation by the City of Portland.

Date

Signature

Chief of Planning & Urban Development
Title

STATEMENT OF OWNER OF
PROPERTY TO BE REHABILITATED UNDER
DEPARTMENT OF PLANNING AND URBAN DEVELOPMENT

To Whom It May Concern:

As the owner of the residential property at _____

139 Bolton Street, Portland, Maine

which is to be rehabilitated with funds provided under the
Department of Planning and Urban Development Loan Program,
I wish to make the following statement:

There will be no discrimination upon the basis of race,
sex, color, creed, or national origin in the sale,
lease, rental or use or occupancy of the property at:

139 Bolton Street
Portland, Maine

after it is rehabilitated with loan funds from the
Department of Planning and Urban Development Loan Program.

MARY T. DURAN

Date: _____

12. Prohibition Against Payments of Bonus or Commission:

The assistance provided under the Agreement shall not be used in the payment of any bonus or commission for the purpose of obtaining HUD approval of the application for such assistance, or HUD approval of applications for additional assistance, or any other approval of concurrence of HUD required under the Agreement, Title I of the Housing and Community Development Act of 1974 or HUD regulations with respect thereto; provided, however, that reasonable fees or bona fide technical, consultant, managerial or other such services other than actual solicitation, are not hereby prohibited if otherwise eligible as program costs.

In Witness Whereof OWNER and CONTRACTOR have executed this Agreement at Portland, County of Cumberland and State of Maine as of this ninth day of December, 1986.

Attest:

Virginia L. Westworth

CONTRACTOR:

Wayne Curlew
Wayne's Plumbing & Heating

Attest:

Virginia L. Westworth

OWNER:

Mary D. Duran
Mary D. Duran
139 Bolton Street - Portland, Maine
(Address of Owner(s))

Attest:

OWNER:

(Address of Owner(s))

SELECTION OF CONTRACTORS

The selection of all contractors for housing rehabilitation projects is completely at the option of the homeowner/applicant. The only restriction being that of basic qualification. Each contractor must be currently licensed and be able to submit reasonable proof of ability - i.e. addresses of jobs completed.

The City of Portland does not recommend contractors under any circumstances, and the providing information about contractors is not to be construed to be a recommendation.

Homeowners are encouraged to obtain contractors from their own experiences or any source they choose, and in the interest of professional workmanship, selecting those properly licensed and qualified. All contractors are required to carry appropriate liability insurance and also Workman's Compensation Insurance when applicable.



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

November 21, 1986

Mr. Joseph E. Gray, Jr.
Director of Planning & Urban Development
Portland, Maine

Re: City Grant Program
Mary T. Duran
139 Bolton Street
Portland, ME 04102
Case # 03/339/1

Dear Mr. Gray:

Please find enclosed the original and one (1) copy of Form NCP-1, Loan Application as set forth above. The following is a list of the documents retained in our files in support of the approval of this loan:

- | | |
|----------------------------------|---------------------------------|
| 1. Form NCP-1, | Loan Application |
| 2. Form NCP-16, | Non-discrimination Statement |
| 3. Form NCP-10, | City Tax Report |
| 4. Credit Rating Report | NONE ON FILE PER CREDIT BUREAU |
| 5. Form NCP-7, | Verification of Employment S.S. |
| 6. Form NCP-8, | Verification of Mortgage NONE |
| 7. Title Search | FORMAL Verification |
| 8. Form NCP-9, | Verification of Deposit NONE |
| 9. Form NCP-6, | As-Is Appraisal by Staff |
| 10. City Housing Deficiency List | |
| 11. Form NCP-14, | Report of Work Cost Estimate |
| 12. Specifications | (Work write-up) |
| 13. Contractor's Bid | |
- #1. The applicant is unable to secure a loan on comparable terms and conditions as offered by the City of Portland, Maine Rehabilitation Loan Program.

-1-

Mr. Joseph E. Gray, Jr.
Page Two

- #2. The work to be performed consists of repairs as outlined in the specifications.
- #3. The above mentioned property is located within the boundaries of the Neighborhood Conservation Program; therefore qualifies for a City of Portland Rehabilitation Loan.

The Contractor agrees to the following in the signed contract retained in our files between the Borrower:

Equal Employment Opportunity - Non-discrimination
Insurance Coverage
Liability Insurance

Sincerely,

Submitted by: Mary Schmidt
Senior Rehab. Officer

Approved by: Joseph Gray
Director of Planning
and Urban Development

/u

Encl:

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT APPLICATION FOR REHABILITATION GRANT		E. IDENTIFICATION	
		1. APPLICATION NUMBER	2. DATE OF APPROVAL
		03 339 1	____/____/____ YR. MO. DAY
A. APPLICANT DATA		3. NAME, ADDRESS AND ZIP CODE OF LOCAL PUBLIC AGENCY OR MUNICIPALITY	
1. NAME, ADDRESS, AND ZIP CODE OF APPLICANT(S) <i>(Last name first)</i> Mary T. Duran 139 Bolton Street Portland, ME 04102		Marge Schmuckal, Asst. Chief of Insp. Serv. City Hall - Room 315 389 Congress Street Portland, ME 04101	
2. TOTAL NUMBER OF DEPENDENTS OF APPLICANT(S) LISTED ABOVE: Ages of dependents: _____		4. AGE OF APPLICANT (head of household) 60	
B. NAME, ADDRESS, AND ZIP CODE OF EMPLOYER OF EACH APPLICANT		F. PRESENT MONTHLY HOUSING EXPENSE ALLOCABLE TO APPLICANT'S DWELLING UNIT	
Retired		1. Mortgage payments (principal and interest only) \$ None	
		2. Ground rent -	
		3. Hazard insurance -	
		4. Real property taxes; special assessments 100	
		5. Maintenance -	
		6. Heat and utilities 81	
		7. Other	
		8. Total present monthly housing expense (sum of Lines 1 through 7) \$ 181	
C. TOTAL PRESENT MONTHLY INCOME OF APPLICANT(S)		G. CHARACTERISTICS OF PROPERTY	
1. Base pay: Husband \$ _____ Wife _____ Other _____ Total - All applicants \$ _____		1. As-is value (If application for Section loan is in process, show same as-is value; otherwise estimate as-is value) \$ 80,000	
2. Other earnings _____		2. Age of structure 61± years	
3. Net income from property being rehabilitated, if any _____		3. Remaining economic life of structure after rehabilitation (If application for loan is in process, show same number of years; otherwise estimate remaining economic life) 75 years	
4. Social security, pensions, annuities 471		4. Number of dwelling units	
5. Other income _____		a. Before rehabilitation 1	
6. Total present monthly income (sum of Lines 1 through 5) \$ 471		b. After rehabilitation 1	
D. ASSETS OF APPLICANT(S)		H. REHABILITATION COSTS	
1. Total assets		1. Amount of grant applied for \$ 4,500	
a. Cash on hand and in cash accounts \$ 50		2. If any, loan applied for -	
b. Marketable securities and U. S. savings bonds _____		3. If any, funds from other sources -	
c. Equity in other real estate		4. Total rehabilitation costs (sum of Lines 1 through 3) \$ 4,500	
(1) Market value \$ _____			
(2) Unpaid balance _____			
(3) Equity (Line c(1) minus Line c(2)) _____			
d. All other assets (Do not include value of property shown in Item A1, or value of furniture, clothing, automobiles or other personal property) _____			
e. Total assets (sum of Lines a, b, c(3), and d) _____			
2. Unpaid bills for food, medical expenses, etc. (Do not include debts on furniture, clothing, automobiles, or other personal property) _____			
3. Net assets (Line 1e minus Line 2) \$ 50			

(Over)

1. Certification by Applicant(s)

The Applicant certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining a grant under Planning & Urban Development Program, and is true and complete to the best of the Applicant's knowledge and belief.

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Verification of any of the information contained in this application may be obtained from any source named herein.

Dec. 1, 1986
Date

Mary T. Duran
Signature
Mary T. Duran

Date

Signature

Date

Signature

State of Maine
Cumberland, ss.

Personally appeared the above-named Mary T. Duran and made oath to the truth of the foregoing statements.

Before me,

Virginia G. Wentworth
Notary Public
Justice of the Peace

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. 17 M.R.S.A. Sec. 1604 provides: "Whoever shall knowingly make or cause to be made . . . any false statement in writing by him signed, with the intent that it shall be relied upon, respecting the financial condition . . . of himself, and procures upon the faith thereof . . . any . . . benefit, shall be punished by a fine of not more than \$1,000 or by imprisonment for not more than 11 months."

J. Approval of Application

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12/5/86
Date

Joseph C. [Signature]
Signature
Chief of Planning & Urban Development
Title

STATEMENT OF OWNER OF
PROPERTY TO BE REHABILITATED UNDER
DEPARTMENT OF PLANNING AND URBAN DEVELOPMENT

To Whom It May Concern:

As the owner of the residential property at _____
139 Bolton Street, Portland, ME
which is to be rehabilitated with funds provided under the
Department of Planning and Urban Development Loan Program,
I wish to make the following statement:

There will be no discrimination upon the basis of race,
sex, color, creed, or national origin in the sale,
lease, rental or use or occupancy of the property at:

139 Bolton Street
Portland, ME

after it is rehabilitated with loan funds from the
Department of Planning and Urban Development Loan Program.

