

# Maryland Affordable Housing Trust (MAHT)

## 2025 Annual Report for Title Insurers and Title Insurance Producers

Please submit the completed 2025 Annual Report to the: Maryland Affordable Housing Trust at  
[MAHT.DHCD@maryland.gov](mailto:MAHT.DHCD@maryland.gov)

1. Name of Title Company: \_\_\_\_\_

2. Other name(s) company is doing business as: \_\_\_\_\_

3. Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Federal Tax Identification Number: \_\_\_\_\_

5. Phone Number: \_\_\_\_\_

6. Name of Contact Person (*Print*): \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail (required): \_\_\_\_\_

7. Name of Person filing the report (*Print*): \_\_\_\_\_

8. Title of Person filing report (*Print*): \_\_\_\_\_

9. Email of Person filing report (required): \_\_\_\_\_

10. Signature of Person filing report: \_\_\_\_\_

11. Date Submitted to MAHT (Due by March 31, 2026): \_\_\_\_\_

12. Number of MAHT escrow accounts \_\_\_\_\_

**MAHT Account:** A Title Insurer or Title Insurance Producer is required by the Maryland Affordable Housing Trust Act to pool client trust accounts in connection with escrows, settlements, closings, or title indemnifications related to properties located in Maryland, if the account for one transaction is expected to generate: (a) \$50 or less in interest or (b) more than \$50 in interest, if the reasonable and customary charges of the financial institution are anticipated to be more than the interest which would be earned on the trust money **if separately deposited**.

13. Number of Non-MAHT escrow accounts \_\_\_\_\_

**Non-MAHT Account:** (Holding Maryland Transactions) A Title Insurer or Title Insurance Producer is not required by the Maryland Affordable Housing Trust Act to pool client trust accounts in connection with escrows, settlements, closings, or title indemnifications related to properties located in Maryland, if the account for one transaction is expected to generate: (a) more than \$50 in interest and (b) the reasonable and customary charges of the financial institution are not anticipated to be more than the interest which would be earned on the trust money **if separately deposited**.

**14. Attorney Certification** – If you are an Attorney who is **primarily** engaged in the practice of law and solicits, procures, or negotiates title insurance contracts only as an **incident** of the practice of law, please check box below and sign.

☐ **(Check Box and sign Below to Certify)** I certify that I am currently participating in the Interest on Lawyer Trust Accounts (IOLTA) program for my real estate escrows, settlements and closings that earn \$50 or less in interest.

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**Signature and Title of attorney providing certification**

**(Please note that you are not permitted to check the box if you are:**

**(1) an Attorney or an association of Attorneys who own, operate, or share interest in a Title Agency or are (2) an Attorney who is employed by a Title Agency as a Title Insurance Producer or Title Insurance Broker. COMAR 31.16.03.02B(6)(C)(1)&(2))**

**15. Title Producer Certification** – If you have no Escrow accounts into which Trust Funds would be deposited, please check the box below.

☐ **(Check Box To Certify)** I certify that I do not have a Trust account containing funds which are covered by Maryland Affordable Housing Trust (MAHT) requirements because I am not actively engaged in business activities in Maryland which generate funds covered by the MAHT law and regulations. I further agree to establish a MAHT account at such time as I begin to do business in Maryland which generates funds covered by the MAHT law and regulations.

If you have checked either of the boxes above, you do not need to fill out the remainder sections of this Annual Report. Please email the completed 2024 Annual Report to the: Maryland Affordable Housing Trust at: [maht.dhcd@maryland.gov](mailto:maht.dhcd@maryland.gov). If you have questions, concerning this report, please send/address questions to: [maht.dhcd@maryland.gov](mailto:maht.dhcd@maryland.gov).

☐ Please check certifying agreement with the statement below.

**Electronic Signatures:** The parties agree that this form may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original handwritten signature. Without limitation, “electronic signature” shall include: faxed versions of an original handwritten signature; electronically scanned and transmitted versions (e.g., via pdf) of an original handwritten signature; and any typed signature (including any electronic symbol or process attached to, or associated with, this form) adopted by the Grantee with the intent to sign this Agreement.

