

**Submit completed application and supporting documentation to:**

Email: [Rehab.HAFApplications@Maryland.gov](mailto:Rehab.HAFApplications@Maryland.gov) OR

**Mail:** Maryland Department of Housing and Community Development,  
CDA Special Loan Programs- Rehab Homeowner Assistance Fund (HAF)  
7800 Harkins Road, 3<sup>rd</sup> Floor  
Lanham, MD 20706

**Contact information:**

Email: [Rehab.HAFApplications@Maryland.gov](mailto:Rehab.HAFApplications@Maryland.gov)

Homepage: <https://dhcd.maryland.gov/Residents/Pages/WholeHome.aspx>



DEPARTMENT OF HOUSING  
AND COMMUNITY DEVELOPMENT

**WHOLEHOME: REHAB HOMEOWNER ASSISTANCE FUND (HAF) APPLICATION**

***All of the requested information is required. Incomplete applications will not be processed.***

Subject Property Address: \_\_\_\_\_

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

Name(s) On Property Title: \_\_\_\_\_

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**

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

**LIST ALL OTHER HOUSEHOLD OCCUPANTS, INCLUDING CHILDREN**

<b>Name</b>	<b>Age</b>	<b>Monthly Income</b>	<b>Income source</b>
		\$	
		\$	
		\$	
		\$	
		\$	

**DEMOGRAPHIC DATA**

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

<b>Ethnicity:</b>	<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		
<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary

**CO-APPLICANT:** I do not wish to furnish this information \_\_\_\_\_ (Initials)

<b>Ethnicity:</b>	<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		
<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary

# WHOLEHOME: REHAB HOMEOWNER ASSISTANCE FUND (HAF) APPLICATION

## 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 grant. Your failure to disclose this information may result in the denial of your application for a grant. 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 grant, and participating mortgage lender, if any, for purposes directly connected with administration of the grant and the grant 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.

I/We hereby attest that I/we have incurred an eligible COVID-19 financial hardship after January 21, 2020 (includes hardships that began before January 21, 2020 but continued after that date).

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 Homeowner Assistance grant 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 housing assistance.

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

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Applicant's Signature

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Date

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Co-Applicant's Signature

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Date

# WHOLEHOME: REHAB HOMEOWNER ASSISTANCE FUND (HAF) APPLICATION

## HOMEOWNER ASSISTANCE FUND APPLICATION CHECKLIST

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

<b><i>Income Verification Documents (select applicable income documentation):</i></b>	
<input type="checkbox"/>	Photo ID(s) for the applicant, and any co-applicant
<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"/>	If self-employed, provide the most recent 2 years' worth of Federal Income Tax Returns. These must be the complete tax return.
<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"/>	Documentation if receiving unemployment benefits.
<input type="checkbox"/>	If you are reporting no income, you must include a signed and notarized Zero Income Statement. <a href="https://mmp.maryland.gov/Lenders/Loan%20Documentation/No-Income-Letter.pdf">https://mmp.maryland.gov/Lenders/Loan%20Documentation/No-Income-Letter.pdf</a>
<b><i>Documentation of Home Ownership</i></b>	
<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.
<b><i>Documentation for Critical Repairs</i></b>	
<input type="checkbox"/>	The lowest qualifying bid from a licensed Maryland tradesperson or company identifying the repairs to be addressed with grant funding. Bid should not be more than 60 days old. The grand total of all bids should not exceed \$10,000.
<input type="checkbox"/>	The completed "Bid Cover Page" (page 5 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 <b>must</b> provide these documents together with their bid: <ul style="list-style-type: none"> <li>• A copy of the current MHIC License or Electrical, Plumbing, HVAC license, etc. <a href="#">Trade License Query</a></li> <li>• COI - Certificate of Liability Insurance (Current w/ per occurrence limits equal to or greater than \$1m)</li> <li>• Letter of Good Standing <a href="https://egov.maryland.gov/BusinessExpress/EntitySearch">https://egov.maryland.gov/BusinessExpress/EntitySearch</a></li> <li>• W-9, completed and signed by the contractor. The address on this form is where payments will be sent. <a href="#">Form W-9</a></li> </ul>

# Grant Bid Cover Page

(Submit one copy of this page for each contractor. This page serves as part of the application, and it does not replace the contractor bid, on their letterhead, and the required business documents listed on Page 4. All information is required)

Applicant(s) Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

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Contractor's Name: \_\_\_\_\_

Contractor Contact Name: \_\_\_\_\_

Contractor Phone # \_\_\_\_\_

Contractor Email Address: \_\_\_\_\_

Payment Preferences:  33% Deposit, with 67% at completion or  0% deposit with 100% at completion.

## About the Program:

The Homeowner Assistance Fund WholeHome Grant will help Maryland homeowners who have a critical repair in their primary residence that they are unable to address because of the financial impact of COVID-19. Without addressing these repairs, it will cause the homeowner to be "involuntarily displaced" from the property. Grants requests should not exceed \$10,000.

## Scope of Work: