



**SINGLE FAMILY
REHABILITATION APPLICATION**

MD Housing Rehabilitation Program (MHRP) Special Targeted Applicant Program (STAR)
 Indoor Plumbing Program (IPP) Lead Hazard Reduction Program (LHRP)

Property Street Address _____

City: _____ County: _____ State: _____ Zip: _____

Name(s) On Property Title: _____

Year Built: _____ Located in 100 year flood plain? yes no

Describe improvements to be made _____

Preferred Contractor: _____

BORROWER INFORMATION

Name: _____ DOB: _____ Age: _____

Present Street Address: _____

City: _____ State: _____ Zip: _____

No. Years: _____ Own Rent Marital Status: Married Separated Unmarried

Dependents other than listed by co-borrower: No. _____ Ages: _____

Name and Address of Employer: _____

Years on this job: _____ yrs. self-employed Type of Business: _____

Position Title: _____ Social Security No.: _____

Home Phone: _____ Business Phone: _____

CO-BORROWER INFORMATION

Name: _____ DOB: _____ Age: _____

Present Street Address: _____

City: _____ State: _____ Zip: _____

No. Years: _____ Own Rent Marital Status: Married Separated Unmarried

Dependents other than listed by borrower: No. _____ Ages: _____

Name and Address of Employer: _____

Years on this job: _____ yrs. self-employed Type of Business: _____

Position Title: _____ Social Security No.: _____

Home Phone: _____ 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 Name, Age and any income for All other household occupants:

Name	Age	Monthly 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

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 Payment
Installment Debts and Revolving charge accounts :	\$
	\$
	\$
Automobile Loans	\$
Real Estate Loans	\$
Other Debts	\$
Alimony, Child Support, Etc. Paid To:	
Total Monthly Payment	\$

Homeowners Insurance Company: _____ Agent: _____ Phone# _____

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 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

OPTIONAL STATISTICAL DATA

BORROWER: I do not wish to furnish this information _____ (Initials)
 Black/African American American Indian or Alaskan Native
 Asian Native Hawaiian / Other Pacific Islander
 White Hispanic
 Male Female

CO-BORROWER: I do not wish to furnish this information _____ (Initials)
 Black/African American American Indian or Alaskan Native
 Asian Native Hawaiian / Other Pacific Islander
 White Hispanic
 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 _____

SINGLE FAMILY APPLICATION TRANSMITTAL CHECKLIST

DOCUMENTATION TO ENCLOSE WITH APPLICATION	MHRP IPP STAR LEAD
INCOME VERIFICATIONS: -COPIES OF MOST RECENT MONTH OF PAY STUBS FOR EACH EMPLOYED HOUSEHOLD MEMBER OR COMPLETED VERIFICATION OF EMPLOYMENT FORM SIGNED BY EMPLOYER -IF YOUR INCOME IS FROM 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 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 PROPERTY TAX BILL	
COPY OF YOUR MOST RECENT BANK STATEMENTS (ALL PAGES) MOST RECENT 2 YEARS OF FEDERAL TAX RETURNS AND W-2 STATEMENTS OR SIGNED AFFIDAVIT OF FILING STATUS.	
CONTRACTORS PROPOSAL (if available)	

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 for 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.

Answering the questions below will help us comply with existing federal regulations concerning lead-based paint if rehabilitation work is performed on your home.

- 1. Was this house built 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 ___

AFFIDAVIT OF TAX FILING STATUS

I, _____,

was not required to file a federal income tax return for the following years because:

TAX YEAR: _____

TAX YEAR: _____

TAX YEAR: _____

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

APPLICANT

DATE

REQUEST FOR EMPLOYMENT VERIFICATION

**MARYLAND DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
COMMUNITY DEVELOPMENT ADMINISTRATION - SINGLE FAMILY HOUSING**

Program	Case Number	Date
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TO: Employer's Name & Address

FROM: Applicant's Name & Address

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I have applied for a loan through Special Loan Programs of the Maryland Community Development Administration and have given your name as an employment reference. I authorize you to furnish and any information requested. Please complete the bottom portion of this request and return directly to:

Thank you for your cooperation and assistance.

Applicant's Signature

DATES OF EMPLOYMENT FROM: TO:	TITLE OR POSITION
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IF NO LONGER EMPLOYED BY YOU: (PLEASE ALSO COMPLETE SALARY INFORMATION BELOW)

REASON FOR LEAVING	
WOULD YOU REHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS:

IF PRESENTLY EMPLOYED BY YOU:

PROBABILITY OF CONTINUED EMPLOYMENT		PROBABILITY OF PAY INCREASE				
STABILITY. IS POSITION NORMALLY SUBJECT TO LAYOFFS?		IF SO, WHAT IS AVERAGE NUMBER OF MONTHS WORKED PER YEAR?				
COMMENTS:						
BASE PAY \$	PER WEEK <input type="checkbox"/> BI-WEEK <input type="checkbox"/> BI-MONTH	OTHER EARNINGS DURING LAST 12 MONTHS	OVERTIME	COMMISSIONS	BONUS	PROFIT SHARING
EARNINGS LAST CALENDAR YEAR				BASE PAY \$	OTHER EARNINGS \$	
EARNINGS YEAR TO DATE AS OF _____				BASE PAY \$	OTHER EARNINGS \$	
OTHER PAY OR COMPENSATION NOT SPECIFIED ABOVE						

COMPLETED BY

TITLE

DATE

**COMMUNITY DEVELOPMENT ADMINISTRATION - SINGLE FAMILY HOUSING
MORTGAGE VERIFICATION**

Name & Address of Applicant		Program	Case No.	Date
		Address of Mortgaged Property		
Name & Address of Mortgage		The undersigned has applies for a loan through Special Loan Programs of the Maryland Community Development Administration and has authorized SLP to obtain verification of all existing mortgages secured to the property. The information requested is for the confidential use of this Department.		
Mortgage Account No. _____				
Date of Mortgage	Original Amount \$	Type of Mortgage <input type="checkbox"/> Conventional <input type="checkbox"/> 1 st Mortgage <input type="checkbox"/> FHA <input type="checkbox"/> 2 nd Mortgage <input type="checkbox"/> VA		
Date of Maturity	Present Balance \$	Are Payments Current? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Monthly Payment: Principal & Interest \$		If NO, state: Amount in arrears \$ _____		
Mortgage Insurance Premium \$		Period \$ _____		
Real Estate Taxes \$				
Fire Insurance \$		Do we have your permission to place an additional mortgage on this property for the purpose of rehabilitation?		
Ground Rent, Condominium & Other Fees \$		<input type="checkbox"/> YES <input type="checkbox"/> NO		
TOTAL MONTHLY PAYMENTS \$				
REMARKS		State the amount of termination fee or prepayment penalty upon full prepayment of the loan. \$		
I AUTHORIZE THE MORTGAGEE TO FURNISH TO THE AGENCY IDENTIFIED BELOW THE INFORMATION REGARDING THE MORTGAGE IDENTIFIED ABOVE.				
DATE _____		SIGNATURE _____		
THE ABOVE INFORMATION IS FURNISHED IN STRICT CONFIDENCE IN RESPONSE TO YOUR REQUEST.		RETURN TO:		
DATE _____ SIGNATURE _____				
TITLE: _____				

OPTION: MAY ALSO SUBMIT COPY OF CURRENT MORTGAGE STATEMENT