



**ACCESSIBLE HOMES FOR SENIORS (55+)
PILOT PROGRAM**

Property Street Address: _____

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

Name(s) of legal owner(s): _____

Year Built: _____ Property Insurance Company _____

Insurance Policy No.: _____ Expiration Date: _____

Amount of Coverage: \$ _____ Agent's Name: _____ Agent's Phone No _____

Check the accessibility improvements you think you may need:

- Outside ramp
- Doorways widened
- Stair lift
- Hand rails
- Grab bars/shower or tub seat/hand held shower
- Lever handles for doors/faucets
- Electrical outlets relocated/rocker light switches
- Additional lighting
- Closet modifications
- Laundry relocation
- First floor bathroom addition/renovations
- First floor bedroom addition
- Other: _____

Do you have a preferred contractor? If so, who? _____

APPLICANT INFORMATION

Name: _____ Age: _____ Date of Birth: ___/___/___

Mailing Address (if different from property address): _____

City: _____ State: _____ Zip: _____

Social Security #: _____ - _____ - _____

Marital Status: Single Married Separated Divorced Widowed

Name and Address of Employer: _____

Self-employed: Type of Business: _____

Home Phone: _____ Business Phone: _____ E-Mail: _____

CO-APPLICANT INFORMATION

Name: _____ Age: _____ Date of Birth: ___/___/___

Mailing Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ - _____ - _____

Marital Status: Single Married Separated Divorced Widowed

Name and Address of Employer: _____

Self-employed: Type of Business: _____

Home Phone: _____ Business Phone: _____ E-mail: _____

GROSS MONTHLY INCOME

ITEM	APPLICANT	CO-APPLICANT	TOTAL
BASE EMPLOYEE INCOME	\$	\$	\$
OVERTIME			
BONUSES/COMMISSIONS			
DIVIDENDS, INTEREST			
PENSIONS, SOC. SEC., ANNUITY			
ALIMONY, CHILD SUPPORT			
NET RENTAL INCOME			
OTHER			
TOTAL	\$	\$	\$

DESCRIBE OTHER INCOME OF ALL PERSONS 18 YEARS OF AGE OR OLDER RESIDING IN APPLICANT'S HOUSEHOLD.

Monthly Income

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL NUMBER OF ALL PERSONS IN HOUSEHOLD: _____

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	\$
UTILITIES	
TOTAL	\$

NOTICES

In accordance with Executive Order 01.01.1983.18, the Maryland Department of Housing and Community Development advises you as follows regarding the collection of personal information:

The information requested by the Maryland Department of Housing and Community Development (the "Department") is necessary in determining your eligibility for a Single Family 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.

APPLICANT'S SIGNATURE DATE

CO-APPLICANT'S SIGNATURE DATE

DOCUMENTATION TO BE SUBMITTED WITH THE APPLICATION

- Copy of the Deed to the property.
- Copy of Death certificate for any names on the deed, if applicable.
- Copy of your social security award letter or pension or copy of bank statement showing deposit.
- Copy of most recent pay stub for each employed person in the household.
- If self employed, 3 years of federal income tax returns.
- Copy of first page of your homeowners insurance policy.
- Copy of your most recent tax bill.
- Contractor's proposal, if available.

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:

- | | | |
|--|--|--|
| <input type="checkbox"/> Radio | <input type="checkbox"/> Newspaper _____ | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Local Government Agency | <input type="checkbox"/> State Agency | <input type="checkbox"/> Other _____ |

OPTIONAL DEMOGRAPHIC DATA

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> American Indian/Alaska native | <input type="checkbox"/> White | Applicant: <input type="checkbox"/> Male |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Female |
| <input type="checkbox"/> African American | <input type="checkbox"/> Other _____ | |

SUBMIT APPLICATION TO:

**SPECIAL LOAN PROGRAMS - AHFS
MARYLAND DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
100 COMMUNITY PLACE
CROWNSVILLE, MD 21032**