

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

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 <input type="checkbox"/> No <input type="checkbox"/>	\$
Other Mortgage Payments (P&I)	\$
Hazard Insurance – Included in the Mortgage Payment? Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
Real Estate Taxes – Included in the Mortgage Payment? Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you declared bankruptcy in the last 7 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have there been any efforts to foreclose on your property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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	\$

AFFIDAVIT OF TAX FILING STATUS

I, _____, was not required to file a Federal Income Tax Return for the following years and for the following reasons:

TAX YEAR: 2023

TAX YEAR: 2022

TAX YEAR: 2021

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

APPLICANT

DATE

DEMOGRAPHIC DATA

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

Ethnicity:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	
<input type="checkbox"/> White	<input type="checkbox"/> Alaskan Native		
<input type="checkbox"/> Black / African American	<input type="checkbox"/> American Indian		
<input type="checkbox"/> Asian - Indian	<input type="checkbox"/> Asian - Chinese		
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Asian - Other		
<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Other / Multi Racial		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary

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

Ethnicity:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	
<input type="checkbox"/> White	<input type="checkbox"/> Alaskan Native		
<input type="checkbox"/> Black / African American	<input type="checkbox"/> American Indian		
<input type="checkbox"/> Asian - Indian	<input type="checkbox"/> Asian - Chinese		
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Asian - Other		
<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Other / Multi Racial		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> 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: <input type="checkbox"/> In a face-to-face interview <input type="checkbox"/> In a telephone interview <input type="checkbox"/> By the applicant and submitted by fax or mail <input type="checkbox"/> By the applicant and submitted via e-mail or the Internet Originator's Signature: _____ Date _____

MARYLAND DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

SINGLE FAMILY HOUSING

Lead-based Paint Notification Receipt for Owner-Occupant Homeowners

For our records, please acknowledge the receipt of the brochure "Protect Your Family From Lead in Your Home" that can be found at https://www.epa.gov/lead/protect-your-family-lead-your-home-real-estate-disclosure by signing below. This brochure explains the hazards of lead-based paint and offers suggestions for reducing and preventing lead poisoning.

I (We) certify that I (we) have received a copy of the brochure "Protect Your Family From Lead in Your Home."

Printed Name Signature Date

Printed Name Signature Date

Address of Property

Some of the housing in Maryland that was constructed prior to 1978 contains lead-based paint. Lead-based paint may present a serious health hazard. Pregnant women and children under the age of six are particularly susceptible to the health problems associated with lead poisoning. If the home you own was built before 1978 there is the potential it may have lead-based paint. If you would like more information regarding the hazards of lead-based paint please contact the Maryland Department of the Environment (MDE) at 410-631-3859.

If you have lead-based paint in your home the Maryland Department of Housing and Community Development (DHCD) may be able to provide financing for the cost of lead hazard reduction activities. If you would like more information about financing for reducing the hazards of lead-based paint, please contact your local housing rehabilitation office or Special Loan Programs (SLP) at 1-844-369-4150.

Federal regulations require that all applicants for property rehabilitation answer the questions below so DHCD will be in compliance with existing lead-based paint guidelines.

- 1. Was this house built before 1978? Yes ___ No ___ Do not know ___
2. Number of children under the age of 6 years old living in the household:
Number ___ Ages of those children ___
3. Number of children under the age of 6 years who do not live in the household, but who spend more than 10 hours per week in the house:
Number ___ Ages of those children ___
4. Have any of the children noted in the two questions above ever been diagnosed as having lead poisoning (elevated blood-level or EBL)? Yes ___ No ___
5. Have you ever received a Lead Paint Violation Notice from the Health Department? Yes ___ No ___

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.

<i>Income Verification Documents (select applicable income documentation):</i>	
<input type="checkbox"/>	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.
<input type="checkbox"/>	Provide the most recent 2 years' worth of Federal Income Tax Returns. These must be the complete tax return.
<input type="checkbox"/>	Provide the most recent 2 months' worth of bank statements.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Reporting of other income received outside of employment sources.
<input type="checkbox"/>	Documentation if receiving unemployment benefits.
<input type="checkbox"/>	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
<i>Documentation of Home Ownership</i>	
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Copy of your most recent Property Tax Bill.
<input type="checkbox"/>	Copy of the Declaration Page of your Homeowners Insurance Policy. Copy of your Flood Insurance Policy if applicable.
<i>Documentation for Critical Repairs</i>	
<input type="checkbox"/>	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.
<input type="checkbox"/>	The completed "Bid Cover Page" (page 9 of this application), <u>per contractor</u> , with their bid attached.
<input type="checkbox"/>	The bid must include photographs that document the critical repairs, the contractor's phone number and email address.
<input type="checkbox"/>	In addition, every contractor <u>must</u> 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 • 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 (Rev. October 2018)

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 tenants 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.