Mary T. Duran
Mary T. Duran

Date: 12/1/66

D 42521-97

9711 35130 44,446

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

STATUS OF CITY TAXES

I have this date examined the financial records of the City of Portland, and find the following delinquent assessments on the property below listed:

~~NO~~ DELINQUENCIES *per finance*

Property 186A CHART E BLOCK 7 LOT 7

Owner MARY T. DURAN

Amt. Paid _____

Date Paid _____

Address 139 Bolton St.

Real Estate OVERDUE

Current _____ Interest _____

Prior _____ Interest _____

Personal Property OVERDUE

Current _____ Interest _____

Prior _____ Interest _____

Other Assessments OVERDUE

Street _____ Interest _____

Sidewalk _____ Interest _____

Sewer _____ Interest _____

Verified by: [Signature] Date: 9-25-86

12:12:29

INFORMAL VERIFICATION OF
PROPERTY OWNERSHIP
PLANNING AND URBAN DEVELOPMENT
PORTLAND, MAINE

Nov. 24, 1986
Date

To Whom It May Concern:

This is to certify that I have this date examined the Assessor's records of the City of Portland, Maine and find that the property located at 139 Bolton Street in the Planning & Urban Development Area, being City Lot 186A-E-7 is assessed to: Mary T. Duran

Records in the City Assessor's Office indicate that they base their assessment upon a Warranty/Quit-Claim Deed which their records show was recorded in Cumberland County Registry of Deeds, in Book 2314, Page 459 on Sept. 26, 1956 which lists:

Thomas S. & Agnes H. Hey----- as Grantor
as Grantor
James A. & Mary T. Duran----- as Grantee
James A. Duran died 11/25/75 as Grantee

Virginia J. Westcott
Norm Officer
TITLE

PROPERTY DESCRIPTION

139 Bolton Street

Portland, Maine

Know All Men by These Presents,

THAT, we Thomas S. Hey and Agnes R. Hey, both of Portland, in the County of Cumberland and State of Maine

in consideration of one dollar and other valuable considerations

paid by James A. Duran, Jr., and Mary T. Duran both of said Portland

the receipt whereof we do hereby acknowledge, do hereby give, grant, bargain, sell and convey unto the said James A. Duran, Jr., and Mary T. Duran

as joint tenants and not as tenants in common, and their heirs and assigns, and the survivor of them, and the heirs and assigns of the survivor of them, forever,

A certain lot or parcel of land, with the buildings thereon situated in said Portland and being a part of a tract of land known as "Kenwood" designated as lot numbered thirty-six (36) on said tract and on map of said land made by Percy H. Richardson, C.E. and filed in Cumberland County Registry of Deeds in Plan Book 10, Page 89 and being bounded and described as follows:

Beginning at a point on the easterly side line of Manners Ave. (now Bolton Street) distant Seventeen Hundred five and fifteen one hundredths (1705.15) feet Northerly from Congress Street; running thence Northerly along Bolton Street fifty-five (55) feet; thence Easterly Eighty-five and sixty one-hundredths (85.60) feet to land now of formerly of Edward Thoms; thence Southerly along said Thoms land Fifty-five (55) feet; thence Westerly Eighty-five and sixty-eight one hundredths (85.68) feet to Bolton Street and the point of beginning.

Being the same property conveyed to these Grantors by Martin T. Cavanaugh Jr. et al by deed recorded in said Registry of Deeds in Book 2029 page 498.

16373

State of Maine

Tax Lien Certificate

I, Richard J. Ranaghan, Jr., Director of Finance of the City of Portland in the County of Cumberland, 1982 taxes having been duly and legally assessed on the 1st day of April 1981 and having been duly and legally certified to me for collections by the Tax Assessor of said City of Portland on the 7th day of July 1981, hereby certify that a TAX of \$765.83 duly and legally assessed to real estate in said City of Portland and assessed against Duran, Mary T. as owner, said real estate being described as follows: 186A-E-7 042540
Bolton St. 137-139
4710SF

together with interest of \$99.69, which has been added to and becomes a part of said tax, making a total of \$865.52 remains unpaid; that a lien is claimed on said real estate above described to secure the payment of said TAX has been made of the said Duran, Mary T. by me by my sending certified mail to his last known place of abode at 139 Bolton Street on the 7th day of June 1982, a notice in writing signed by me stating the amount of said tax, describing the real estate on which said tax is assessed, alleging that a lien is claimed on said real estate to secure the payment of said tax, and demanding payment of said tax within thirty (30) days after mailing of said notice.

