



DHCD Energy & Repair Programs Application

Submit complete application to:

**Maryland Department of Housing and Community Development, Attn: Weatherization
7800 Harkins Road - Lanham, MD 20706
855-583-8976**

Do you have power to the home? If not, instead of filling out this application, please call DHCD's office: 855-583-8976

Yes Not currently

Please select if any of the following systems in your home are currently not working.

Heating System Cooling System Water Heater None

Do you have a documented medical condition that requires you to have functioning heating, cooling, or water heating systems? Please note that a physician's letter will be required.

Yes No

Do you currently receive benefits from one of the following programs? (Check all that apply)

| | |
|---|--|
| <input type="checkbox"/> Utility Bill Pay Assistance through OHEP | <input type="checkbox"/> Maryland Fuel Fund Assistance |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> DHCD Rehab Program |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Baltimore Lead Hazard Control Program |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Healthy Homes for Healthy Kids |
| <input type="checkbox"/> HUD housing assistance programs | <input type="checkbox"/> Medicaid |

None



Quick Application for all Energy Efficiency Programs.

Please submit the following documentation:

- Client Information (Page 2)
- Household Income Information (Page 3)
- Energy Consent Form (Page 4)
- Copy of most recent electric utility bill
- Copy of benefit approval notice from programs checked above

- If you live in a mobile home: copy of the title or bill of sale for the home to prove ownership.

Standard Application for all programs, including heating or cooling crisis. Please submit the following documentation:

- Client Information (Page 2)
- Household Information (Page 3)
- Energy Consent Form (Page 4)
- Copy of most recent electric utility bill
- Proof of last 30 days GROSS household income (**Bank Statements are not valid**)

- Copy of Social Security card(s) for all household members

- Copy of Photo ID for the applicant
- * Zero Income Form for any household member 18 years or older claiming no income within the past 30 days (Page 5)

- If you live in a mobile home: copy of the title or bill of sale for the home to prove ownership.

If you believe your home needs general repairs (such as structural, electrical, water leaks, lead, asbestos, etc.), and you are a homeowner, please also provide the following information:

Suppl. Financial Information - Page 6

Tax Affidavit - Page 7

Credit Pull Consent - Page 8

MHRP App. Checklist - Page 9

Please review the application thoroughly for completeness and include the documentation from the checklist above. Incomplete applications and those missing documentation cannot be processed until complete.

DHCD Energy & Repair Programs Application



Client Information - Page 2

PLEASE PRINT ALL INFORMATION. Review this application thoroughly for completeness BEFORE submitting. Refer to the checklist on page 1 to ensure all required documentation is included. If you have any questions regarding this application, call 855-583-8976 and our intake staff will guide you.

| | | | | | | | | |
|-----------------------------------|--------------------------------|-------------------------------|--------|-------|--|--------|-----------|--|
| Applicant Name: | | | | | | | | |
| Property Address: | | | | City: | | | Zip Code: | |
| Preferred method of communication | <input type="checkbox"/> Email | <input type="checkbox"/> Mail | Email: | | | Phone: | | |
| Mailing Address (if Different) | | | | City | | | Zip Code: | |

| | | | | | | | |
|---------------------|---|--------------------------------------|--|--|------------------------------------|--|--|
| Do you own or rent? | <input type="checkbox"/> Owner | <input type="checkbox"/> Renter | | | | | |
| Type of Home: | <input type="checkbox"/> Single-family Home | <input type="checkbox"/> Duplex | | | <input type="checkbox"/> Townhouse | | |
| | <input type="checkbox"/> Apartment | <input type="checkbox"/> Mobile Home | | | | | |

| | | | | | | | |
|--------------------------------|---|--|---------------------------|-------------------------------|--|---------------------------|--|
| 30-Day Gross Household Income: | | | | Total # of Household Members: | | | |
| # of Seniors over 60: | | | # of Children ages 0 - 2: | | | # of Children ages 3 - 5: | |
| # of Disabled Persons: | Provide documentation | | | | | | |
| # Critically Ill: | Provide physician's note documenting critical illness to qualify for faster service. | | | | | | |