**Information on MAHT Bank Account** (One Account Per Page)

Name of Title Company: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ State \_\_\_\_\_

MAHT Bank Account Number: \_\_\_\_\_

List the threshold range used to determine which transactions, when placed into this account, will earn \$50 or less in interest: \$\_\_\_\_ OR If **ALL** Maryland Transactions are deposited in this account check here: ☐ (Thresholds are determined using the interest rate of your MAHT account [COMAR 31.16.03.03 B(2)])

How often do you re-evaluate this threshold?      ☐ Monthly      ☐ Quarterly      ☐ Other

Total number of **SETTLEMENTS** for which deposits were made into the account \_\_\_\_\_

Total dollar amount of Settlements deposited into the account      \$ \_\_\_\_\_

Total gross interest earned on the account      \$ \_\_\_\_\_

Total "Allowable Only" bank service charges and fees paid/ deducted\* \$( \_\_\_\_\_ )

Total net interest earned on this account (remitted to MAHT via your Bank) \$ \_\_\_\_\_

What is the interest rate(s) your bank pays on this account?      \_\_\_\_\_ %

**\*Regulations require you to list both the types of amounts of allowable deducted charges for services provided to this account. (See COMAR 31.16.03.04, Operation of MAHT Accounts)**

Deposit Service Fees \$ \_\_\_\_\_ Check Withdrawal Fees \$ \_\_\_\_\_ No Fees \$ \_\_\_\_\_

Stop payment Fees \$ \_\_\_\_\_ Monthly Maintenance Fees \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Was the account **opened** within the calendar year? Yes \_\_\_\_\_ No \_\_\_\_\_  
Date \_\_\_\_\_

Was the account **closed** during the calendar year? Yes \_\_\_\_\_ No \_\_\_\_\_  
Date \_\_\_\_\_

Was the account      ☐ inactive,      ☐ dormant, **OR**      ☐ remitted to unclaimed property during the calendar year?

**Names and Titles of Persons with Access to this Account:**

Name/Title: \_\_\_\_\_ Name/Title: \_\_\_\_\_

**Describe the purpose of this account:** \_\_\_\_\_

(Example: To hold escrow funds for Maryland real property settlements, closings, refinances, etc.)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Information on Non - MAHT Bank Account** (One Account Per Page)

Name of Title Company: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ State \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

List the threshold range used to determine which transactions, when placed into this account, will earn \$50 or more in interest: \$\_\_\_\_\_ (Must be above the MAHT Account Upper Limit)

**(Thresholds are determined using the interest rate of your MAHT account [COMAR 31.16.03.03 B(2)]) H**

How often do you re-evaluate this threshold?      ☐ Monthly      ☐ Quarterly      ☐ Other

Total number of **Settlements** for which deposits were made into the account \_\_\_\_\_

Total dollar amount of Settlements deposited into the account      \$\_\_\_\_\_

Total gross interest earned on the account      \$\_\_\_\_\_

Total "Allowable Only" bank service charges and fees paid/ deducted\* \$(\_\_\_\_\_)

Total net interest earned on this account      \$\_\_\_\_\_

What is the interest rate(s) your bank pays on this account? \_\_\_\_\_%

**\*Regulations require you to list both the types of amounts of allowable deducted charges for services provided to this account. (See COMAR 31.16.03.04, Operation of MAHT Accounts)**

Deposit Service Fees \$\_\_\_\_\_ Check Withdrawal Fees \$\_\_\_\_\_ No Fees \$\_\_\_\_\_

Stop payment Fees \$\_\_\_\_\_ Monthly Maintenance Fees \$\_\_\_\_\_ Other \$\_\_\_\_\_

Was the account **opened** within the calendar year? Yes \_\_\_\_\_ No \_\_\_\_\_  
Date \_\_\_\_\_

Was the account **closed** during the calendar year? Yes \_\_\_\_\_ No \_\_\_\_\_  
Date \_\_\_\_\_

Was the account      ☐ inactive,      ☐ dormant, **OR**      ☐ remitted to unclaimed property  
during the calendar year?

**Names and Titles of Persons with Access to this Account:**

Name/Title: \_\_\_\_\_ Name/Title: \_\_\_\_\_

**Describe the purpose of this account:** \_\_\_\_\_

(Example: To hold escrow funds for Maryland real property settlements, closings, refinances, etc.)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_