Multifamily Energy Efficiency Improvement Funding
Application Form

Note: Information about the Maryland Multifamily Energy Efficiency Improvement Funding Rental Program can be found at [http://dhcd.maryland.gov/HousingDevelopment/Pages/EnergyEfficiencyWeatherization.aspx](http://dhcd.maryland.gov/HousingDevelopment/Pages/EnergyEfficiencyWeatherization.aspx)

Please consult the program information web link before completing this application form.

**Application must be completed in its entirety**

<table>
<thead>
<tr>
<th>1. Contact Information for Person Completing this Application on Behalf of the Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Telephone:</td>
</tr>
<tr>
<td>Email:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Information about the Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name of Sponsor:</td>
</tr>
<tr>
<td>Legal Structure (check one):</td>
</tr>
<tr>
<td>☐ General Partnership</td>
</tr>
<tr>
<td>Business Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>Main Telephone:</td>
</tr>
<tr>
<td>Total Number of Residential Units Under Management::</td>
</tr>
</tbody>
</table>

Is the Sponsor or any of its officers involved in any regulatory proceedings or other legal action, including lawsuits, with the State of Maryland or any other entity involving the business? ☐ No ☐ Yes

If yes, explain:

Has the Sponsor or any of its officers been involved in bankruptcy or insolvency proceedings? ☐ No ☐ Yes

If yes, explain:
### 3. Information about the Property and the Property Owner

| Property Name: | 
| --- | --- |
| Property Address: | 
| City: | State: | County: | ZIP Code: |

**Property Owner:** Legal Name:  
FEIN:  
Legal Structure (check one):  
- For-Profit Corporation  
- Non Profit Corporation  
- Limited Partnership  
- General Partnership  
- Limited Liability Company  
- Sole Proprietorship  
Other:  

**Property Owner’s Business Address:**  
City:  
State:  
Zip:  
Main Telephone:  
Main Fax:  
Website:  

**Signature Block and Notice Address:**

| Property Information: | 
| --- | --- |
| Year Building Built: | Number of Floors:  
| Date of Last Major Rehab: | Number of Buildings: |
| Rehab Planned Over Next Five Years?: ☐Yes ☐No | Building’s Total Gross Square Footage: s.f.  
| | Total Square Footage of Residential Units: s.f.  
| | Total Square Footage of Common Areas and Other Spaces: s.f.  
| Total Number of Residential Units: ______ |  
| Number of Residential Units by Type:  
SRO: ______  
Studio: ______  
1 BR: ______  
2 BR: ______  
3 BR: ______  
4 BR: ______  
Other: ______ |  
| Target Resident Population:  
☐ Elderly  
☐ Family  
☐ Disabled  
☐ Special Needs  
☐ Other: |  
| Occupancy Restrictions of Project (show number of units):  
☐ 30 % AMI  
☐ 31-40% AMI  
☐ 41%-50% AMI  
☐ 51%-60% AMI  
☐ 61-85% AMI |  

**Utility Provider:**  
Electric:  
Account #: ____________________________  
Gas:  
Account #: ____________________________  
Oil:  
Account #: ____________________________  
Water:  
Account #: ____________________________  

**Meter Set up:**  
☐ Master Metered  
☐ Individual Metered  
☐ Mix Metered  
☐ Sub-Metered  

**Responsibility for Energy Costs:**  
Space Heating:  
☐ included in rent  
☐ Paid by tenants in separate utility accounts  
☐ Other: Explain  
Air Conditioning:  
☐ included in rent  
☐ Paid by tenants in separate utility accounts  
☐ Other: Explain  
Water Heating:  
☐ included in rent  
☐ Paid by tenants in separate utility accounts  
☐ Other: Explain  
Electricity:  
☐ included in rent  
☐ Paid by tenants in separate utility accounts  
☐ Other: Explain
Has the property previously participated in any utility programs (i.e. Quick Home Energy Check-up, Smart Savers, Business Energy Solutions)?

☐ Yes  ☐ No  Name of program: ___________________________ Date Work Completed: ____________________

Work completed under this program:

___________________________________________________________________________________________

4. Certification, Authorization and Signature

The undersigned (the “Sponsor”) hereby certifies:

1. That she or he has the legal authority to sign this application on behalf of the Sponsor.
2. That the information contained in this Application and the attached Exhibits is complete, true and correct.
3. That the Sponsor agrees to notify the Maryland Department of Housing and Community Development (the Department) promptly of any material changes to the Application and the attached Exhibits.
4. That the Sponsor has read the Application Instructions and understands that as part of the underwriting process, the Department may require the Sponsor to submit additional documents involving the creditworthiness of the Sponsor and the Property, the financing of the proposed project, and the energy analysis needed to support the estimates of the energy savings that will result from the proposed project. The Applicant agrees to submit these additional materials in a timely manner when requested.
5. That the Applicant hereby authorizes the Department to make all inquiries it deems necessary to verify the accuracy of the Application and the attached Exhibits and to determine the Applicant’s creditworthiness. The Applicant authorizes any individual, including the Sponsor’s attorney and accountant, or any credit reporting agency, or any other entity, to furnish the Department with any information it possesses with respect to the Sponsor, the Property, this Application and the attached Exhibits.
6. In the event the funding is provided as a loan, an additional fee may apply.

Certified and Agreed To this _______ day of ______, 20____.

________________________________________________
Name:
Title

NOTE: A complete energy funding application package consists of the following:

- One electronic copy of the completed application form.
- Required exhibits

Applicants should email the complete application package to:

Email: MultifamilyEnergy_DHCD@Maryland.gov
Attention: Turia Cook
Maryland Department of Housing and Community Development
7800 Harkins Road
Lanham, MD 20706
### Application Exhibits

1. Proof of affordability

2. Organizational Documents (for all entities)

3. Copy of commercial electric bill

### Exhibits Required Before Closing

4. DHCD’s MBE Form – forms can be located on the program website

5. Resolutions from Awardee (authorized to enter into the Grant Agreement on the terms & conditions required by DHCD). Please note that the resolutions are different depending on which type of entity is producing the document. Please send a drafted WORD document of these forms prior to execution for legal review - forms can be located on the program website

6. Incumbency Certificate - forms can be located on the program website

7. Owner/Commercial Space Executed Customer Energy Usage Release Form

8. Tenant Executed Customer Energy Usage Release Forms

9. Contractor Licenses for each contractor

10. Permits or signed statement that permits are not required

11. Liability Insurance

12. Property Insurance

13. Certificate of Good Standing (must be dated within 30 days of the "closing" / execution of the loan/grant agreement)