| | | | | | | | |
|--|---------------------------------------|--|--|-----------------|--|--|--|
| How did you hear about us? | | | | | | | |
| <input type="checkbox"/> DHCD Event | <input type="checkbox"/> DHCD Website | <input type="checkbox"/> Newspaper: _____ | | | | | |
| <input type="checkbox"/> Utility Company | <input type="checkbox"/> State Agency | <input type="checkbox"/> Local Government Agency | | | | | |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Other: | | | | | | |
| Contractor Referral: | | | | | | | |
| Renters only, please fill in landlord information: | | | | | | | |
| Landlord Name: | | | | Landlord Phone: | | | |

Fill out the following section if you have a Co-Applicant for repair funds. If there is no Co-Applicant, proceed to the signature line.

| | | | | | | | | |
|-----------------------------------|--------------------------------|-------------------------------|--------|-------|--|--------|-----------|--|
| Co-Applicant Name: | | | | | | | | |
| Mailing Address: | | | | City: | | | Zip Code: | |
| Preferred method of communication | <input type="checkbox"/> Email | <input type="checkbox"/> Mail | Email: | | | Phone: | | |

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: | | | |
| Applicant Printed Name: | | | | | | | |
| Co-Applicant Signature: | | | | Date: | | | |
| Co-Applicant Printed Name: | | | | | | | |



DHCD Energy & Repair Programs Application

Household Information - Page 3

Please provide the following information for each member of the household. If you need additional lines, please add to the application.

| Household Member Information | | Income Source (include for family members 18 years and older) | | | | | |
|------------------------------|---------------|---|-----------------|------------------------------------|-------------------|------------------------|----------------|
| Name | Date of Birth | Base Employment Income | Overtime, Bonus | Pensions, Social Security, Annuity | Net Rental Income | Other (Please Specify) | Monthly Total: |
| Applicant | | \$ | \$ | \$ | \$ | \$ | \$ |
| Co-Applicant | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | Total | \$ | \$ | \$ | \$ | \$ |

| Demographic Data | | | | | | | |
|------------------|---------------------------------|---|--------------------------------|---|--|---|--|
| Name | Gender | Race | | | | | |
| Applicant | <input type="checkbox"/> Male | <input type="checkbox"/> Hispanic or Latino | | <input type="checkbox"/> Not Hispanic or Latino | | | |
| | <input type="checkbox"/> Female | <input type="checkbox"/> White | <input type="checkbox"/> Black | <input type="checkbox"/> Native American | | <input type="checkbox"/> Native Hawaiian | |
| | <input type="checkbox"/> Other | <input type="checkbox"/> Native Alaskan | | <input type="checkbox"/> Other Pacific Islander | | <input type="checkbox"/> Asian - Indian | |
| | | <input type="checkbox"/> Asian - Chinese | | <input type="checkbox"/> Asian - Other | | <input type="checkbox"/> Other / Multi-racial | |
| Co-Applicant | <input type="checkbox"/> Male | <input type="checkbox"/> Hispanic or Latino | | <input type="checkbox"/> Not Hispanic or Latino | | | |
| | <input type="checkbox"/> Female | <input type="checkbox"/> White | <input type="checkbox"/> Black | <input type="checkbox"/> Native American | | <input type="checkbox"/> Native Hawaiian | |
| | <input type="checkbox"/> Other | <input type="checkbox"/> Native Alaskan | | <input type="checkbox"/> Other Pacific Islander | | <input type="checkbox"/> Asian - Indian | |
| | | <input type="checkbox"/> Asian - Chinese | | <input type="checkbox"/> Asian - Other | | <input type="checkbox"/> Other / Multi-racial | |

DHCD Energy & Repair Programs Application



Energy Consent Form - Page 4

Customer Consent to Obtain Household Energy Information

The Maryland Department of Housing and Community Development (DHCD) has a number of programs that are geared towards making Maryland homes more comfortable, efficient, and affordable through energy savings measures. **WHY WE NEED A RELEASE** – For our energy efficiency programs to be successful, DHCD will need to compare energy usage before and after the efficiency improvements. To understand how effective these measures are in reducing your energy bills, we will need access to actual energy usage data for your home, as well as data on energy saving measures installed in your home. This data will allow us to more accurately personalize energy savings estimates for home energy improvements provided by participating contractors, ensure that installed measures are delivering the expected energy savings, and allow us to provide feedback to you on energy reductions. In order to ensure program compliance DHCD may share with the utilities and fuel or energy suppliers providing your energy, the fact you participate in the DHCD Empower program, the name of your contractor(s) and the type of work done. This data may also be used by our own program research staff for program evaluation purposes. We take the security and privacy of your information very seriously. Except as provided in this consent. We will never sell, rent, or otherwise release personal data to outside parties.

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

| | | | |
|---------------------|--|---|--|
| Electric Utility | | Account # | |
| Gas Utility | | Account # | |
| Other Fuel Supplier | | <input type="checkbox"/> Oil <input type="checkbox"/> Propane Account # | |

Utility and Energy Supplier and Program Information Release

ENERGY USAGE INFORMATION RELEASE – As the account holder, I hereby authorize and give permission to the utilities and fuel or energy suppliers named above to release account and energy usage information (including my name, address, account number, and usage or consumption information) to DHCD, for confidential use in connection with calculating energy savings estimates and evaluating the effectiveness of the program. This permission is given for the monthly and total amount of energy used by my household. Additionally I authorize DHCD to inform the above utilities and fuel or energy suppliers I am participating in the energy program and provide them with the name of my contractor(s) and a description of the work done.

RELEASE PERIOD – This authorization covers the period starting 24 months before the date below and ending 48 months after the date below. I may revoke this authorization by written notice to Community Development Administration, Maryland DHCD, 7800 Harkins Rd, Lanham MD 20706.

CONSENT – I understand and agree that my account information (including my name, address, account number, and usage or consumption information) will be provided to DHCD by the above-named utilities and fuel or energy suppliers for the sole and limited purpose of evaluating energy conservation measures. I understand and agree that my participation in DHCD programs, the name of my contractor(s) and the work done may be shared with the above named utilities and fuel or energy suppliers for the purpose of program compliance. DHCD will protect the confidentiality of this information the same as it does for their own customer or other confidential information. By signing this release, I authorize the above-named utilities and fuel or energy suppliers to release my customer account information to DHCD and for DHCD to release this information to DOE. An electronic copy of this authorization may be accepted with the same authority as the original.

| | | | |
|---------------------------------|--|-------|--|
| Account Holder Signature: | | Date: | |
| Account Holder Printed Name: | | | |
| Utility Service Address: | | | |
| Mailing Address (if different): | | | |



Zero Income Form - Page 5

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: | | | Date of last received benefit, if applicable. |
| <input type="checkbox"/> | I am not employed through any private or public employer. | | |
| <input type="checkbox"/> | I am not receiving unemployment compensation benefits. | | |
| <input type="checkbox"/> | I am not receiving Social Security, SSI, Disability benefits, Workmen's Compensation, Veteran's Pension, or any type of annuity benefits. | | |
| <input type="checkbox"/> | I am not receiving Public Assistance (PA). | | |
| <input type="checkbox"/> | I am not receiving income from any source (such as interest from bank accounts, rents from rental property). | | |
| <input type="checkbox"/> | I am on maternity leave without pay _____ (please check if applicable). | | |
| <input type="checkbox"/> | I do not receive alimony or child support. | | |
| <input type="checkbox"/> | I understand that I must report any change in income status. | | |

Explain how you have paid your monthly bills for at least the past 90 days below.

If a non-household member is helping pay your bills, list name (s) and phone number (s) and include a signed letter from that person. The letter should state how much and how often the money is given, and if the money is given to you or paid to your creditors directly.

