



Delaware Emergency Mortgage Assistance Program (DEMAP)

TRANSMITTAL OF LOAN DOCUMENTATION

Borrower Name: _____

Co-borrower Name: _____

Homeowner Address: _____

City State ZIP: _____

Counseling Agency: _____

<input type="checkbox"/>	Original signed Application
<input type="checkbox"/>	Prior to Event Income documentation (paystubs)
<input type="checkbox"/>	Income documentation during the Event (paystubs, unemployment, documentation)
<input type="checkbox"/>	Proof of COVID -19 related impact (job loss, reduction in income, illness)
<input type="checkbox"/>	Current Mortgage Statement
<input type="checkbox"/>	Driver's License/State ID

Upon verification that the application package is complete, the Counseling Agency must create a Reservation through the Mitas Reservation System. Then, upload the complete package to www.Mitas.destatehousing.com as soon as possible for review.

A full review of the loan application will occur only when **ALL** required documents have been received in the DSHA Housing Finance

DO NOT SUBMIT INCOMPLETE PACKAGES.

1. Reason for Hardship-MUST BE ONE OF THE FOLLOWING - (CHECK ONE)

<input type="checkbox"/>	UNEMPLOYMENT – LOSS OF EMPLOYMENT RELATED TO COVID-19
<input type="checkbox"/>	UNDEREMPLOYMENT – INCOME
<input type="checkbox"/>	INJURY OR MEDICAL EMERGENCY

2. REQUIRED FOR ALL APPLICANTS

- (1) COMPLETED LOAN APPLICATION –
 (2) AUTHORIZATION TO RELEASE INFORMATION - SIGNED

THE FOLLOWING DOCUMENTATION IS ALSO REQUIRED

<input checked="" type="checkbox"/>	WAGE EARNING (W2) EMPLOYEE	<input checked="" type="checkbox"/>	SELF EMPLOYED
<input type="checkbox"/>	UNEMPLOYMENT verification or	<input type="checkbox"/>	YEAR TO DATE PROFIT & LOSS STATEMENT-
<input type="checkbox"/>	DOCUMENTATION FROM EMPLOYER VERIFYING JOB LOSS	<input type="checkbox"/>	MOST RECENT TWO YEARS PERSONAL AND BUSINESS/CORPORATE TAX RETURNS
<input type="checkbox"/>	Or for underemployed: DOCUMENTATION FROM EMPLOYER VERIFYING CHANGE IN FULL TIME STATUS TO LESS THAN FULL TIME STATUS	<input type="checkbox"/>	COPY OF CURRENT MORTGAGE STATEMENT
<input type="checkbox"/>	and		
<input type="checkbox"/>	LAST 2 PAYSTUBS PRIOR TO INCOME REDUCTION		
<input type="checkbox"/>	FIRST TWO PAYSTUBS SINCE INCOME REDUCTION (FOR UNDER-EMPLOYED BORROWERS)		
<input type="checkbox"/>	and		
<input type="checkbox"/>	COPY OF CURRENT MORTGAGE STATEMENT		

Claiming Loss of Income from Medical Emergency Additional Required Documentation Also Must Be Provided

<input checked="" type="checkbox"/>	WAGE EARNING (W2) EMPLOYEE	<input checked="" type="checkbox"/>	SELF EMPLOYED
<input type="checkbox"/>	SIGNED STATEMENT FROM ATTENDING PHYSICIAN(S) CONFIRMING THE MEDICAL CASE WAS RELATED TO COVID-19 OF THE BORROWER OR ANY HOUSEHOLD MEMBER	<input type="checkbox"/>	SIGNED STATEMENT FROM ATTENDING PHYSICIAN(S) CONFIRMING THE MEDICAL CASE WAS RELATED TO COVID-19 OF THE BORROWER OR ANY HOUSEHOLD MEMBER

Verification of Reduction of Income	Acceptable Forms of Documentation
1. Prior to Event Annual Household Income	Tax return(s) or proof of income
2. Current Annual Household Income	Paystubs, Tax return(s) or proof of income