Additional Cost:

Filing, Recording and discharging lien	\$20.00	R. Ranaghan Director of Finance City of Portland
Certified Mail, true copies	3.10	
Total	\$888.62	For 1981-1982 taxes

State of Maine

Cumberland ss

Then personally appeared the above subscribed Richard J. Ranaghan, Jr. Director of Finance and acknowledged the foregoing instrument to be his free act and deed in his said capacity.

Before me.
Gayland E. Pelkey - Notary

State of Maine

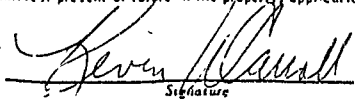

Cumberland ss
Received at 3 H 00 m P. m on July 7, 1982 and recorded in
Book 4987 page 231

Leah S. Tibbetts

Registry of Deeds
Attest
Deputy Register

9/30/86

Neighborhood Conservation Program Rehabilitation Loan Program AS-IS PROPERTY APPRAISAL		A. APPLICATION NUMBER													
INSTRUCTIONS: Prepare original for retention in Public Body case files. Make entries in spaces provided on Form NCP 1 and NCP 4.		B. (Check and complete one) <input type="checkbox"/> Urban renewal project No. _____ <input checked="" type="checkbox"/> Code enforcement program No. <u>HCD TARGET AREA</u> <input type="checkbox"/> Certified area program No. _____													
D. PROPERTY		C. NAME, ADDRESS, AND ZIP CODE OF PUBLIC BODY													
1. ADDRESS 139 Bolton Street Portland, Maine		4. SPECIAL ASSESSMENTS													
2. LEGAL DESCRIPTION (lot and block) 186A-E-7		<table border="1"> <tr><td>Propayable</td><td>\$</td></tr> <tr><td>Nonpropayable</td><td>\$</td></tr> <tr><td>Interest</td><td>%</td></tr> <tr><td>Annual payment</td><td>\$</td></tr> <tr><td>Unpaid balance</td><td>\$</td></tr> <tr><td>Remaining term</td><td>years</td></tr> </table>		Propayable	\$	Nonpropayable	\$	Interest	%	Annual payment	\$	Unpaid balance	\$	Remaining term	years
Propayable	\$														
Nonpropayable	\$														
Interest	%														
Annual payment	\$														
Unpaid balance	\$														
Remaining term	years														
3. LOT DIMENSIONS 55 ft. X 86 ft. = 4730 sq. ft.		5. LEASEHOLD													
E. BORROWER(S) 1. NAME AND ADDRESS (Include ZIP Code) Mary T. Duran 139 Bolton St. Portland, ME		F. TITLE EXCEPTIONS (Easements, encroachments, rights-of-way, other)													
2. TELEPHONE NUMBER		G. OCCUPANCY (Complete appropriate items) <input type="checkbox"/> Vacant. Occupied by <input checked="" type="checkbox"/> owner <input type="checkbox"/> tenant at \$ _____ per month <input type="checkbox"/> furnished <input type="checkbox"/> unfurnished.													
H. DESCRIPTION OF BUILDING		Year completed: <u>1925</u>													
<input checked="" type="checkbox"/> Detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Row		<input type="checkbox"/> Store rm. <input type="checkbox"/> Util. rm.													
<input checked="" type="checkbox"/> Frame <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood shingle <input type="checkbox"/> Asb. shingle <input type="checkbox"/> Fiberboard		<input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Built-in <input type="checkbox"/> Attached <input type="checkbox"/> Detached													
<input type="checkbox"/> Brick or stone <input type="checkbox"/> Stucco or c. blk <input type="checkbox"/> Comb. types		<input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)													
<input type="checkbox"/> % Nonresid. Living units 4 Bedrooms 1 Liv. room 1 Din. room 1 Kitchen 7 No. rooms 1 Baths 1/2 Baths		Utilities: Public <input checked="" type="checkbox"/> Conm. <input type="checkbox"/> Individual <input type="checkbox"/> Water <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Elect. <input type="checkbox"/> Sanit. sewer <input checked="" type="checkbox"/>													
2 Stories <input type="checkbox"/> Split level 100% Basement <input type="checkbox"/> Slab on ground <input type="checkbox"/> Crawl space		Type of heating: oil/LPS <input type="checkbox"/> Central air conditioning Type of paving: Bit. = <input checked="" type="checkbox"/> Curb & gutter <input checked="" type="checkbox"/> Sidewalk <input checked="" type="checkbox"/> Storm sewer													

