Submit completed application and supporting documentation from page 8 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 844-369-4150 OR 301-429-7409
www.dhcd.maryland.gov/Residents/Pages/SpecialLoans.aspx

Maryland
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

SINGLE FAMILY REHABILITATION APPLICATION

____ MD Housing Rehabilitation Program (MHRP) ____ Special Targeted Applicant Program (STAR)
____ Indoor Plumbing Program (IPP) ____ Lead Hazard Reduction Grant and Loan Program (LHRGLP)

Property Street Address_____

City: _____County: _____State: _____Zip: _____

Name(s) On Property Title: _____

Year Built: _____ Located in 100-year flood plain? ____ yes____ no

Homeowners Insurance Company: _____

Agent: _____Phone#_____

Describe Rehabilitation Requested: _____

_____

Preferred Contractor: _____

BORROWER INFORMATION

Name: _____ DOB: _____ Age: _____
Social Security Number: _____ Home Phone: _____
Marital Status: ____ Married ____ Separated ____ Unmarried E-Mail: _____
Dependents other than listed by co-borrower: No. _____ Ages: _____
Present Address: _____
City: _____ State: _____ Zip: _____ No. Years: _____ Own _____ Rent _____
Name and Address of Employer: _____
_____
Years on this job: _____ yrs. ____ self-employed Type of Business: _____
Position Title: _____ Business Phone: _____

CO-BORROWER INFORMATION

Name: _____ DOB: _____ Age: _____
Social Security Number: _____ Home Phone: _____
Marital Status: ____ Married ____ Separated ____ Unmarried E-Mail: _____
Dependents other than those listed by Borrower: No. _____ Ages: _____
Present Address:_____
City: _____ State: _____ Zip: _____ No. Years: _____ Own _____ Rent _____
Name and Address of Employer: _____
_____
Years on this job: _____ yrs. ____ self-employed Type of Business: _____
Position Title: _____ Business Phone: _____

Maryland
DEPARTMENT OF HOUSING
AND COMMUNITY DEVELOPMENT

GROSS MONTHLY INCOME

Item	Borrower	Co-Borrower	Total
Base Employee Income	$	$	$
Overtime			
Pensions, Social Security, Annuity			
Alimony, Child Support			
Net Rental Income			
Other			
Total	$	$	$

LIST ALL OTHER HOUSEHOLD OCCUPANTS
Show Income for any occupant over the age of 18

Name	Age	Monthly Income	Source of Income

MONTHLY HOUSING EXPENSE

Item	Amount
First Mortgage (P & I) Lender: _____ [Is This a Reverse Equity Mortgage ? ____ yes____ no]	$
Other Mortgage Payments (P & I)	
Hazard Insurance - Included in Mortgage Pmt: ____ yes____ no	
Real Estate Taxes - Included in Mortgage Pmt: ____ yes____ no	
Mortgage Insurance	
Condo or Homeowner Association Dues	
Utilities (If borrowers are on a fixed income)	
Total Monthly Payment	$

PERSONAL DEBT HISTORY

	Borrower	Co-Borrower
Do you have any outstanding judgments?	____ Yes ____ No	____ Yes ____ No
Have you declared bankruptcy in the last seven years?	____ Yes ____ No	____ Yes ____ No
Has there been any effort to foreclose on your property?	____ Yes ____ No	____ Yes ____ No

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 & Savings Account (Name of institution and account number)	$
Real Estate owned (other than primary residence)	$
Automobiles - Make & Year	$
Other Asset - Describe	$
Total Assets	$

LIABILITIES

Creditors (Name & Address)	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 Payment	$

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.

_____ _____

Borrower's Signature Date Co-Borrower's Signature Date

STATISTICAL DATA

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

Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino

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

_____ Male _____ Female

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

Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino

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

_____ Male _____ Female

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:
- _____ In a face-to-face interview
- _____ In a telephone interview
- _____ By the applicant and submitted by fax or mail
- _____ By the applicant and submitted via e-mail or the Internet

Originator's Signature: _____ Date_____

Print Name: _____

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: _2021_

TAX YEAR: _2020_

TAX YEAR: _2019__

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

_____ _____

APPLICANT DATE

SINGLE FAMILY REHABILIATION
APPLICATION TRANSMITTAL CHECKLIST

DOCUMENTATION TO ENCLOSE WITH APPLICATION	All Financing Requests
INCOME VERIFICATION DOCUMENTS: **- COPIES OF THE TWO (2) MOST RECENT MONTHS PAY STUBS FOR EACH EMPLOYED HOUSEHOLD MEMBER OR COMPLETED VERICATION OF EMPLOYMENT FORM SIGNED BY EMPLOYER** **- MOST RECENT 2 YEARS OF FEDERAL TAX RETURNS AND W-2 STATEMENTS OR SIGNED AFFIDAVIT OF FILING STATUS.** **- IF YOUR INCOME IS FROM SOCIAL SECURITY, PENSION OR PUBLIC ASSISTANCE, INCLUDE A COPY OF YOUR AWARD LETTER AND CURRENT STATEMENT VERIFYING GROSS INCOME.**	
MORTGAGE VERIFICATION FORM OR CURRENT MORTGAGE STATEMENT (IF APPLICABLE)	
- COPY OF THE DEED TO YOUR PROPERTY **- PROVIDE DEATH CERTIFICATE FOR ANY OWNERS SHOWING ON THE DEED WHO ARE DECEASED** **- PROVIDE ADDRESS VERIFICATION FOR DEED OWNERS NOT RESIDING IN THE PROPERTY**	
COPY OF THE FIRST PAGE OF YOUR HOMEOWNERS INSURANCE AND FLOOD INSURANCE POLICIES. VERIFYING COVERAGE AND PREMIUM.	
COPY OF YOUR MOST RECENT PROPERTY TAX BILL	
COPY OF YOUR MOST RECENT TWO (2) MONTHS OF ALL BANK STATEMENTS (ALL PAGES)	
A CONTRACTORS PROPOSAL (if available)	