MARYLAND WHOLE HOME REPAIR PROGRAMS

This application provides access to the Department of Housing & Community Development's (DHCD) Energy and Repair programs.

Energy Programs May Cover:

Insulation and air sealing, energy saving upgrades, energy related health and safety measures, and repair or replacement of non-functioning heating, cooling, or hot water systems.

Repair Programs May Cover:

Mold, gas leaks, roof/gutter repairs, lead/asbestos abatement, electrical/plumbing repairs, structural and foundation issues, radon, chimney repairs, pest treatment, accessibility improvements, water/septic issues, and eligible windows, doors, new ductwork, and building shell repairs.

You may be a good candidate for either program if:

Energy Programs:

- Your home is generally in good condition.
- Your primary needs are energy efficiency or energy related health and safety improvements.
- You want to reduce energy use and improve comfort
- You understand that a home energy audit is required before energy work can begin.

Repair Programs:

- You are a homeowner
- Your home has visible repair needs
- Your home was built before 1978

Can I Qualify For Both? Yes. If you are a homeowner, you may qualify for both programs. However, major repairs or health and safety issues such as structural issues, roof leaks, significant water damage, plumbing or electrical hazards, mold, lead, asbestos, or gas leaks must be completed or properly addressed through the repair programs before energy services can begin. Renters are currently not eligible for the repair programs and may need assistance from their landlords to address necessary repairs outside of DHCD's programs.

Submit Completed Application and Supporting Documents To:

Maryland Department of Housing and Community Development
Attn: Whole Home Energy Repair Program 7800 Harkins Road Lanham, MD 20706
Email: dhcd.wholehome@maryland.gov
Phone: 1-855-583-8976

MD Whole Home Energy & Repair Application

Section 1. Contact and Property Information
Required For All Programs

Name: _____

Phone Number: _____

Email Address: _____

Property Address: _____

County: _____

Mailing Address if different: _____

Do you occupy this property:

Preferred method of contact: _____

Do you own or rent your home?

Landlord Information:

Name: _____

Phone Number: _____

Type of Home?

How did you hear about us? _____

Contractor Referral: _____

Contractor Stamp (Internal use only)

Which Program(s) are you interested in applying for?

◯ Energy Only ◯ Repairs Only ◯ Both (Only Homeowners eligible)

Section 2. Household Information Required For All Programs

Total # Household Members: _____

 # Children Ages 0-2: _____

 # Children Ages 3-5: _____

 # Household Members with Critical Medical Need(s): _____

***Critical Medical Need:** A physician's note documenting the critical illness or medical need must be provided.

Household Members

Complete one entry for **each household member**, beginning with the Head of Household. List all household income for the past 30 days and provide proof. Adults 18 and over with no income must complete the attached Zero Income Form.

1. **Name: _____ DOB: _____ SSN: _____**

   Relationship to Applicant: _____ Gender: _____ Race: _____

   Source(s) of Income: _____ 30-Day Gross Income: _____

2. **Name: _____ DOB: _____ SSN: _____**

   Relationship to Applicant: _____ Gender: _____ Race: _____

   Source(s) of Income: _____ 30-Day Gross Income: _____

3. **Name: _____ DOB: _____ SSN: _____**

   Relationship to Applicant: _____ Gender: _____ Race: _____

   Source(s) of Income: _____ 30-Day Gross Income: _____

4. **Name: _____ DOB: _____ SSN: _____**

   Relationship to Applicant: _____ Gender: _____ Race: _____

   Source(s) of Income: _____ 30-Day Gross Income: _____

5. **Name:** _____ **DOB:** _____ **SSN:** _____

   Relationship to Applicant: _____ **Gender:** _____ **Race:** _____

   Source(s) of Income: _____ **30-Day Gross Income:** _____

6. **Name:** _____ **DOB:** _____ **SSN:** _____

   Relationship to Applicant: _____ **Gender:** _____ **Race:** _____

   Source(s) of Income: _____ **30-Day Gross Income:** _____

Section 3. Energy Concerns
Required For All Programs

1. Do you have a non-functioning Heating, Cooling or Water Heater Unit: _____

a. If yes, please list which unit(s) is non-functioning: _____

2. Are your energy bills too high? _____

3. Do you have drafts or other comfort issues in your home? _____

4. Are utilities currently active in the home? _____

If you answered YES to ANY of these questions, please proceed to the next section.
If you answered NO to ALL of these questions, please skip to section 6.

Section 4. Energy Categorical Eligibility
Required For Energy Programs Only

If you or any Household members receive the following benefits:

If you choose any of these options, submit a copy of the approval letter from that program instead of the income documentation requested in Section 2.

Section 5. Energy Consent
Required For Energy Programs Only

DHCD offers programs that improve home energy efficiency and reduce utility costs.

To track savings, DHCD reviews your utility usage before and after improvements. Limited information may be shared with utilities, contractors, and program staff for program administration and evaluation only. Your data is not sold or shared outside these purposes.

Utility and Energy Supplier Information (all pages of utility bill must be provided)

Electric Utility Provider: _____ Account#: _____

Gas Utility Provider: _____ Account#: _____

Other Fuel Supplier: _____ Account#: _____

I authorize my utility and energy providers to share my account and usage data with the Maryland DHCD for program evaluation and energy savings calculations. I also authorize DHCD to notify my utility providers of my participation in the program, including contractor and work details. This authorization covers energy data from 24 months before to 48 months after the date signed. It may be revoked at any time by written notice to the Maryland DHCD, Community Development Administration, 7800 Harkins Rd, Lanham, MD 20706. I consent to the release of my account and energy usage data to DHCD for program evaluation. I also allow DHCD to share program participation, contractor details, and work completed with utilities as needed for compliance. This information may also be shared with DOE. Electronic signatures are valid.

Account Holder Signature: _____ Date: _____

Account Holder Printed Name: _____

Utility Service Address: _____

Mailing Address (if different): _____

Section 6. Health, Safety and Structural Condition of Home Required For All Homeowners

1. Was your home built before 1978?
2. Has your home tested positive for asbestos or lead?
3. Mold Remediation?
4. Gas leaks?
5. Roof repair and replacement, Gutters?
6. Asbestos abatement?
7. Vermiculite removal?
8. Lead abatement?
9. Combustion appliance repair and replacement for Health and Safety concerns, including gas ranges, domestic water heaters, and space heat?
10. Chimney Repair?
11. Foundation and sub-space waterproofing, and drainage, inclusive of bulk water mitigation by drain tile, sump pump, and minor grading?
12. Radon mitigation?
13. Electrical hazard, Knob, and tube removal, inclusive of necessary service upgrades?
14. Electrical upgrades for future home electrification. (<100A to 200A upgrades)?
15. Plumbing issues?
16. Water and well?
17. Septic and sewer?
18. Windows and doors only for H&S, water intrusion, and security?
19. Structural repair - atrophy, rot, insect, settling, storm-related?
20. Access for disabled and seniors, inclusive of Chair lifts, handicap ramps, bars, railings, and doors
21. Fall and injury prevention (handrails, rubber treads, bathroom grab bars)?
22. Ductwork upgrades and installations?
23. Building shell stabilization (i.e. repair/replace missing sheetrock on exterior walls, point up deteriorated masonry that allows for water infiltration)?
24. Pest treatments (rats, roaches, and mice)?

If you answered NO to ALL questions above OR are a RENTER, skip to Section 13.

If you answered YES to any question, energy services may be delayed until the issue is resolved. Homeowners may be eligible for Repair Programs.
To apply, complete the financial information in the following sections.

Section 7. Personal Debt History
Required For Repair Programs Only

Do you have any outstanding judgments?

Applicant: .
Co-Applicant**:** _____

Have you declared bankruptcy in the last 7 years?

