

Submit completed application and supporting documentation to:

Email: DHCD.SLP_documentation@maryland.gov OR

Mail:

Maryland Department of Housing and Community Development, CDA
Special Loan Programs
7800 Harkins Road, 3rd Floor
Lanham, MD 20706

Contact information:

Email: DHCD.SpecialLoans@maryland.gov
Toll Free 877-218-8101 OR 301-429-7409
www.dhcd.maryland.gov/Residents/Pages/SpecialLoans.aspx



SPECIAL LOANS - MARYLAND HOME REHABILITATION PROGRAM APPLICATION

Subject Property Address: _____

City: _____ State: MD Zip: _____ County: _____

Name(s) On Property Title: _____

Homeowner Insurance Company: _____ Phone: _____

Agent's Name: _____

The year that the house was built: _____ Is the home located in a 100-year flood plain? ☐ Yes ☐ No

Type of House: ☐ Detached Single Family Home ☐ Duplex ☐ Townhome ☐ Condo ☐ Manufactured ☐ Other

APPLICANT(S) INFORMATION

Applicant Name: _____

Date of Birth: _____ Marital Status: _____

Social Security No.: _____ Home/Cell Phone: _____

E-Mail address: _____

Name of Applicant's Employer: _____

Years on this job: _____ years _____ months Self-employed? Y/N _____

Position Title: _____ Business Phone: _____

Co-Applicant Name: _____

Date of Birth: _____ Marital Status: _____

Social Security No.: _____ Home/Cell Phone: _____

E-Mail address: _____

Name of Co-Applicant's Employer: _____

Years on this job: _____ years _____ months Self-employed? Y/N _____

Position Title: _____ Business Phone: _____

GROSS MONTHLY INCOME

or

☐ I have been **OFFICE of HOME ENERGY PROGRAM (OHEP) INCOME QUALIFIED** as of DATE _____ (Skip to Pg. 5)

Income Source	Applicant	Co-Applicant	Total
Base Employment Income	\$	\$	\$
Overtime / Bonus	\$	\$	\$
Pensions, Social Security, Annuity	\$	\$	\$
Net Rental Income	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

LIST ALL OTHER HOUSEHOLD OCCUPANTS, INCLUDING CHILDREN**Show income for any occupant over the age of 18**

Name	Age	Monthly Income	Income source
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

MONTHLY HOUSING EXPENSES

Item	Amount
First Mortgage (P&I) Lender:	\$
Is this a reverse Equity Mortgage? Yes ☐ No ☐	
Other Mortgage Payments (P&I)	\$
Hazard Insurance – Included in the Mortgage Payment? Yes ☐ No ☐	\$
Real Estate Taxes – Included in the Mortgage Payment? Yes ☐ No ☐	\$
Mortgage Insurance	\$
Condo or Homeowner Association Dues	\$
Utilities (If Borrower(s) are on a fixed income)	\$
Total Monthly Payments	\$

PERSONAL DEBT HISTORY

	Borrower	Co-Borrower
Do you have any outstanding judgements?	Yes ☐ No ☐	Yes ☐ No ☐
Have you declared bankruptcy in the last 7 years?	Yes ☐ No ☐	Yes ☐ No ☐
Have there been any efforts to foreclose on your property?	Yes ☐ No ☐	Yes ☐ No ☐

If the answer to any of the above questions is "Yes", please attach an explanation to your application so the underwriter can more fully understand your current financial situation.

ASSETS

Description	Value
Checking and Savings Accounts (Name of institution(s) and account numbers)	\$
Real Estate owned other than your primary residence	\$
Automobiles (Make and Year)	\$
Other Assets (Please describe)	\$
Total Assets	\$

LIABILITIES

Description	Monthly Payment
Installment Debts and revolving charge accounts	\$
Automobile Loans	\$
Real Estate Loans	\$
Other Debt	\$
Other Debt	\$
Alimony, Child support, etc. Paid to:	\$
Total Monthly Payments on Liabilities	\$

FINANCIAL LOAN APPLICATION — INCOME VERIFICATION WAGE AND/OR SELF-EMPLOYMENT

1. Borrower Information

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

SSN: _____

2. Business Information

Employer/Business Name: _____

Industry: _____

Start Date: _____

EIN: _____

Ownership % (If Applicable): _____

3. Tax Summary

Most Recent Year - Gross Income: _____

Most Recent Year – Adjusted Gross Income (AGI): _____

Prior Year - Gross Income: _____

Prior Year - AGI: _____

4. Profit & Loss

YTD Revenue: _____

YTD Expenses: _____

YTD Net Profit: _____

5. Applicant Certification

I certify the information is accurate and authorize verification.

