



Queen Anne's County
Division of Housing and Community Services
 104 Powell Street
 Centreville, MD 21617
 Phone: 410-758-3977 Fax: 410-758-4499
 dhcs@qac.org



Emergency Home Repair and Special Loans Program
Application

Applicant Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #'s: Home: _____ Work: _____ Cell: _____

Email: _____ Date of Birth: _____

Do you own your home? YES NO How old is your home? _____

Is this your primary home? YES NO Do you own other property? _____

Do you have a reverse mortgage? YES NO

Is the home in foreclosure of currently/recently listed for sale? YES NO

Home Occupants: Please list the following information for EVERYONE currently living in your home, including the applicants. (Include all adults and children, family and others)

Name:	Date of Birth:	Relationship to homeowner:

Family Employment & Income: (Requires Attachments)

Please list all sources of income for everyone over 18 living in your household. Including the applicants. (Include salaries, retirement, disability, social security, alimony, child support, etc....)

Name of Income Source	Amount Received Monthly

Requested Repairs:

Please give a detailed description of the repairs you require. Describe the work that needs to be done, reasons the repairs are necessary, and the desired end result. Attach additional Pages (and pictures) if necessary.

****Required Attachments****

- Copy of the MOST RECENT Deed to the property or title if it is a mobile home. (Anyone listed on the deed that is deceased, please supply a death certificate with the application. Anyone listed on the deed not living in the home, please supply a lease or deed for his or her current residence.) *If you have issue obtaining this document please reach out to our office.
- Attach your most recent property tax bill or statement. (This document must show the current tax value of the home and property, your name and physical address, recent payments and any balance due on the property.)
- Attach proof of homeowner's insurance and coverage details. (Usually this is just the first page.)
- If you are currently making payments on a mortgage for the home in need of repair, please attach the most recent copy of your mortgage statement. (Again, this must show the name and physical address of the homeowner and the balance due on the mortgage.) If the home is paid for, please provide a mortgage release.
- Proof of income: Attach documentation for all income received by all occupants of the home in need of repair (paystubs, income tax returns, retirement statements, SS benefit statements, etc.) These documents must include name of the income source, name of the recipient, and the amount received.
- Most recent 3 bank statements of the owners.
- Most Recent Income Tax Returns. If tax returns have not been filed within the past year please submit reasoning in writing.
Note: If you are self-employed, please provide your last 3 years income tax returns.
- Completed Application

*****This application cannot be processed until ALL required documents have been received.*****

Please check the boxes to confirm that you have read the following:

- I understand that by completing this application, I authorize the QAC Emergency Home Repair and Special Loans Program to evaluate my need for home repairs. I understand that the evaluation may include personal visits to my home.
- I have answered all application questions truthfully.
- I understand that if I do not answer truthfully and still participate in this program; I am responsible for taking money from others who actually need and deserve this type of help.
- I understand that even if my application is approved, I may not be served by the program due to lack of funding or any other unforeseen circumstance.
- I understand that the QAC Emergency Home Repair and Special Loans Program reserves the right to refuse service to anyone.

Applicant Signature: _____ Date: _____

Please return this completed application and documentation via:
Mail: Division of Housing, 104 Powell Street, Centreville, MD 21617
Email: dhcs@gac.org or Fax: 410-758-4499