I. COMPARABLE BUILDINGS												
1. ADDRESSES												
a. 102 Woodford St.												
b. 27 Hillis St.												
c. 97 Edwards St.												
2. DETAIL FOR EACH COMPARABLE BUILDING LISTED IN BLOCK HI												
AREA (In sq. ft.)	NO. OF STORIES	ROOMS	BED- ROOMS	BATHS	CONSTRUC- TION	GAR- AGE	AGE	CONDITION	PRICE	DATE	DATE OF INSPECTION	COMPARISON (+ OR - OR =)
a. 7136	2	6	3	1	frame	N	40	good	\$50,000	8/3/86	9/26/86	\$+30,000
b. 5000	2	6	3	1	frame	1C	45+	fair	\$56,000	2/13/86	9/26/86	\$+24,000
c. 7830	2	6	3	1	frame	1C	45+	good	\$67,000	6/23/86	9/26/86	\$-7000
3. COMMENTS (Specific conditions, neighborhood characteristics, other; identify building to which comments relate)												
J. PRESENT MONTHLY EXPENSES (Average for past 12 months)								K. BUILDING CONDITION				
1. Real property tax (Annual tax = \$ _____) \$ _____								<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor				
2. Special assessments \$ _____								L. REMAINING ECONOMIC LIFE OF BUILDING AFTER REHABILITATION 75 years				
3. Ground rent (if any) \$ _____												
4. Heat and utilities \$ _____								M. AS-IS APPRAISAL (Land and Improvements) \$ 80,000				
5. Hazard insurance (if any) \$ _____												
6. Maintenance \$ _____												
N. COMPLETION OF ITEMS REQUIRING ADDITIONAL SPACE												
ITEM	INFORMATION											
O. CERTIFICATION BY PUBLIC BODY												
The undersigned certifies that to the best of his knowledge the information presented herein is true, complete, and correct, and that he has no interest present or future in the property, application, or loan.												
 Signature										 Title		9/30/86 Date



CITY OF PORTLAND

JOSEPH E. GRAY, JR.
NEIGHBORHOOD CONSERVATION AND
INSPECTION SERVICES

APPRAISER CERTIFICATION

*139 Balton St
Portland, Maine*

I certify that I do not have any interest, direct or indirect, with respect to the property appraised, the Section 312 loan applicant, the contractor, or any other party involved in this transaction.

9/30/86
Date

Kevin W. Hall

139 Bolton Street

SPECIFICATIONS

General Notes

1. All measurements are approximate and are to be verified by the Contractor.
2. All materials having color of pattern shall be selected by the Owner.
3. All work shall be performed by licensed journeymen mechanics or better where required.
4. The premises shall be kept clean and orderly during the course of the work and remove all debris at the completion of the work.
5. Building permits, electrical permits and plumbing permits shall be purchased by the contractor. Failure to secure the required permits will mean that payments for work requiring permits will not be made until the necessary permit of permits have been purchased.
6. Workmanship and materials not covered by manufacturers warranty shall be covered by Contractors guarantee for a period of at least one year from date of final acceptance of all work required by the Contract.
7. All work shall conform to the Code of the City of Portland.
8. Install shall mean furnish and install, unless otherwise specified.

NOTE: No lead base paint can be used that exceeds 1 per centum lead by weight as required by circular H.P.M.C.-F.H.A.-4500.5.

Signed *Mark Kelley*
Rehabilitation Specialist

November 7, 1986
Exhibit "A"

Specifications for Work at 139 Bolton Street
Portland for Mary T. Duran

A. Sewer

1. Replace the existing sewer line from house to the main in the street. Allowance \$2800.00 including all permits.

B. Bathroom

1. Lift the existing fixtures and floor.
2. Replace the drainage to all fixtures.
3. Install linoleum over 3/4" plywood underlayment.
4. Set fixtures.
5. Repair ceiling on 1st floor. Install sheetrock as needed. Tape, spackle and sand to smooth surface and paint 2 coats.

C. Stormwindows

1. Install 16 white aluminum/combo stormwindows. "Waterville" or equal allowance \$50.00 per unit.

RESPONSIBILITIES OF THE BORROWER

The Borrower is the person or legal entity assuming responsibility to repay any loan. Any loan must be repaid whether or not he or she is satisfied with the rehabilitation process or construction. The city does not guarantee the performance of your contractor or the quality of his work and the city will not be responsible to make any repairs or replacements at a later date.