Signature: _____

Date: _____

1. Co-Borrower Information

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

SSN: _____

2. Business Information

Employer/Business Name: _____

Industry: _____

Start Date: _____

EIN: _____

Ownership % (If Applicable): _____

3. Tax Summary

Most Recent Year - Gross Income: _____

Most Recent Year - Adjusted Gross Income (AGI): _____

Prior Year - Gross Income: _____

Prior Year - AGI: _____

4. Profit & Loss

YTD Revenue: _____

YTD Expenses: _____

YTD Net Profit: _____

5. Co-Applicant Certification

I certify the information is accurate and authorize verification.

Signature: _____

Date: _____

DEMOGRAPHIC DATA

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

Ethnicity:	☐ Hispanic or Latino	☐ Not Hispanic or Latino	
☐ White	☐ Alaskan Native		
☐ Black / African American	☐ American Indian		
☐ Asian - Indian	☐ Asian - Chinese		
☐ Native Hawaiian	☐ Asian - Other		
☐ Other Pacific Islander	☐ Other / Multi Racial		
Gender:	☐ Male	☐ Female	☐ Non-Binary

CO-APPLICANT: I do not wish to furnish this information _____ (Initials)

Ethnicity:	☐ Hispanic or Latino	☐ Not Hispanic or Latino	
☐ White	☐ Alaskan Native		
☐ Black / African American	☐ American Indian		
☐ Asian - Indian	☐ Asian - Chinese		
☐ Native Hawaiian	☐ Asian - Other		
☐ Other Pacific Islander	☐ Other / Multi Racial		
Gender:	☐ Male	☐ Female	☐ Non-Binary

MARKETING DATA

The following information is optional and will be used by the Department 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 _____ ☐ Word of Mouth ☐ Internet
- ☐ Local Government Agency ☐ State Agency ☐ Other _____

To be completed by the Originating Agency:

This information was provided:

- ☐ In a face-to-face interview
- ☐ In a telephone interview
- ☐ By the applicant and submitted by fax or mail
- ☐ By the applicant and submitted via e-mail or the Internet

Originator's Signature: _____ Date _____

NOTICES

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's Signature

Date

Co-Applicant's Signature

Date

MARYLAND HOME REHABILITATION PROGRAM APPLICATION CHECKLIST

All of the requested documentation is required and must be submitted with the application. Incomplete applications will not be processed.

Income Verification Documents (select applicable income documentation):	
☐	The most recent two-months' worth of paystubs (8 for weekly pay, 4 for bi-weekly pay) for each employed member of the household earning an income. If paystubs are not available, a letter verifying employment signed by the employer may be substituted.
☐	Provide the most recent 2 years' worth of Federal Income Tax Returns. These must be the complete tax return.
☐	Provide the most recent 2 months' worth of bank statements.
☐	If you have income from Social Security, disability, pension, or public assistance include copies of your award letters, and current statements verifying the gross income.
☐	Reporting of other income received outside of employment sources.
☐	Documentation if receiving unemployment benefits.
☐	If you are reporting no income, you must include a signed and notarized Zero Income Statement. https://mmp.maryland.gov/Lenders/Loan%20Documentation/No-Income-Letter.pdf
Documentation of Home Ownership	
☐	Photo ID for the applicant and any co-applicant. (Examples: Driver's license, passport, military ID, etc.)
☐	To prove home ownership, provide a copy of the deed, and the current mortgage statement. Funding is only available to homeowners to address critical repairs on their primary residence.
☐	If a person is on the deed, but not this application, proof must be provided by way of a copy of their license or a piece of mail documenting their different address. If the person is deceased, a copy of the death certificate must be provided.
☐	Copy of your most recent Property Tax Bill.
☐	Copy of the Declaration Page of your Homeowners Insurance Policy. Copy of your Flood Insurance Policy if applicable.
Documentation for Critical Repairs	
☐	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. The grand total of all bids should not exceed \$50,000.
☐	The completed "Bid Cover Page" (page 9 of this application), <u>per contractor</u> , with their bid attached.
☐	The bid must include photographs that document the critical repairs, the contractor's phone number and email address.
☐	In addition, every contractor must provide these documents together with their bid: - A copy of the current MHIC License or Electrical, Plumbing, HVAC license, etc. Trade License Query - COI - Certificate of Liability Insurance (Current w/ per occurrence limits equal to or greater than \$1m) - Letter of Good Standing https://egov.maryland.gov/BusinessExpress/EntitySearch - W-9, completed and signed by the contractor. The address on this form is where payments will be sent. https://www.irs.gov/pub/irs-pdf/fw9.pdf

