ubmit completed application and supporting documentation from page 8 to:	Maryland
mail: DHCD.SLP_documentation@maryland.gov <u>OR</u>	DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMEN
ail: aryland Department of Housing and Community Development, CDA pecial Loan Programs 300 Harkins Road, 3 rd Floor anham, MD 20706 ontact information: mail: DHCD.SpecialLoans@maryland.gov oll Free 844-369-4150 OR 301-429-7409 ww.dhcd.maryland.gov/Residents/Pages/SpecialLoans.aspx	
SINGLE FAMILY REHABILITATION APPLICATION	J
MD Housing Rehabilitation Program (MHRP) Special Targeted Applicant Program Indoor Plumbing Program (IPP) Lead Hazard Reduction Grant and Le	(STAR) oan Program (LHRGLP)
Property Street Address	
City: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: Social Security Number: Home Phone:	Age:
Marital Status: Married Separated Unmarried E-Mail:	
Dependents other than listed by co-borrower: No Ages:	
Present Address:	
City: State: Zip: No. Years: Name and Address of Employer:	Own Rent
Years on this job: yrs self-employed Type of Business: Position Title: Business Phone:	
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: Zip: No. Years:	Own Rent
Name and Address of Employer: State: 210 No. Tears	
Years on this job: yrs self-employed Type of Business:	
Position Title: Business Phone:	



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:yesno	
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.

<u>ASSETS</u>

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 <u>https://www.epa.gov/lead/protect-your-family-lead-your-home-real-estate-disclosure</u> 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	
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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:

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 Ioan. Your failure to disclose this information may result in the denial of your application for a Ioan. 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 Ioan, and participating mortgage lender, if any, for purposes directly connected with administration of the Ioan and the Ioan 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

BORROWER: I do not wish to furnish this information (Ini	tials)	
Ethnicity: Hispanic or Latino Not Hispanic or Latino		
Black / African American	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		
Black / African American	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)	