

Submit completed application and supporting documentation from page 4 to:

Email: 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  
Toll Free 877-568-6105  
<https://dhcd.maryland.gov/Residents/Pages/WholeHome.aspx>



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

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

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

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

**Check the emergency repair improvements you think you may need:**

\_\_\_\_\_ Mold & Mildew Remediation \_\_\_\_\_ Asbestos removal \_\_\_\_\_ "Trip or slip" issues

\_\_\_\_\_ no heat/no air \_\_\_\_\_ Electrical repairs

\_\_\_\_\_ Plumbing and septic repairs \_\_\_\_\_ Roof repair/replacement

\_\_\_\_\_ Reduce/eliminate lead paint hazards \_\_\_\_\_ Address structural or maintenance issues

\_\_\_\_\_ Other: \_\_\_\_\_

**APPLICANT(S) INFORMATION**

**Applicant Name:** \_\_\_\_\_

DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Name of Applicant's Employer: \_\_\_\_\_

Years on this job: \_\_\_ yrs \_\_\_ mths Self-employed? Y/N \_\_\_\_\_

Position Title: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_

DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Name of Co-Applicant's Employer: \_\_\_\_\_

Years on this job: \_\_\_ yrs \_\_\_ mths Self-employed? Y/N \_\_\_\_\_

Position Title: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

**GROSS MONTHLY INCOME**

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

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

Name	Age	Monthly Income	Source of Income

# 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

# WHOLEHOME: REHAB HOMEOWNER ASSISTANCE FUND (HAF) APPLICATION

## STATISTICAL DATA

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

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

- |   |  |
|---|--|
| _____ White                                   | _____ American Indian/Alaskan Native & White         |
| _____ Black / African American                | _____ Asian & White                                  |
| _____ Asian                                   | _____ Black/African American & White                 |
| _____ American Indian/Alaskan Native American | _____ American Indian/Alaskan Native & Black/African |
| _____ Native Hawaiian/Other Pacific Islander  | _____ Other / Multi Racial                           |

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

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

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

- |   |  |
|---|--|
| _____ White                                   | _____ American Indian/Alaskan Native & White         |
| _____ Black / African American                | _____ Asian & White                                  |
| _____ Asian                                   | _____ Black/African American & White                 |
| _____ American Indian/Alaskan Native American | _____ American Indian/Alaskan Native & Black/African |
| _____ Native Hawaiian/Other Pacific Islander  | _____ Other / Multi Racial                           |

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

## HOMEOWNER ASSISTANCE FUND

### APPLICATION CHECKLIST

DOCUMENTATION TO ENCLOSE WITH APPLICATION	All Financing Requests
<p><b><i>INCOME VERIFICATION DOCUMENTS [REQUIRED]</i></b>  <b><i>(select applicable income documentation):</i></b></p> <ul style="list-style-type: none"> <li>COPIES OF THE TWO (2) MOST RECENT MONTHS PAY STUBS FOR EACH EMPLOYED HOUSEHOLD MEMBER OR COMPLETE VERIFICATION OF EMPLOYMENT FORM SIGNED BY EMPLOYER</li> <li>IF SELF-EMPLOYED THE MOST RECENT 2 YEARS OF FEDERAL TAX RETURNS</li> <li>IF YOUR INCOME IS FROM SOCIAL SECURITY, PENSION OR PUBLIC ASSISTANCE, INCLUDE A COPY OF YOUR AWARD LETTER AND CURRENT STATEMENT VERIFYING GROSS INCOME.</li> <li>PROVIDE DOCUMENTATION IF RECEIVING UNEMPLOYMENT BENEFITS</li> </ul>	
<p><b>REQUIRED:</b></p> <ol style="list-style-type: none"> <li>1. PROVIDE ONE ESTIMATE WITHIN THE PAST 60 DAYS FROM A LICENSED MARYLAND HOME IMPROVEMENT CONTRACTOR IDENTIFYING HEALTH AND SAFETY REPAIRS</li> <li>2. ESTIMATE TO INCLUDE PICTURE OR DRAWING OF ITEM(S) TO BE REPAIRED</li> <li>3. COMPLETED BID FORM FROM THE CONTRACTOR(S)</li> </ol>	

# WHOLEHOME: REHAB HOMEOWNER ASSISTANCE FUND (HAF) APPLICATION

## Homeowner Assistance Fund WholeHome Grant

### Bid Form

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

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

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

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

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

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

#### About the Program:

The Homeowner Assistance Fund WholeHome Grant will help Maryland homeowners who have an emergency 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.

#### Scope of Work:

Cost Estimate to Complete Work: \$ \_\_\_\_\_

Additionally, Maryland Department of Housing and Community Development will need the following information from the Contractor.

- Current MHIC License or Electrical, Plumbing, HVAC license, etc.
- COI Certificate of Insurance
- Letter of Good Standing from SDAT
- W-9

**Submit supporting documentation and draw requests to the email** Rehab.HAFApplications@Maryland.gov.

Please check the payment option offered by the WholeHome HAF Rehab Program that your company is accepting.

- 20% for the initial draw and the remaining 80% draw to be paid after the work is completed and photo proof is submitted
- 100% of the invoice to be paid after the work is completed and photo proof is submitted

Payments are issued from the Comptroller's Office and can take approximately 60 days to be received by mail.

Click on the Comptroller's Office website to track the payments.

<https://interactive.marylandtaxes.gov/extranet/gad/GADLogin/login.asp>