Bid Cover Page

(Submit this page, per contractor, with their bid attached, including all contractor documents
[see below] 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 Rehabilitation Program will help Maryland homeowners who have critical repairs in their primary residence. Funding requests should not exceed \$50,000.

Scope of Work:

Maryland Housing Rehabilitation Program - Single Family Description

Mission:

The Maryland Housing Rehabilitation Program aims to provide affordable funding to address critical health and safety issues and bring properties into an agreement with applicable building codes and standards.

Eligible Types of Housing:

Program funds may be used to assist in the rehabilitation of owner-occupied single-family homes.

Addressable Items:

- Mold Remediation
- Gas leaks
- Roof repair and replacement, Gutters
- Asbestos abatement
- Vermiculite removal
- Lead abatement
- Combustion appliance repair and replacement for Health and Safety concerns, including gas ranges, domestic water heaters, and space heat.
- Chimney Repair
- Foundation and sub-space water-proofing, and drainage, inclusive of bulk water mitigation by drain tile, sump pump, and minor grading.
- Radon mitigation
- Electrical hazard, Knob, and tube removal, inclusive of necessary service upgrades.
- Electrical upgrades for future home electrification. (<100A to 200A upgrades)
- Plumbing issues
- Water and well
- Septic and sewer
- Windows and doors only for H&S, water intrusion, and security.
- Structural repair - atrophy, rot, insect, settling, storm-related
- Access for disabled and seniors, inclusive of Chair lifts, handicap ramps, bars, railings, and doors.
- Fall and injury prevention (handrails, rubber treads, bathroom grab bars)
- Ductwork upgrades and installations (primarily for solid fuel-burning households- Mainly in Allegany and Garrett counties)
- Building shell stabilization (i.e. repair/replace missing sheetrock on exterior walls, point up deteriorated masonry that allows for water infiltration)
- Pest treatments (rats, roaches, and mice)
- Incipient failure of critical infrastructure due to being beyond the life expectancy of the equipment.

Eligible Applicants:

Household income of owner-occupants of single-family homes cannot exceed 80 percent of the statewide or Washington, D.C. Metropolitan Statistical Area median income.

Provide Contractor and a Scope of Work:

Applicants provide a work proposal for the critical repairs by a licensed and insured Maryland Home Improvement contractor or other trade professionals, along with photos documenting the issues.

To aid the applicants in finding a contractor, we provide the following links:

- <https://www.yellowpages.com/>
- <https://www.yelp.com/>
- <https://www.angi.com/>
- <https://www.thumbtack.com/>

For each of these resources, type the trade that you need and the location.

Provide Contractor Documentation:

For the protection of the applicant, any contractor working within the program will be required to provide these documents along with the application.

- Current MHIC License or Electrical, Plumbing, HVAC license, etc. Trade License Query
- COI - Certificate of Liability Insurance
- Letter of Good Standing – <https://egov.maryland.gov/BusinessExpress/EntitySearch>
- W-9, completed and signed by the contractor. The address on this form is where payments will be sent. Form W-9 (Rev. October 2018)

Available Funding and Loan Terms:

Loans have interest rates based on the income of the homeowner and household members served and the projected income available to repay the loan. Generally, the maximum loan is \$50, 000. Loans in excess of \$5,000 or with deferred payments are secured by a mortgage. Interest rates range from 0% to 6% and are based on the applicant's ability to pay. The maximum loan term is 30 years. Loans that serve families with incomes at or below 50 percent of the statewide or Washington, D.C. Metropolitan Statistical Area median income may have deferred payments if necessary for project feasibility.