The City of Portland assists the borrower only in preparing work write-ups and supplying a list of contractors; and inspecting the work prior to issuing checks from the escrow account.

The Borrower must understand that he or she selects the contractor in the final analysis and enters into a two-part agreement with this contractor, approves payment to the contractor, gives final approval to the work and ultimately must resolve any differences with the contractor informally, or through a formal dispute resolution mechanism, or as a last resort, in court. The City will not furnish legal counsel in dispute between the property owner and the contractor.

The rehabilitation contract is between the borrower and the contractor. The City of Portland is not a party to the contract. The borrower must understand the City acts somewhat as a bank from which rehabilitation funds are borrowed and manages the escrow account as work progresses.

So there will not be any misunderstanding as to omissions, type of work, amount of work or the amount of money to be paid to the contractor, you are required to read, in detail, and sign your specifications before any work begins.

The specifications are not to be modified after work starts, unless a change order is approved in writing as to the dollar amount involved and what the replacement will be.

Mary Susan
Homeowner

11/12/86
Date

Homeowner

BID OF PROPOSAL

Date November 12, 1986

FROM Wayne Plumbing and Heating Co.

Address 158 St. John St. Portland, ME 04101

TO Mary T. Duran
Owner of Property

139 Bolton St. Portland, ME
Address

I, the undersigned contractor, having inspected the property and familiarized myself with the requirements of the specifications and plans (if any), entitled:

Exhibit "A" Specifications

Dated November 7, 1986

And understand the extent and character of the work to be done.

I propose to furnish all labor, materials, and equipment necessary to accomplish the work as specified in Exhibit "A" (Specifications) and drawing (if any) for the rehabilitation of the property at 139 Bolton Street, Portland

with the following exceptions: None

(if no exceptions, so state; attach sheet if necessary)

FOR THE SUM OF Four Thousand Five Hundred xx/100 DOLLARS (4,500.00/100)

I will commence the work within 15 consecutive calendar days from the date of award of Proceed Order to Contract and will complete the work within 60 calendar days after starting the work, weather permitting.

Wayne's Plumbing
Robert W. Cullen
CONTRACTOR

WAYNE'S PLUMBING & HEATING CO.

P. O. Box 2246
SO. PORTLAND, MAINE 04106
Phone 774-7849

PROPOSAL SUBMITTED TO MARY T. DURAN	PHONE 774-8163	DATE 11/12/86
STREET 139 BOLTON ST	JOB NAME SAME	
CITY, STATE and ZIP CODE PORTLAND ME	JOB LOCATION	
ARCHITECT	DATE OF PLANS	JOB PHONE

We propose hereby to furnish material and labor — complete in accordance with specifications below, for the sum of:

FOURTHOUSAND FIVE HUNDRED ^{XX} / 100 dollars (\$ **4,500. —**)

Payment to be made as follows:

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from specifications below involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized Signature

Robert H. Cullen

Note: This proposal may be withdrawn by us if not accepted within _____ days.

We hereby submit specifications and estimates for:

I WILL PERFORM ALL WORK AS OUTLINED IN SPECIFICATIONS EXHIBIT A (DATE) 11/7/86 FOR THE SUM OF \$ 4,600. —

Acceptance of Proposal

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature _____

Date of Acceptance: _____

Signature _____

Rec'd
5/14/86
V.F.W.

Handwritten signature

November 1, 1982

QUESTIONNAIRE FOR LOAN APPLICATION
DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

PLEASE PRINT ALL INFORMATION

IMPORTANT: Read these directions before completing this application
6/3/86 spoke to Mary Duran - will send in the last 2 pages of the application

If you are unmarried (single, widowed, or divorced) and applying for a loan, which is relying on your own income or assets, and not the income or assets of another person, as the basis of repayment of the loan, complete only Sections A & C.

If you are applying for a joint loan that you and another person (spouse, relative or Associate) will borrow and repay, complete all sections.

If you are relying on income from alimony, child support or separate maintenance or on assets or income of another as repayment for the loan, complete all sections and in Section B provide information on the person you are relying on.

SECTION A APPLICANT INFORMATION

Name MARY T. DURAN S. S. No. 007-12-8981

Address 139 BOLTON ST. Age 60

Address of Property To Be Rehabilitated 139 BOLTON ST 04102

Number of Dependents NONE Ages: 7 Home Phone 774-8163

Employer Gen Giorgio's (Temporary) Years There 1 1/2 yrs.
PORTLAND, ME worked in '85 04103

Weekly Gross Pay \$168.00 *NOT WORKING* Pension \$471.00 *SS. PAYMENT*
There any longer? Another pension?

