MARYLAND DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT, CDA SINGLE FAMILY - SPECIAL LOAN PROGRAMS 7800 Harkins Road, Lanham, MD 20706 800-638-7781 OR 301-429-7821 www.dhcd.maryland.gov



# ACCESSIBLE HOMES FOR SENIORS REHABILITATION APPLICATION

| Property Street Address    |                          |                        |      |
|----------------------------|--------------------------|------------------------|------|
| City:                      | County:                  | State:                 | Zip: |
| Name(s) On Property Title: |                          |                        |      |
| Year Built:                | Located in 100 year floo | od plain? () yes () no |      |
| Homeowners Insurance Con   | npany:                   |                        |      |
| 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**

|   |  |  | DOB:                             | Age:           |
|---|--|--|----------------------------------|----------------|
| Social Security Number:   |  | Home Ph  | one: E-Ma                        | ail:           |
| Marital Status: ( ) Marrie  | ed () Separ  | rated () Unma                                    | rried                            |                |
| Dependents other than lis   | ted by co-bor  | rower: No.                                       | _ Ages:                          |                |
| Present Address:  |  |  |                                  |                |
| City:   | _State:  | Zip:   | No. Years:                       | Own () Rent () |
| Name and Address of Em  | ployer:  |  |                                  |                |
| Years on this job:  |  |  |                                  |                |
| Position Title:   |  | Busin  | ess Phone:                       |                |
|   | <u>CO-BC</u>   | DRROWER INI                                      | FORMATION                        |                |
|   |  |  |                                  |                |
| Name:   |  |  | DOB:                             | Age:           |
| Name:<br>Social Security Number: _  |  | Home Pho   | DOB:<br>ne: E-M                  | Age:<br>Iail:  |
| Name:<br>Social Security Number:<br>Marital Status: () Marrie   |  | Home Pho   | DOB:<br>ne: E-M                  | Age:<br>1ail:  |
| Social Security Number:   | ed () Separate   | Home Pho<br>d ( ) Unmarried                      | ne: E-N                          | fail:          |
| Social Security Number: Marital Status: () Marrie   | ed () Separate<br>ted by co-born                       | Home Pho<br>d ( ) Unmarried<br>rower: No         | ne: E-N                          | fail:          |
| Marital Status: () Marrie<br>Dependents other than lis<br>Present Address:                                      | ed ( ) Separate<br>ted by co-bor                       | Home Pho<br>d ( ) Unmarried<br>rower: No         | ne: E-M<br>_ Ages:               | fail:          |
| Social Security Number:<br>Marital Status: () Marrie<br>Dependents other than lis                               | ed ( ) Separate<br>ted by co-born<br>State:            | Home Pho<br>d ( ) Unmarried<br>rower: No<br>Zip: | ne: E-M<br>_ Ages:<br>No. Years: | fail:          |
| Social Security Number:<br>Marital Status: ( ) Marrie<br>Dependents other than lis<br>Present Address:<br>City: | ed ( ) Separate<br>ted by co-born<br>State:<br>ployer: | Home Pho<br>d ( ) Unmarried<br>rower: No<br>Zip: | ne: E-M<br>_ Ages:<br>No. Years: | Iail:          |

## **GROSS MONTHLY INCOME**

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

# **LIST ALL OTHER HOUSEHOLD OCCUPANTS** Include Income for other occupants over the age of 18

| Name | Age | Monthly<br>Income | Source of Income |
|------|-----|-------------------|------------------|
|      |     |                   |                  |
|      |     |                   |                  |
|      |     |                   |                  |
|      |     |                   |                  |
|      |     |                   |                  |
|      |     |                   |                  |

#### **MONTHLY HOUSING EXPENSE**

| Item  | Amount |
|---|--------|
| 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                                   |        |
| 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                        | \$    |
| Total Assets                                     | \$    |

# **LIABILITIES**

| Creditors (Name & Address)                        | Monthly<br>Payment |
|---|--------------------|
| Installment Debts and Revolving charge accounts : | \$                 |
|   | \$                 |
|   | \$                 |
| Automobile Loans                                  | \$                 |
| Real Estate Loans                                 | \$                 |
| Other Debts                                       | \$                 |
| 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" 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 1-800-638-7781.

