



SERVICE:

- ROOF REPAIR
- STRUCTURAL DAMAGE REPAIR
- FURNACE REPLACEMENT
- WATER & SEWAGE BREAK REPAIR

- ELECTRICAL REPAIR
- PLUMBING REPAIR
- DISABILITY ACCESSIBILITY
- OTHER

PROPERTY INFORMATION (MUST BE WITHIN BALTIMORE CITY LIMITS):

Address: _____ Zip code _____

APPLICANT(S) INFORMATION:

Applicant's Name: _____ Age _____

SSN# _____ Annual Household Income \$ _____

Marital Status: ___ Single ___ Married ___ Separated ___ Widowed

Mailing Address: _____ Zip code _____

Telephone #(home) _____ (other) _____

Employer: _____ No. of years _____

Co-Applicant's Name: _____ Age _____

SSN# _____ Annual Household Income \$ _____

Marital Status: ___ Single ___ Married ___ Separated ___ Widowed

Mailing Address: _____ Zip code _____

Telephone # _____ (home) _____ (other) _____

Employer: _____ No. of years _____

Total number of people living in the residence: _____

EACH HOUSEHOLD MEMBER MUST BE LISTED ON THE REVERSE SIDE.

REQUIRED APPLICATION ATTACHMENTS:

Your application is **not** complete unless all of the following information is submitted at the time of applying to the program. **Only Copies Accepted.** Please include:

- | | |
|--|---|
| 1) Copy of your recorded deed of assignment | 5) Three recent pay stubs |
| 2) Recent mortgage statements | 6) Current checking or saving accounts statements |
| 3) Current copy of your Homeowner's Insurance Policy (Declaration page only) | 7) Repair estimate from MHIC licensed contractor |
| 4) Additional income award letters, for example Social Security/ Disability | 8) Recent property tax bill |
| | 9) List of all real estate owned |

If you are a person with a disability and require a reasonable accommodation to attend or participate in this event or do not understand the contents of this document, please notify the contact person listed or call our TTY number at 410-547-9247. This document is available in alternative formats.





LIST OF HOUSEHOLD RESIDENTS:

Name	Age	Income	Name	Age	Income

OPTIONAL STATISTICAL DATA:

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

- | | |
|---|---|
| <input type="radio"/> Male | <input type="radio"/> Female |
| <input type="radio"/> Black | <input type="radio"/> White |
| <input type="radio"/> Hispanic | <input type="radio"/> Asian, Pacific Islander |
| <input type="radio"/> American Indian, Alaskan Native | <input type="radio"/> Other |

Co-Applicant: I do not wish to furnish this information. _____ (Initials)

- | | |
|---|---|
| <input type="radio"/> Male | <input type="radio"/> Female |
| <input type="radio"/> Black | <input type="radio"/> White |
| <input type="radio"/> Hispanic | <input type="radio"/> Asian, Pacific Islander |
| <input type="radio"/> American Indian, Alaskan Native | <input type="radio"/> Other |

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/ grant. Your failure to disclose this information may result in the denial of your application. 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 purposes directly connected with administration of the 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.

Any person who knowingly makes, or causes to be made, a false statement or representation relative to this application shall be subject to criminal prosecution, a fine of up to \$50,000 and/ or imprisonment up to five years and if a loan/ grant has been made, immediate call of the loan/ grant requiring payment in full of all amounts disbursed, pursuant to Article 83B, Section 2-207, Annotated Code of Maryland.

I/ We authorize the Program or its agent to obtain credit information for the purpose of evaluating 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 funding.

Typed/Printed Name of Primary Borrower

Typed/Printed Name of Primary Co-Borrower

Signature of Primary Borrower

Signature of Primary Co-Borrower

Date

Date

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Attachment 1

IMPORTANT INFORMATION ON THE LOAN PROCESS

- Average processing time for each loan may be 3 to 4 months, which includes completion of the work by the contractor. (For no heat, water and sewer line breaks the cases are processed as emergencies)
- It is the applicant responsibility to select the contractor for repairs to be completed. You are advised to select a licensed contractor and obtain several estimates. Contractor selection may be accomplished by neighbor referrals or search through the yellow pages. Information on home improvement contractors may be obtained from the Maryland Home Improvement Commission at 410-230-6309.
- Role of the Rehab Technician will be to inspect the property and review the contractor estimates you have submitted to determine what repairs may be completed within our loan limits and your affordability. Once the contractor has been selected, and the repairs and costs identified, a contract is drawn up for both parties to sign. In addition, the Rehab Technician will verify that the contractor is licensed, insured, and that city permits are secured. The Contractor will receive an Order to Proceed for work to begin. Inspections will be made to determine amount of funds to be paid to the contractor for completed work.
- Contractor Bid List—If the homeowner has been unable to secure estimates from contractors, the name and phone number of the owner may be posted in our office for contractors to make calls to provide appointments to give estimates. The City of Baltimore does not maintain or sanction a list of approved contractors.
- The Office of Rehabilitation serves as your lender and monitor of funding disbursement. It is the homeowner's responsibility to arrange with the contractor for access to the property. The contract for repairs is between the homeowner and contractor and outlines all terms and conditions required by the programs.
- If you are unable to locate a copy of the dwelling Deed or Deed of Assignment that must be submitted with the application, you may obtain a copy from the Land Records Office, 6th floor of the Clarence Mitchell Courthouse. There is a minimum charge for a copy. Their phone number is 410-333-3761.

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**Attachment 3
CONTRACTOR BID LIST REQUEST FORM**

Date: _____

Subject Property Address: _____

I Do _____, I Do Not _____ give the Department of Housing and Community

Development (DHCD), Office of Rehabilitation permission to post my name, address and phone number as being interested in receiving bids for rehabilitation work on my property.

I am aware that the selection of a licensed contractor will be my responsibility for any repairs funded by the Department.

The City of Baltimore, through the Department of Housing and Community Development, **does not** maintain a list of approved or sanctioned home improvement contractors and therefore makes no recommendation on selection for work to be completed on your residence.

Signature: _____

Phone No.: _____

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