ALIMONY, CHILD SUPPORT, MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH IT CONSIDERED IN DETERMINING YOUR ABILITY TO REPAY THE LOAN.
Other than New England Teamsters

Other Income: Indicate Sources None

Real Estate Income (Detail in Section C) None

SECTION B JOINT BORROWER INFORMATION

Name _____ Age _____ S. S. No. _____

Address _____

Number of Dependents _____ Ages _____ State _____ Zip _____

Employer _____ Years There _____

Address _____

Weekly Gross Pay _____ Pension _____

WORK TO BE DONE! ~~48462-2536 471-812-5652~~ \$900/yr

SECTION C Financial Statement: This should be filled with information for applicant and joint applicant, if both will repay.

Assets		Liabilities	
Bank _____	Acc't # _____		
Address <u>129 P St</u>	Balance <u>None</u>	Pay/Mo. <u>None</u>	Balance _____
Bank _____	Acc't # _____	Auto _____	_____
Address _____	Balance _____	Bank Card _____	_____
Bank _____	Acc't # _____	Bank Card _____	_____
Address _____	Balance _____	Notes Payable _____	_____
Credit Union _____	Acc't # _____	Address _____	_____
Address _____	Balance _____	Life Ins. Loan _____	_____
Securities _____	Acc't # _____	Address _____	_____
Address _____	Balance _____	Other (Alimony/child support, etc.) <u>None</u>	_____
Auto Year & Make <u>None</u>		Address _____	_____
		TOTALS _____	_____
	Real Estate Other Than Property Being Rehabilitated <u>None</u>		
Address of Property _____	Mortgage Holder _____	Mortgage Balance _____	Monthly Payments _____
			Monthly Income _____

EXHIBIT "A"

NOTICE TO APPLICANTS FOR HUD 312 LOANS

This is notice to you as required by the Right to Financial Privacy Act of 1978 that the Department of Housing and Urban Development has a right of access to financial records held by any financial institution in connection with the consideration or administration of the Section 312 rehabilitation loan for which you have applied. Financial records involving your transactions will be available to the Department of Housing and Urban Development without further notice or authorization but will not be disclosed or released to another Government agency or Department without your consent except as required or permitted by law.

EXHIBIT "B"

RIGHT TO FINANCIAL PRIVACY ACT CERTIFICATION

The Department of Housing and Urban Development certifies, in compliance with the Right to Financial Privacy Act of 1978, that, in connection with this request for access to financial records, it is in compliance with the applicable provisions of said Act.

1 Control number 15	4 Employer's State number	Copy C For employee's records
2 Employer's name, address, and ZIP code LEN LIBBY'S CANDIES SPURWINK RD. SCARBOROUGH ME 04074		
3 Employer's identification number 01-0206103	5 Statutory employee Decayed	Legal rep. 942 emp
6 Allocated tips	7 Advance EIC payment	
8 Employee's social security number 007-12-8982	9 Federal income tax withheld 181.71	10 Wages, tips, other compensation 2,391.00
11 Social security tax withheld 203.14		13 Social security wages 2,391.00
12 Employee's name address and ZIP code MARY DURAN 139 BOLTON ST. PORTLAND ME 04102		14 Social security tips 0.00
16		17 State income tax 29.72
18 State wages, tips, etc 2,391.00		19 Name of State MAINE
20 Local income tax		21 Local wages, tips, etc
22 Name of locality		

Form W-2 Wage and Tax Statement 1985 IRS APP 3-77 13-2678023 OMB No. 1545-0068

FORM SSA-1099 — SOCIAL SECURITY BENEFIT STATEMENT

1985

* PART OF YOUR SOCIAL SECURITY BENEFITS AS SHOWN IN BOX 6 MAY BE TAXABLE INCOME FOR 1985.
 * USE THE FIGURE FROM BOX 6 OF THIS STATEMENT AND THE ENCLOSED NOTICE FROM IRS TO SEE IF ANY PART OF YOUR BENEFITS MAY BE TAXABLE IN YOUR FEDERAL INCOME TAX RETURN.
 * ALSO SEE GENERAL INFORMATION BELOW.