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 bu | uilt 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

| <b>BORROWER:</b> I do not wish to furnish this information   | ation (Initials)  |
|--|---|
| Ethnicity: Hispanic or Latino Not Hispanic   | or Latino   |
| <ul> <li>() White</li> <li>() Black / African American</li> <li>() Asian</li> <li>() American Indian/Alaskan Native American</li> <li>() Native Hawaiian/Other Pacific Islander</li> </ul> | <ul> <li>() American Indian/Alaskan Native &amp; White</li> <li>() Asian &amp; White</li> <li>() Black/African American &amp; White</li> <li>() American Indian/Alaskan Native &amp; Black/African</li> <li>() Other Multi Racial</li> </ul>      |
| () Male () Female  |   |
| <b>CO-BORROWER</b> : I do not wish to furnish this info  | ormation (Initials)   |
| Ethnicity: Hispanic or Latino Not Hispanic   | or Latino   |
| <ul> <li>() White</li> <li>() Black / African American</li> <li>() Asian</li> <li>() American Indian/Alaskan Native American</li> <li>() Native Hawaiian/Other Pacific Islander</li> </ul> | <ul> <li>( ) American Indian/Alaskan Native &amp; White</li> <li>( ) Asian &amp; White</li> <li>( ) Black/African American &amp; White</li> <li>( ) American Indian/Alaskan Native &amp; Black/African</li> <li>( ) Other Multi Racial</li> </ul> |
| () 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 Govern | ment Agency  | () State Agency | ( ) Other        |             |

| To be completed by the Originating Agency:  |        |
|---|--------|
| This information was provided:<br>In a face-to-face interview<br>In a telephone interview<br>By the applicant and submitted by fax or mail<br>By the applicant and submitted via e-mail or the Inte | rnet   |
| Originator's Signature:   | _ Date |

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#### 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:   |                            |
|   |                            |
|   |                            |
| TAX YEAR:   |                            |
|   |                            |
| TAX YEAR:   |                            |
|   |                            |
|   |                            |

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

APPLICANT

DATE

## ACCESSIBILITY APPLICATION TRANSMITTAL CHECKLIST

| DOCUMENTATION TO ENCLOSE WITH APPLICATION  |  |
|--|--|
| INCOME VERIFICATIONS:  |  |
| - COPIES OF MOST RECENT TWO (2) MONTHS OF PAY STUBS FOR EACH<br>EMPLOYED HOUSEHOLD MEMBER OR COMPLETED VERICATION OF<br>EMPLOYMENT FORM SIGNED BY EMPLOYER |  |
| - MOST RECENT 2 YEARS OF FEDERAL TAX RETURNS AND W-2<br>STATEMENTS OR SIGNED AFFIDAVIT OF FILING STATUS.   |  |
| - IF YOUR INCOME IS FROM PENSION OR PUBLIC ASSISTANCE, INCLUDE<br>A COPY OF YOUR CURRENT AWARD LETTER OR CURRENT STATEMENT<br>VERIFYING GROSS INCOME.      |  |
| CURRENT MORTGAGE STATEMENT (IF APPLICABLE), OR<br>MORTGAGE VERIFICATION FORM   |  |
| COPY OF THE DEED TO YOUR PROPERTY, PROVIDE DEATH CERTIFICATE<br>FOR ANY OWNERS WHO ARE DECEASED.   |  |
| COPY OF THE FIRST PAGE OF YOUR HOMEOWNERS INSURANCE AND FLOOD INSURANCE POLICIES VERIFYING COVERAGE AND PREMIUM.   |  |
| COPY OF YOUR MOST RECENT COUNTY AND LOCAL (IF APPLICABLE)<br>PROPERTY TAX BILL   |  |
| COPY OF THE MOST RECENT TWO (2) MONTHS BANK STATEMENTS (ALL PAGES)   |  |
| CONTRACTORS PROPOSAL (if already secured)  |  |