

Submit completed application and supporting documentation from page 4 to:

Email: Rehab.HAFApplications@Maryland.gov OR

Mail:

Maryland Department of Housing and Community Development, CDA
Special Loan Programs- Rehab Homeowner Assistance Fund (HAF)
7800 Harkins Road, 3rd Floor
Lanham, MD 20706

Contact information:

Email: Rehab.HAFApplications@Maryland.gov
Toll Free 877-568-6105
<https://dhcd.maryland.gov/Residents/Pages/WholeHome.aspx>



WHOLEHOME: REHAB HOMEOWNER ASSISTANCE FUND (HAF) APPLICATION

All of the requested information is required. Incomplete applications will not be processed.

Subject Property Address: _____

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

Name(s) On Property Title: _____

Check the critical repair / improvements you think you may need:

- Mold & Mildew Remediation
- Asbestos removal
- "Trip or slip" issues
- no heat/no air
- Electrical repairs
- Plumbing and septic repairs
- Roof repair/replacement
- Reduce/eliminate lead paint hazards
- Address structural or maintenance issues
- Other: _____

APPLICANT(S) INFORMATION

Applicant Name: _____

Date of Birth: _____ Marital Status: _____

Social Security No.: _____ Home/Cell Phone: _____

E-Mail address: _____

Name of Applicant's Employer: _____

Years on this job: ____ years ____ months Self-employed? Y/N _____

Position Title: _____ Business Phone: _____

Co-Applicant Name: _____

Date of Birth: _____ Marital Status: _____

Social Security No.: _____ Home/Cell Phone: _____

E-Mail address: _____

Name of Co-Applicant's Employer: _____

Years on this job: ____ years ____ months Self-employed? Y/N _____

Position Title: _____ Business Phone: _____

GROSS MONTHLY INCOME

Income Source	Applicant	Co-Applicant	Total
Base Employment Income	\$	\$	\$
Overtime / Bonus	\$	\$	\$
Pensions, Social Security, Annuity	\$	\$	\$
Net Rental Income	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

LIST ALL OTHER HOUSEHOLD OCCUPANTS, INCLUDING CHILDREN

Name	Age	Monthly Income	Income source
		\$	
		\$	
		\$	
		\$	
		\$	

DEMOGRAPHIC DATA

APPLICANT: I do not wish to furnish this information _____ (Initials)

Ethnicity:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
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<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> Black / African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian/Alaskan Native American	<input type="checkbox"/> American Indian/Alaskan Native & Black/African
<input type="checkbox"/> Native Hawaiian / Other Pacific Islander	<input type="checkbox"/> Other / Multi Racial

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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CO-APPLICANT: I do not wish to furnish this information _____ (Initials)

Ethnicity:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
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<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> Black / African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian/Alaskan Native American	<input type="checkbox"/> American Indian/Alaskan Native & Black/African
<input type="checkbox"/> Native Hawaiian / Other Pacific Islander	<input type="checkbox"/> Other / Multi Racial

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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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 grant. Your failure to disclose this information may result in the denial of your application for a grant. 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 grant, and participating mortgage lender, if any, for purposes directly connected with administration of the grant and the grant 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.

I/We hereby attest that I/we have incurred an eligible COVID-19 financial hardship after January 21, 2020 (includes hardships that began before January 21, 2020 but continued after that date).

I/We hereby certify that all the information provided herein is true and correct. I/We understand that providing false statements or information is grounds for termination of the Homeowner Assistance grant and is punishable under federal and/or State law. I/We authorize the State of Maryland Department of Housing and Community Development and any duly authorized representatives to verify all information provided in this application. I/We understand that additional information will likely be required to move forward with this application for the housing assistance.

Any person who knowingly makes, or causes to be made, a false statement or representation relative to this grant application shall be subject to criminal prosecution, a fine of up to \$5,000 and/or imprisonment up to two years and if a grant has been made, immediate call of the grant requiring payment in full of all amounts disbursed, pursuant to Housing and Community Development Article, Section 4-933, Annotated Code of Maryland.

Applicant's Signature

Date

Co-Applicant's Signature

Date

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HOMEOWNER ASSISTANCE FUND APPLICATION CHECKLIST

All of the requested documentation is required and must be submitted with the application. Incomplete applications will not be processed.