Box 1. Name MARY T. DURAN	Box 2. Beneficiary's Social Security Number 007-12-8982
Box 3. Benefits for 1985 \$1828.00	Box 4. Benefits Repaid to SSA in 1985 NONE
Box 5. Net Benefits (Box 3 minus Box 4) for 1985 \$1828.00	
DESCRIPTION OF AMOUNT IN BOX 3 AMOUNTS PAID BY CHECK OR DIRECT DEPOSIT \$1828.00 BENEFITS FOR 1985 \$1828.00	DESCRIPTION OF AMOUNT IN BOX 4 NONE
Box 6. Address MARY T. DURAN 139 BOLTON ST PORTLAND ME 04102	
Box 7. Claim Number (Use this number if you need to contact SSA.) 004-09-0713 D	

Form SSA-1099 (1-85)

November 20, 1985

TO WHOM IT MAY CONCERN

Please be advised that Mrs. Mary Duran received payments for the year, 1985 as follows:

January	\$225.00
February	\$225.00
March	\$225.00
April	\$225.00
May	\$225.00

Mrs. Duran's payments as a beneficiary ended with the May 1, 1985 pension check.

**NEW ENGLAND
TEAMSTERS &
TRUCKING INDUSTRY
PENSION FUND**



535 Boylston Street
Boston, Massachusetts 02116
617-266-8900

Very truly yours,

Margaret T. Costin
Margaret T. Costin, Bookkeeper
Pension Department

"Advice about claims, benefits, eligibility or status of participants is based on the present rules of the Fund which are subject to change without notice."

PROPERTY TO BE REHABILITATED

<p><u>Income</u></p> <p>Total No. Apartments _____</p> <p>OCCUPIED BY OWNER <u>Single House</u></p> <p>Occupied by Tenants _____</p> <table border="0" style="width: 100%;"> <tr> <td>Monthly Rent 1st</td> <td align="center"># of BEDRMS</td> <td>2nd</td> <td align="center"># of BEDRMS</td> </tr> <tr> <td>3rd</td> <td align="center"># of BEDRMS</td> <td>4th</td> <td align="center"># of BEDRMS</td> </tr> <tr> <td>5th</td> <td align="center"># of BEDRMS</td> <td>6th</td> <td align="center"># of BEDRMS</td> </tr> <tr> <td>7th</td> <td align="center"># of BEDRMS</td> <td>8th</td> <td align="center"># of BEDRMS</td> </tr> </table> <p>(Heated) _____ (Unheated) _____</p>	Monthly Rent 1st	# of BEDRMS	2nd	# of BEDRMS	3rd	# of BEDRMS	4th	# of BEDRMS	5th	# of BEDRMS	6th	# of BEDRMS	7th	# of BEDRMS	8th	# of BEDRMS	<p><u>Expenses/MO.</u></p> <p>Mortgage Payment (P & I) <u>None</u></p> <p>Real Estate Taxes <u>\$1200.00</u></p> <p>Fire Insurance _____</p> <p>Heat <u>\$700.00 yearly</u></p> <p>Lights <u>\$15.00 monthly</u></p> <p>Water & Sewer <u>\$24.00 monthly</u></p> <p>Maintenance _____</p> <p>Name of Bank Holding Mortgage <u>None</u></p> <p>Other Mortgage On Property <u>None</u></p> <p>Name of Insurance Co. or Agent <u>None</u></p> <p>Amount of Fire Insurance Coverage <u>None</u></p>
Monthly Rent 1st	# of BEDRMS	2nd	# of BEDRMS														
3rd	# of BEDRMS	4th	# of BEDRMS														
5th	# of BEDRMS	6th	# of BEDRMS														
7th	# of BEDRMS	8th	# of BEDRMS														

Comments: _____

will have to have

Authorization by Applicant:

I authorize the Maine Savings Bank, Portland Savings Bank, Sun Savings & Loan, Maine National Bank, any Credit Union or other financial institution to verify mortgage information, savings deposit information or any other information requested by the City of Portland Department of Planning & Urban Development for the purpose of evaluating the feasibility of a low interest loan or an outright grant.

Mary J. Swan
Signature in Full

Mary J. Swan
Signature in Full

6/3/86
Date

All information furnished in this questionnaire will be held in strict confidence.

NOTE: For all City of Portland low interest rehabilitation loans, a title search is required. When your loan has progressed to the point of sending for a title search, we will require an advance deposit of \$150.00. When your loan is approved, the cost of the title search may be included in your loan and your original deposit will be reimbursed, if you wish. In addition, as of July 1, 1982, there is a loan application fee of 3% on all energy loans and on the City's half of a participating City/Bank loan.

PLEASE NOTE THAT H.U.D ALSO REQUIRES A TITLE UPDATE JUST PRIOR TO CLOSING. PRESENTLY THE CHARGE FOR THE TITLE UPDATE IS \$50.00.