



**SINGLE FAMILY
REHABILITATION APPLICATION**

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

Property Street Address _____

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

Name(s) On Property Title: _____

Year Built: _____ Property Insurance Company _____

Located in 100 year flood plain? yes no Insurance Policy No.: _____ Expiration Date: _____

Agent's Name: _____ Agent's Phone No: _____

Describe improvements to be made _____

Preferred Contractor: _____

BORROWER INFORMATION

Name: _____ 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: _____ 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	\$	\$	\$

Describe other income of **all persons** 18 years or older residing in Borrower's household.

Monthly Income

Source

_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

MONTHLY HOUSING EXPENSE

Item	Amount
First Mortgage (P & I)	\$
Other Mortgages (P & I)	
Hazard Insurance	
Real Estate Taxes	
Mortgage Insurance	
Homeowner Association Dues	
Other	
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:	\$
	\$
	\$
Automobile Loans	\$
Real Estate Loans	\$
Other Debts	\$
Alimony, Child Support, Etc. Paid To:	
Total Monthly Payment	\$

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
 Local Government Agency State Agency Other _____

SINGLE FAMILY APPLICATION TRANSMITTAL CHECKLIST

DOCUMENTATION TO ENCLOSE WITH APPLICATION	MHRP IPP STAR LEAD
INCOME VERIFICATIONS: -SUBMIT FORMS COMPLETED BY YOUR EMPLOYER OR SUBMIT SIGNED EMPLOYMENT VERIFICATION FORMS. INCLUDE ONE FORM FOR EACH EMPLOYED PERSON. -IF YOU ARE SELF-EMPLOYED, INCLUDE 3 YEARS FEDERAL TAX RETURNS. -IF YOUR INCOME IS FROM PENSION OR PUBLIC ASSISTANCE, INCLUDE A COPY OF YOUR AWARD LETTER.	
MORTGAGE VERIFICATION FORM OR STATEMENT FROM MORTGAGE COMPANY	
COPY OF THE DEED TO YOUR PROPERTY	
COPY OF THE FIRST PAGE OF YOUR HOMEOWNERS INSURANCE AND FLOOD (if applicable) INSURANCE POLICIES.	
COPY OF YOUR MOST RECENT PROPERTY TAX BILL WITH ASSESSMENT.	
SIGNED REQUEST FOR STATE INCOME TAX RETURN OR SIGNED STATE INCOME TAX AFFIDAVIT.	
LEAD TEST (if applicable) 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 1-800-492-7127.

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 _____

SINGLE FAMILY HOUSING – MHRP AND IPP
Department of Housing and Community Development
100 Community Place, Crownsville, Maryland 21032

ADJUSTABLE RATE LOAN DISCLOSURE

This disclosure describes the features of loans made by the Department of Housing and Community Development of the State of Maryland (the "lender") through the Special Loan Programs, which includes the Maryland Housing Rehabilitation Program - Regular Rehabilitation (MHRP), the Indoor Plumbing Program (IPP), and the Accessory, Shared and Sheltered Housing Program (ACCESS).

THIS DISCLOSURE IS NOT A COMMITMENT TO MAKE A LOAN

How Your Initial Interest Rate is Determined

- Your initial interest rate will be established by the Department in relation to your household income in accordance with Regulations. The initial interest rate will be stated in the loan commitment letter from the lender.
- For an MHRP or IPP loan where the owner-occupant borrower is a Family of Limited Income, the interest rate will be greater than or equal to 4.5%. An ACCESS loan at this interest rate would be available for an accessory housing occupant(s) or the sheltered housing occupant(s) are Families of Limited Income.
- For a MHRP or IPP loan where the owner-occupant borrower is a Family of Lower Income, the interest rate would be less than 4.5%. An ACCESS loan at this interest rate would be available for an accessory or shared housing loan if the borrower is a Family of Lower Income, or if the accessory housing occupant(s) or the sheltered housing occupant(s) are Families of Lower Income.

How Your Initial Payment is Determined

- Your payment will be based on the interest rate, the amount of the loan, and the loan term.

How Your Interest Rate Can Change

- If, based upon information you provide to the lender about your household income or information the lender otherwise obtains about you, the lender learns that your income (or the income of your tenants) has increased above the level that made you eligible for your interest rate, then a new interest rate will be set by the lender in relation to household income. The new interest rate would not exceed the lower of 7% or a rate determined by the lender in its discretion to be a market rate for loans of this kind.
- If you request a change in your loan terms, such as a request to subordinate to a new first mortgage loan, the lender may require you to provide information on your household income. If your household income has increased, the lender may increase your interest rate accordingly.
- If there is a transfer to a new owner that is permitted under your loan documents, the interest rate will be subject to change in relation to the income of the transferee.

How Your Monthly Payment Can Change

- Your payment can change based on changes in the interest rate as frequently as there is a change in your income as reported to the lender.
- For example, if you have a \$10,000 MHRP loan, with a 4.5% interest rate, over a 20-year term, your monthly payment would be \$63.26. If household income rose and you were no longer eligible for the 4.5% loan, then the interest rate would be as high as 7%. At 7%, the new monthly payment of the loan would be \$77.53.
- You would be notified in writing at least 25 days before the payment adjustment may be made. This notice would contain information about your interest rate, payment amount, and loan balance.

I(we) acknowledge that we have received the Adjustable Rate Loan Disclosure.

Date

Borrower(s)

Name: _____

AFFIDAVIT REGARDING NOT BEING REQUIRED TO FILE TAX RETURNS

I, _____, being duly sworn, depose and say that I was not required to file a federal income tax return for _____ because:

for _____ because:

for _____ because:

I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct.

AFFIANT

Sworn before me this _____ day of _____, _____

NOTARY PUBLIC

My commission expires: _____, _____

REQUEST FOR EMPLOYMENT VERIFICATION

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

Program	Case Number	Date
---------	-------------	------

TO: Employer's Name & Address

FROM: Applicant's Name & Address

--	--

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
---	-------------------

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 CONTUNUED 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Ground Rent, Condominium & Other Fees	\$			
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		