

Submit completed application and supporting documentation from page 8 to:

Email: DHCD.SLP\_documentation@maryland.gov OR



**Mail:**

Maryland Department of Housing and Community Development, CDA  
Special Loan Programs  
7800 Harkins Road, 3<sup>rd</sup> Floor  
Lanham, MD 20706

**Contact information:**

Email: DHCD.SpecialLoans@maryland.gov  
Toll Free 844-369-4150 OR 301-429-7409  
www.dhcd.maryland.gov/Residents/Pages/SpecialLoans.aspx

**SINGLE FAMILY REHABILITATION APPLICATION**

MD Housing Rehabilitation Program (MHRP)     Special Targeted Applicant Program (STAR)  
 Indoor Plumbing Program (IPP)     Lead Hazard Reduction Grant and Loan Program (LHRGLP)

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# \_\_\_\_\_

Describe Rehabilitation Requested: \_\_\_\_\_

\_\_\_\_\_

Preferred Contractor: \_\_\_\_\_

**BORROWER INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Marital Status:  Married  Separated  Unmarried E-Mail: \_\_\_\_\_

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: \_\_\_\_\_

Marital Status:  Married  Separated  Unmarried E-Mail: \_\_\_\_\_

Dependents other than those listed by 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**

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

**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: ___ yes ___ no	
Mortgage Insurance	
Condo or Homeowner Association Dues	
Utilities (If borrowers are on a fixed income)	
<b>Total Monthly Payment</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	\$
Other Asset - Describe	\$
<b>Total Assets</b>	<b>\$</b>

**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:	\$
<b>Total Monthly Payment</b>	<b>\$</b>





**STATISTICAL DATA**

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

Ethnicity: \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

- |   |  |
|---|--|
| _____ White                                   | _____ American Indian/Alaskan Native & White         |
| _____ Black / African American                | _____ Asian & White                                  |
| _____ Asian                                   | _____ Black/African American & White                 |
| _____ American Indian/Alaskan Native American | _____ American Indian/Alaskan Native & Black/African |
| _____ Native Hawaiian/Other Pacific Islander  | _____ Other Multi Racial                             |
| _____ Male                                    | _____ Female   |

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

Ethnicity: \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

- |   |  |
|---|--|
| _____ White                                   | _____ American Indian/Alaskan Native & White         |
| _____ Black / African American                | _____ Asian & White                                  |
| _____ Asian                                   | _____ Black/African American & White                 |
| _____ American Indian/Alaskan Native American | _____ American Indian/Alaskan Native & Black/African |
| _____ Native Hawaiian/Other Pacific Islander  | _____ 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  

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TAX YEAR:   2020  

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TAX YEAR:   2019  

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

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

**SINGLE FAMILY REHABILITATION  
APPLICATION TRANSMITTAL CHECKLIST**

<b>DOCUMENTATION TO ENCLOSE WITH APPLICATION</b>	<b>All Financing Requests</b>
<p><b>INCOME VERIFICATION DOCUMENTS:</b></p> <ul style="list-style-type: none"> <li>- COPIES OF THE TWO (2) MOST RECENT MONTHS 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 SOCIAL SECURITY, PENSION OR PUBLIC ASSISTANCE, INCLUDE A COPY OF YOUR AWARD LETTER AND CURRENT STATEMENT VERIFYING GROSS INCOME.</li> </ul>	
<p><b>MORTGAGE VERIFICATION FORM OR CURRENT MORTGAGE STATEMENT (IF APPLICABLE)</b></p>	
<ul style="list-style-type: none"> <li>- COPY OF THE DEED TO YOUR PROPERTY</li> <li>- PROVIDE DEATH CERTIFICATE FOR ANY OWNERS SHOWING ON THE DEED WHO ARE DECEASED</li> <li>- PROVIDE ADDRESS VERIFICATION FOR DEED OWNERS NOT RESIDING IN THE PROPERTY</li> </ul>	
<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 PROPERTY TAX BILL</b></p>	
<p><b>COPY OF YOUR MOST RECENT TWO (2) MONTHS OF ALL BANK STATEMENTS (ALL PAGES)</b></p>	
<p><b>A CONTRACTORS PROPOSAL (if available)</b></p>	