I certify that the information given to DHCD for the Energy Program Application is accurate and complete to the best of my knowledge and belief. I have read and understand the above statements and understand that any misrepresentation of the above will result in termination of this loan program.

| | | |
|---------------------|--|-------|
| Occupant Signature: | | Date: |
|---------------------|--|-------|



Supplemental Financial Information - Page 6

Please provide the financial information requested below when applying for supplemental funding through the Maryland Housing Rehabilitation program to address critical repairs (such as structural, electrical, water leaks, lead, asbestos, etc.). Please note that this funding is only available to homeowners. Renters and mobile homeowners do not qualify.

Personal Debt History

| | Borrower | | Co-Applicant | |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Do you have any outstanding judgements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you declared bankruptcy in the last 7 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have there been any efforts to foreclose on your property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.

Monthly Housing Expenses

Assets

| Item | Amount | Description | Amount |
|---|--------|--|--------|
| First Mortgage (P&I) Lender: | \$ | Checking and Savings Accounts (Name of institution(s) and account numbers) | \$ |
| Is this a reverse Equity Mortgage? | \$ | Real Estate owned other than your primary residence | \$ |
| Other Mortgage Payments (P&I) | \$ | Automobiles (Make and Year) | \$ |
| Hazard Insurance - Included in the Mortgage Payment? | \$ | Other Assets (Please describe) | \$ |
| Real Estate Taxes - Included in the Mortgage Payment? | \$ | Other: | \$ |
| Mortgage Insurance | \$ | Other: | \$ |
| Condo or Homeowner Association Dues | \$ | Other: | \$ |
| Utilities (If Borrower(s) are on a fixed income) | \$ | Other: | \$ |
| Total Monthly Payments | \$ | Total Assets | \$ |

Liabilities

| Description | Monthly Payment |
|--|-----------------|
| Installment debt and/or revolving charge amounts (1) | \$ |
| Automobile Loans | \$ |
| Real Estate Loans | \$ |
| Other Debt | \$ |
| Other Debt | \$ |
| Total Monthly Payments on Liabilities | \$ |



DHCD Energy & Repair Programs Application

Affidavit of Tax Filing Status - Page 7

Instructions

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. Please duplicate this form as needed for Co-Applicants.

Affidavit

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 |
|----------|-----------------------|
| | |
| | |
| | |

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

| | | | |
|----------------------|--|-------|--|
| Applicant Signature: | | Date: | |
|----------------------|--|-------|--|

Documentation of Home Ownership

- Please provide a copy of the Declaration Page of your Homeowners Insurance Policy.
- Please provide a copy of your Flood Insurance Policy (if applicable).



Credit Pull Consent Form - Page 8

Notice: Credit Pull Authorization

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: | |

DHCD Energy & Repair Programs Application



Repair Programs Checklist - Page 9

**All of the requested documentation is required and must be submitted with the application, if you are applying for the repair programs.
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 Form (Page 5) |

Documentation of Home Ownership

| | |
|--|---|
| | To prove home ownership, provide a copy of the deed, and the current mortgage statement. Funding is <u>only</u> 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 Needed

| | |
|--|--|
| | 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 10), <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: <ul style="list-style-type: none"> • A copy of the current MHIC License or Electrical, Plumbing, HVAC license, etc. Trade License Query: https://www.dllr.state.md.us/cgi-bin/ElectronicLicensing/OP_search/OP_search.cgi?calling_app=HIC%3A%3AHIC_qselect • 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. Form W-9 https://www.irs.gov/pub/irs-pdf/fw9.pdf?1737343143 |



Contractor Bid Cover Page - Page 10

Bid Cover Page for the Maryland Housing Rehabilitation Program

(Submit this page, per contractor, with their bid attached, including all contractor documents)

| | |
|--------------------|--|
| Applicant(s) Name: | |
| Property Address: | |

| | |
|---------------------------|--|
| Contractor Company 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. The maximum initial deposit is 33% of the total project cost.

Scope of Work:

| |
|--|
| |
|--|