



DEPARTMENT OF
DEVELOPMENT REVIEW AND PERMITTING

Worcester County

GOVERNMENT CENTER
ONE WEST MARKET STREET, ROOM 1201
SNOW HILL, MARYLAND 21863
TEL:410.632.1200 / FAX: 410.632.3008

<http://www.co.worcester.md.us/departments/drp>

ZONING DIVISION
BUILDING DIVISION
DATA RESEARCH DIVISION

ADMINISTRATIVE DIVISION
CUSTOMER SERVICE DIVISION
TECHNICAL SERVICES DIVISION

Dear Applicant:

Enclosed please find an application for the Worcester County Housing Rehabilitation Program. This form is used to determine eligibility for both CDBG grant and State Special Loans Program funding. Included is a checklist (page 8) of supporting documents you will need to submit along with your application, please make sure to provide these items as well to avoid delays in processing. If you need assistance with completing the application or have general questions in regard to the grant and loan programs, please contact Dept. of Development Review and Permitting at 410-632-1200. Otherwise, mail the completed and signed application along with all supporting documents to:

Worcester County Housing Rehabilitation Program
Worcester County Government Center
One West Market Street, Room 1201
Snow Hill, MD 21863

Please note: The average length of time to complete a rehabilitation project is approximately one year, depending upon contractor availability.

Sincerely,



**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 improvements to be made _____

Preferred Contractor: _____

BORROWER INFORMATION

Name: _____ DOB: _____ Age: _____

Social Security Number: _____ Home Phone: _____ E-Mail: _____

Marital Status: Married Separated Unmarried

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: _____ E-Mail: _____

Marital Status: Married Separated Unmarried

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			
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) (Reverse Equity Mortgages Are Not Eligible)	\$
Other Mortgages (P & I)	
Hazard Insurance	
Real Estate Taxes	
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.

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	\$
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	\$

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, 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

STATISTICAL DATA

Has the head of household ever served in the Armed Forces? Yes ____ No ____

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

Ethnicity Hispanic or Latino Not Hispanic or Latino

- | | |
|--|---|
| <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 |

Male Female

CO-BORROWER: I do not wish to furnish this information _____ (Initials)

Ethnicity: Hispanic or Latino Not Hispanic or Latino

- | | |
|--|---|
| <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 |

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 _____

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: _____

TAX YEAR: _____

TAX YEAR: _____

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

APPLICANT

DATE

SINGLE FAMILY APPLICATION TRANSMITTAL CHECKLIST

DOCUMENTATION TO ENCLOSE WITH APPLICATION	MHRP IPP STAR LEAD
<p>INCOME VERIFICATIONS:</p> <ul style="list-style-type: none"> - Copies of the most recent Two (2) Consecutive Months of Pay Stubs for each employed person in the Household - Copies of your Last Two (2) Years of W-2's and Federal Tax Returns (All pages & Schedules) and/or 1099 Statements, or, if you are exempt from filing (Do Not have to file), Please Sign the <u>Affidavit of Filing Status</u> form. - If your income is from Pension, Social Security, Annuity or any other Retirement Income source, include a copy of your Award Letter and current statement verifying Gross Income. 	
<p>MORTGAGE VERIFICATION:</p> <ul style="list-style-type: none"> - Copy of your most recent Monthly Mortgage Statement (If applicable) 	
<p>Copy of the Deed to your Property. Provide a Death Certificate for any owners listed on the Deed who are deceased.</p>	
<p>Copy of the Declaration Page of your Homeowners Insurance Policy. If you have Flood Insurance, please provide a copy of that policy.</p>	
<p>Copy of your most recent Property Tax Bill.</p>	
<p>Copies of your most recent Two (2) consecutive months of Bank Statements (All Pages).</p>	
<p>Contractor's Proposal (if available)</p>	

Conflict of Interest Disclosure
Financial Assistance

All applicants for direct financial assistance through the Maryland Community Development Block Grant Program must disclose any potential conflict of interest related to participation in the program. A conflict of interest may occur if an application is related to or has a business relationship with an employee, officer or elected official of **Worcester County**. If it is determined there is a conflict of interest or potential conflict of interest, you may not be approved for assistance. The **County** can request for the State of Maryland CDBG Program to review and make a determination which could result in a waiver allowing for approval.

1. Are you now or have you ever been an employee, agent, consultant, officer, elected official or appointed official of Worcester County? Yes No
If yes, please identify: _____

2. Are you related (including through marriage or domestic partnership) to an employee, agent, consultant, officer, elected or appointed official of) Worcester County?
 Yes No If yes, please identify: _____

3. Do you have a business or professional relationship with anyone identified under Question #1? Yes No
If yes, please identify: _____

I/We certify that the above information is true and correct. I/We understand that providing false statements or information is grounds for termination of assistance and is punishable under federal law.

Signed: _____ Date: _____

Name: _____ (Print)

Signed: _____ Date: _____

Name: _____ (Print)

9/2017

For Grantee Use Only:

CDBG Grant Number:	Date Received:
<input type="checkbox"/> Conflict of Interest does not exist <input type="checkbox"/> Conflict of Interest exists	
Date Sent to State:	<input type="checkbox"/> Waiver Granted <input type="checkbox"/> Waiver Denied