

**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- Independent Living Tax Credit Application  
Attention: Jack Daniels  
7800 Harkins Road, 3<sup>rd</sup> Floor, Lanham, MD 20706

**INDEPENDENT LIVING TAX CREDIT APPLICATION**

Disclaimer: To receive a tax credit certificate, an application must be submitted to the Maryland Department of Housing and Community Development by **June 1<sup>st</sup> of the current calendar year**. If the application is approved, the recipient will be notified and issued a certificate by **August 1<sup>st</sup> of the current calendar year**.

A representative from the Maryland Department of Housing and Community Development may contact the applicant to gather more information after this initial application is submitted.

**Applicant(s) Contact Information**

Applicant Name \_\_\_\_\_ DOB \_\_\_\_\_

Co-Applicant Name\* \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State: MD Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

\*If you file taxes jointly with another person such as a spouse, they are your co-applicant, and you must include their information in the sections marked "co-applicant".

**Statistical Information**

I do not wish to furnish this information \_\_\_\_\_ (Initials)

Ethnicity: \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

- |  |   |
|--|---|
| <input type="checkbox"/> White                                   | <input type="checkbox"/> Black/African American & White                 |
| <input type="checkbox"/> Black / African American                | <input type="checkbox"/> American Indian/Alaskan Native & Black/African |
| <input type="checkbox"/> Asian                                   | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander         |
| <input type="checkbox"/> American Indian/Alaskan Native American | <input type="checkbox"/> Other/Multi Racial                             |
| <input type="checkbox"/> American Indian/Alaskan Native & White  |   |
| <input type="checkbox"/> Asian & White                           |   |

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

**Renovated Home Information**

Property Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State MD Zip \_\_\_\_\_

**Renovation Details**

**Check the boxes of all of the renovations that you have made on your home:**

- |  |  |
|--|--|
| <input type="checkbox"/> No-step entrance  | <input type="checkbox"/> Alarms integrated into the unit to assist an individual with a sensory disability   |
| <input type="checkbox"/> Doorways with a 32-inch wide (or wider) clear opening           | <input type="checkbox"/> No-step route to accessible home entrance   |
| <input type="checkbox"/> Grab bars and reinforced walls to support                       | <input type="checkbox"/> Railings for exterior or interior steps   |
| <input type="checkbox"/> Handrails   | <input type="checkbox"/> Railings for hallways   |
| <input type="checkbox"/> Rocker panel light switches                                     | <input type="checkbox"/> Hallways/circulation paths 36 inches or more  |
| <input type="checkbox"/> Accessible route to no-step entrance inside and outside of home | <input type="checkbox"/> Slip-resistant floors   |
| <input type="checkbox"/> Accessible handles on doors, plumbing fixtures                  | <input type="checkbox"/> Switches, doorbells, thermostats and breaker boxes at no more than 48 inches above the floor or electrical receptacles at least 15 inches above the floor |
| <input type="checkbox"/> Chairlifts and elevators  | <input type="checkbox"/> Lever water controls  |
| <input type="checkbox"/> Visual smoke/fire/carbon monoxide alarm                         |  |
| <input type="checkbox"/> Roll-in shower/tub  |  |



- Full extension pull-out drawers, shelves, and racks in base cabinets
  - Accessible door hardware
  - Bathroom mirrors or medicine cabinets within lines of sight or reach ranges
  - Creation of accessible parking space
  - Other, please describe: \_\_\_\_\_
- Kitchen appliances/work spaces within lines of sight or reach ranges
  - Maneuvering space of at least 30 inches by 48 inches in a bathroom or kitchen so that a person using a mobility aid may enter the room, open and close the door, and operate each fixture or appliance

Total Cost of Renovation Including Labor \$\_\_\_\_\_.

- I certify that the above amount was spent on installing accessibility features in my home. This amount can be verified through documentation.
- I certify that the accessibility features I am claiming were paid for by me, the applicant, and they were completed in the applicable tax year.

**\*\*\*PLEASE SEND IN ANY SUPPORTING DOCUMENTATION TO VERIFY THE ABOVE INFORMATION WITH THIS APPLICATION\*\*\***  
 I/We understand that the information provided above is collected to determine if I/We are eligible to receive an income tax credit under the Maryland Independent Living Tax Credit program for accessibility or visibility renovations to my home during the most recent tax year.

I/We hereby certify that all the information provided herein is true and correct. I/We understand that providing false statements or information is grounds for termination of the tax credit and is punishable under federal and/or State law. I/We authorize the State of Maryland Department of Housing and Community Development and any duly authorized representatives to verify all information provided in this application. I/We understand that additional information will likely be required to move forward with this application for the tax credit.

I/We are required to keep documentation (e.g. invoices and receipts) and provide them upon request in order to verify that the funds were used for their intended purposes. I/We understand and acknowledge that failing to do so could result in being required to return these funds to the Maryland Department of Housing and Community Development.

Duplication of funding for requests is strictly prohibited. By signing this document, I/We declare and certify that I have not received funds or tax credits from other sources to address my request. I/We further declare that only one application for services has been submitted for my household. If I/We should receive other money (e.g. from my insurance company) at a future date for the same request, I/We understand and acknowledge that I must return the funds provided by the Maryland Department of Housing and Community Development.

I/We understand that intentionally making false statements or withholding information to obtain disaster aid is against Federal and State laws, which carry severe civil and criminal penalties.

A representative from the Maryland Department of Housing and Community Development may request additional information from you, the applicant, during the review process. In order to receive the credit, you must comply with their requests.

**Signature**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Checklist**

- Required detailed paid invoice(s)
- Required pictures pre-accessibility renovation
- Required pictures post-accessibility renovation
- Other supporting documentation and/or permits