Applicant: .
Co-Applicant**:** .

Have there been any efforts to foreclose on your property?

Applicant: .
Co-Applicant: .

If you answered YES to any question above,
please attach an explanation to your application.

Section 8. Monthly Housing Expenses
Required For Repair Programs Only

Item:	**Amount:**
First Mortgage Lender:	$_____
Condo or HOA:	$_____
Is this a reverse Equity Mortgage?	_
Utilities (If Borrower(s) are on a fixed income):	$_____
Other Mortgage Payments:	$_____
Total Monthly Payments:	$_____
Hazard Insurance – Included in the Mortgage Payment?	$_____
Real Estate Taxes – Included in the Mortgage Payment?	$_____
Mortgage Insurance:	$_____

Section 9. Assets and Liabilities
Required For Repair Programs Only

Asset Description:	**Amount:**
Checking and Savings Accounts: (Name of institution(s) and account numbers)	$_____
Real Estate owned other than your primary residence:	$_____
Automobile(s):	$_____
Make: _____	
Year: _____	
Other Assets (Please describe below):	
Other: _____	$_____
Other: _____	$_____
Other: _____	$_____
Other: _____	$_____
Total Assets:	$_____

Liabilities Description:	**Amount:**
Installment debt and/or revolving charge amounts:	$_____
Automobile Loans:	$_____
Real Estate Loans:	$_____
Other Debt: _____	$_____
Other Debt: _____	$_____
Total Monthly Payments on Liabilities:	$_____

Section 10. Affidavit of Tax Filing Status
Required For Repair Programs Only

This affidavit applies to applicants who declare that they are exempt from tax filing for one or more tax years in the past three years.

Applicant:

I, _____, was not required to file a Federal Income Tax Return for the following years (within the past three tax years) for the following reasons:

Tax Year: _____ Reason for not filing: _____

Tax Year: _____ Reason for not filing: _____

Tax Year: _____ Reason for not filing: _____

I declare that the contents of the foregoing statement are true and correct.

Applicant Signature: _____

Date: _____

Co-Applicant:

I, _____, was not required to file a Federal Income Tax Return for the following years (within the past three tax years) for the following reasons:

Tax Year: _____ Reason for not filing: _____

Tax Year: _____ Reason for not filing: _____

Tax Year: _____ Reason for not filing: _____

I declare that the contents of the foregoing statement are true and correct.

Co-Applicant Signature: _____

Date: _____

Section 11. Credit Pull Consent
Required For Repair Programs Only

In accordance with Executive Order 01.01.1983.18, the Department of Housing and Community Development advises you as follows regarding the collection of personal information:

The information requested by the Department of Housing and Community Development (the "Department") is necessary in determining your eligibility for a Special Loan Programs loan. Your failure to disclose this information may result in the denial of your application for a loan. Availability of this information for public inspection is governed by the provisions of the Maryland Public Information Act, State Government Article, Sections 10-611 et. seq. of the Annotated Code of Maryland. This information will be disclosed to appropriate staff of the Department, the staff of the local administrator for the loan, and participating mortgage lender, if any, for purposes directly connected with administration of the loan and the loan program. Such information is not routinely shared with state, federal or local government agencies, but would be made available to the extent consistent with the Maryland Public Information Act. You have the right to inspect, amend or correct personal records in accordance with the Maryland Public Information Act.

Any person who knowingly makes, or causes to be made, a false statement or representation relative to this loan application shall be subject to criminal prosecution, a fine of up to $5,000 and/or imprisonment up to two years and if a loan has been made, immediate call of the loan requiring payment in full of all amounts disbursed, pursuant to Housing and Community Development Article, Section 4-933, Annotated Code of Maryland.