<i>Income Verification Documents (select applicable income documentation):</i>	
<input type="checkbox"/>	The most recent two-months' worth of paystubs (8 for weekly pay, 4 for bi-weekly pay) for each employed member of the household earning an income. If paystubs are not available, a letter verifying employment signed by the employer may be substituted.
<input type="checkbox"/>	If self-employed, provide the most recent 2 years' worth of Federal Income Tax Returns. These must be the complete tax return.
<input type="checkbox"/>	If you have income from Social Security, disability, pension, or public assistance include copies of your award letters, and current statements verifying the gross income.
<input type="checkbox"/>	Documentation if receiving unemployment benefits.
<input type="checkbox"/>	If you are reporting no income, you must include a signed and notarized Zero Income Statement. https://mmp.maryland.gov/Lenders/Loan%20Documentation/No-Income-Letter.pdf
<i>Documentation of Home Ownership</i>	
<input type="checkbox"/>	To prove home ownership, provide a copy of the deed. Grant funds are only available to homeowners to address critical repairs on their primary residence.
<input type="checkbox"/>	If a person is on the deed, but not this application, proof must be provided by way of a copy of their license or a piece of mail documenting their different address. If the person is deceased, a copy of the death certificate must be provided.
<i>Documentation for Critical Repairs</i>	
<input type="checkbox"/>	The lowest qualifying bid from a licensed Maryland tradesperson or company identifying the repairs to be addressed with grant funding. Bid should not be more than 60 days old. The grand total of all bids should not exceed \$10,000.
<input type="checkbox"/>	The completed "Bid Cover Page" (page 5 of this application), per contractor, with their bid attached.
<input type="checkbox"/>	The bid must include photographs and/or drawings that document the critical repairs.
<input type="checkbox"/>	In addition, every contractor must provide these documents together with their bid: <ul style="list-style-type: none"> • A copy of the current MHIC License or Electrical, Plumbing, HVAC license, etc. Trade License Query • COI - Certificate of Liability Insurance (Current w/ per occurrence limits equal to or greater than \$1m) • Letter of Good Standing https://egov.maryland.gov/BusinessExpress/EntitySearch • W-9, completed and signed by the contractor. The address on this form is where payments will be sent. Form W-9 (Rev. October 2018)

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Grant Bid Cover Page

(Submit this page, per contractor, with their bid attached, including all contractor documents [see below] with their payment preference selected. All information is required)

Applicant(s) Name: _____

Property Address: _____

Contractor's Name: _____

Contractor Contact Name: _____

Contractor Phone # _____

Contractor Email Address: _____

About the Program:

The Homeowner Assistance Fund WholeHome Grant will help Maryland homeowners who have a critical repair in their primary residence that they are unable to address because of the financial impact of COVID-19. Without addressing these repairs, it will cause the homeowner to be "involuntarily displaced" from the property. Grants requests should not exceed \$10,000.

Scope of Work:

Cost Estimate to Complete Work: \$ _____

Additionally, Maryland Department of Housing and Community Development will need the following contractor documents as provided to you by the contractor.

- Current MHIC License or Electrical, Plumbing, HVAC license, etc. [Trade License Query](#)
- COI - Certificate of Liability Insurance (Current w/ per occurrence limits equal to or greater than \$1m)
- Letter of Good Standing <https://egov.maryland.gov/BusinessExpress/EntitySearch>
- W-9, completed and signed by the contractor. The address on this form is where payments will be sent. [Form W-9 \(Rev. October 2018\)](#)

Submit supporting documentation and draw requests to the email Rehab.HAFApplications@Maryland.gov.

Please check the payment option offered by the WholeHome HAF Rehab Program that your company is accepting.

- 20% for the initial draw and the remaining 80% draw to be paid after the work is completed and photo proof is submitted
- 100% of the invoice to be paid after the work is completed and photo proof is submitted

Payments are issued from the Comptroller's Office and can take approximately 60 days to be received by mail.

Click on the Comptroller's Office website to track the payments.
<https://interactive.marylandtaxes.gov/extranet/gad/GADLogin/login.asp>