



**ACCESSIBLE HOMES FOR SENIORS  
REHABILITATION APPLICATION**

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# \_\_\_\_\_

**Check the accessibility improvements you think you may need:**

- Outside ramp  Doorways widened  Stair lift Hand rails  Grab bars/shower or tub or seat  
 Lever handles for doors/faucets  Electrical outlets relocated/rocker light switches  
 Additional lighting  Closet modifications  Laundry relocation  
 First floor bathroom or bedroom addition/renovations  
 Other: \_\_\_\_\_

**BORROWER INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Marital Status: ( ) Married ( ) Separated ( ) Unmarried  
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: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Marital Status: ( ) Married ( ) Separated ( ) Unmarried  
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: \_\_\_\_\_

**GROSS MONTHLY INCOME**

<b>Item</b>	<b>Borrower</b>	<b>Co-Borrower</b>	<b>Total</b>
Base Employee Income	\$	\$	\$
Overtime			
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**

Include Income for other occupants over the age of 18

<b>Name</b>	<b>Age</b>	<b>Monthly Income</b>	<b>Source of Income</b>

**MONTHLY HOUSING EXPENSE**

<b>Item</b>	<b>Amount</b>
First Mortgage (P & I) (Reverse Equity Mortgages Are Not Eligible)	\$
Other Mortgages (P & I)	
Hazard Insurance	
Real Estate Taxes	
Mortgage Insurance	
Condo or Homeowner Association Dues	
Utilities	
<b>Total Monthly Payment</b>	<b>\$</b>

**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	\$
<b>Total Assets</b>	<b>\$</b>

**LIABILITIES**

Creditors (Name & Address)	Monthly Payment
Installment Debts and Revolving charge accounts :	\$
	\$
	\$
Automobile Loans	\$
Real Estate Loans	\$
Other Debts	\$
Alimony, Child Support, Etc. Paid To:	\$
<b>Total Monthly Payment</b>	<b>\$</b>



**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.

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Borrower's Signature	Date	Co-Borrower's Signature	Date
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**STATISTICAL DATA**

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

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

- |  |   |
|--|---|
| <input type="checkbox"/> White                                   | <input type="checkbox"/> American Indian/Alaskan Native & White         |
| <input type="checkbox"/> Black / African American                | <input type="checkbox"/> Asian & White                                  |
| <input type="checkbox"/> Asian                                   | <input type="checkbox"/> Black/African American & White                 |
| <input type="checkbox"/> American Indian/Alaskan Native American | <input type="checkbox"/> American Indian/Alaskan Native & Black/African |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander  | <input type="checkbox"/> Other Multi Racial                             |

Male  Female

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

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

- |  |   |
|--|---|
| <input type="checkbox"/> White                                   | <input type="checkbox"/> American Indian/Alaskan Native & White         |
| <input type="checkbox"/> Black / African American                | <input type="checkbox"/> Asian & White                                  |
| <input type="checkbox"/> Asian                                   | <input type="checkbox"/> Black/African American & White                 |
| <input type="checkbox"/> American Indian/Alaskan Native American | <input type="checkbox"/> American Indian/Alaskan Native & Black/African |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander  | <input type="checkbox"/> 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 \_\_\_\_\_

**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:** \_\_\_\_\_

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**TAX YEAR:** \_\_\_\_\_

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**TAX YEAR:** \_\_\_\_\_

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

\_\_\_\_\_  
**APPLICANT**

\_\_\_\_\_  
**DATE**

**ACCESSIBILITY APPLICATION TRANSMITTAL CHECKLIST**

<b>DOCUMENTATION TO ENCLOSE WITH APPLICATION</b>	
<p><b>INCOME VERIFICATIONS:</b></p> <ul style="list-style-type: none"> <li>- COPIES OF MOST RECENT TWO (2) MONTHS OF PAY STUBS FOR EACH EMPLOYED HOUSEHOLD MEMBER OR COMPLETED VERIFICATION OF EMPLOYMENT FORM SIGNED BY EMPLOYER</li> <li>- MOST RECENT 2 YEARS OF FEDERAL TAX RETURNS AND W-2 STATEMENTS OR SIGNED AFFIDAVIT OF FILING STATUS.</li> <li>- IF YOUR INCOME IS FROM PENSION OR PUBLIC ASSISTANCE, INCLUDE A COPY OF YOUR CURRENT AWARD LETTER OR CURRENT STATEMENT VERIFYING GROSS INCOME.</li> </ul>	
<p><b>CURRENT MORTGAGE STATEMENT (IF APPLICABLE), OR MORTGAGE VERIFICATION FORM</b></p>	
<p><b>COPY OF THE DEED TO YOUR PROPERTY, PROVIDE DEATH CERTIFICATE FOR ANY OWNERS WHO ARE DECEASED.</b></p>	
<p><b>COPY OF THE FIRST PAGE OF YOUR HOMEOWNERS INSURANCE AND FLOOD INSURANCE POLICIES VERIFYING COVERAGE AND PREMIUM.</b></p>	
<p><b>COPY OF YOUR MOST RECENT COUNTY AND LOCAL (IF APPLICABLE) PROPERTY TAX BILL</b></p>	
<p><b>COPY OF THE MOST RECENT TWO (2) MONTHS BANK STATEMENTS (ALL PAGES)</b></p>	
<p><b>CONTRACTORS PROPOSAL (if already secured)</b></p>	