I/We authorize the Program or its agent to obtain credit information for the purpose of evaluating this application, to verify any information contained in this application with employers or any financial institution or obtain any information or data relating to the Loan, for any legitimate business purpose through any source, including a source named in this application and disclose this same information to local agencies participating in the Program and/or a private lending institution agreeing to participate in the loan.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Section 12. Contractor Bids
Required For Repair Programs Only

Customers must request a bid from a contractor for the needed work. The grand total of the included work scope should not exceed $50,000. The maximum initial deposit is 33% of the total project cost.

Submit this information for each contractor and include the following documents for each contractor:

- The lowest qualifying bid from a licensed Maryland tradesperson or company identifying the repairs to be addressed with program funding.
    - Bid should not be more than 60 days old.
    - Use a copy of the attached bid cover sheet for each bid.
- Photographs that document the critical repairs,
- A copy of the current MHIC License or Electrical, Plumbing, HVAC license, etc. available from the Maryland Department of Labor website.
- Certificate of Liability Insurance (Current with per occurrence limits equal to or greater than $1 million)
- Letter of Good Standing available from the Maryland Business Express website.
- W-9, completed and signed by the contractor. The address provided on this form is where payments will be sent. Form W-9 is available from the IRS website.

Section 13. Application Submission
Required for All Programs

I declare that the information provided to the Maryland Department of Housing and Community Development is true, correct and complete. I understand that when this application is signed, permission is given: 1) For the department to verify all household income and any other benefits; and 2) For other governmental and nongovernmental agencies to give and/or receive information from/to the department needed to complete this application.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Checklist

Please utilize the checklist below to ensure you have submitted all documentation.

Required Items for All Programs:

- Completed and signed application
- Government Issued Photo ID for applicant and co-applicant
- Proof of Household Income (for all household members 18 yrs & older)
- Social Security Cards for all household members (if not using Categorical Eligibility)

Required Items for Energy Programs Only:

- Most recent utility bill
- Approval letter for Qualifying assistance program (if using categorical eligibility)
- Signed Energy Consent (section 5)

Required Items for Repair Programs Only:

- Proof of Homeownership (Deed, Tax Bill, or Mortgage Statement)
- Most Recent Federal Tax Return (if no paystubs or W-2s are available)
- Current Mortgage Statement
- Homeowners Insurance Declaration Page
- Property Tax Verification
- Contractor Estimate(s) or Bid(s)
- Photos of Repair Needs
- Lead Paint Documentation

Please Note: Submission of all required documents does not guarantee program approval. Additional information may be requested during the application review process.

Zero Income Form*

Please complete this form for each household member 18 years or older who claimed zero or no income on the Household Information page. Failure to complete this form will delay the processing of the application. If more than one adult household member claims zero or no income, you will need to provide copies of this form for each one.

Occupant Name: _____ Date of Last Paycheck:_____

This is a self-declaration statement to certify that I am not receiving income from any source whatsoever. The sources include but are not limited to:

Statement:

I am not receiving unemployment compensation benefits. _____
I am not receiving Social Security, SSI, Disability benefits, Workmen's Compensation, Veteran's Pension, or any type of annuity benefits.
I am not receiving Public Assistance. _____
I am not receiving income from any source (such as interest from bank accounts, rents from rental property).
I am on maternity/paternity leave without pay.
I understand that I must report any change in income status.
I am not employed through any private or public employer.
I do not receive alimony or child support. _____

***Please note this form must be notarized if applying for the Repair program.**

NOTARY

Subscribed and sworn before me on this _____ day of _____ 20____.

Notary Public Signature: _____

Commission Expires: _____

Bid Cover Page

Submit this page for each contractor, with their bid attached, including all contractor documents with their payment preference selected. All information is required.

Applicant(s) Name: _____

Property Address: _____

_____

Contractor's Name: _____

Contractor Contact Name: _____

Contractor Phone#: _____

Contractor Email Address: _____

About the Program:

The Maryland Home Repair Program will help Maryland homeowners who have critical repairs in their primary residence. Funding requests should not exceed $50,000.

Scope of Work:

_____

_____

_____

_____

_____

_____

_____

_____