



Home Preservation Grant
Roof & Repair Program
Aging In Place Program

APPLICATION

Home Preservation Grant funding is provided by Rural Housing Service, USDA and subject to USDA applicant qualifications. Grant funds are used to assist low income and very low-income rural homeowners in repairing and rehabilitating their homes.

Please fill out the Application to the best of your ability, gather the required documents, and contact a family services representative at Habitat (410-546-1551) to schedule an appointment. ***Please make sure you bring the completed application, all of the required documents listed below and the credit report fee to your appointment.***

Please bring the following documents with you to your appointment:

Copies will be made at no charge and the original documents returned.

- Permanent Resident Card (Green Card) **OR** social security card and current Driver's License for both applicants.
- Proof of homeownership – Copy of each; most recent mortgage statement, property tax statements, and copy of Deed
- Proof of homeowners insurance (declaration page)
- Copy of flood insurance document, if applicable
- Last two (2) years tax returns or W-2 forms for BOTH applicant and co-applicant and any household member over 18
- Last two (2) pay stubs for Applicant, Co-Applicant, and any household member over 18
- Last two (2) months of bank statements
- Documents showing the amounts ordered for each household member who receives:
__Alimony __Child Support *(if used as a source of income on your application)*
- Documents showing proof of monthly amounts received for the following:
__AFDC/TANF __Food Stamps __Social Security Income (SSI) __Disability
- Proof of any other income
- Non-refundable credit report fee – Call our office at 410-546-1551 for current rate.
NOTE: Check or money order only, cash will not be accepted.

Funds are limited and applications will be processed on a first come first served bases.

If funds become unavailable or you do not qualify, would you be interested in other programs? __Yes __No

Please call the office at 410-546-1551 or email familyservices@wicomicohabitat.org with any questions.

We do business in accordance with the Federal Fair Housing Law (*The Fair Housing Amendments Act of 1988*)

We do not discriminate against any person because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin.





HABITAT FOR HUMANITY OF WICOMICO COUNTY
 908 W. Isabella St
 Salisbury, MD 21801 (410) 546-1551

NEIGHBORHOOD REVITALIZATION

Roof & Repair Program
Aging in Place Program
A Brush with Kindness Program

Applicant Information

1. Applicant Name _____

Marital Status: ___ Married ___ Unmarried (includes single, divorced, separated, widowed) Social Security Number _____

Address _____ City _____ Zip _____ Phone (H) _____ (W) _____

If your address is a PO Box, give your street address _____

Do you own this property? _____ How long have you lived at this address? _____ How long do you plan to remain at this address? _____

Applicant's email address _____

Race: African American Caucasian Hispanic Asian Other, *If other, please specify:* _____

2. Name of Spouse or Co-Applicant _____

Marital Status: ___ Married ___ Unmarried (includes single, divorced, separated, widowed) Social Security Number _____

Address _____ City _____ Zip _____ Phone (H) _____ (W) _____

If your address is a PO Box, give your street address _____

Who lives in this home?

Name	Age	M/F	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name	Age	M/F	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment / Income Information

Habitat needs your TOTAL HOUSEHOLD INCOME. Please list all CURRENT jobs for ALL family members, including teenagers.

1. Applicant Name _____

Current Employer (1) _____

Address _____ City _____ Phone _____

How long employed? _____ Hours per week? _____ How often paid? _____ Hourly Pay _____ Annual Pay _____

What is your job? _____ Is this year-round work: ___ Yes ___ No, it's from (month) to (month)

Current Employer (2) _____

Address _____ City _____ Phone _____

How long employed? _____ Hours per week? _____ How often paid? _____ Hourly Pay _____ Annual Pay _____

What is your job? _____ Is this year-round work: ___ Yes ___ No, it's from (month) to (month)

If you have not worked for this employer for 4 years, please give your past employer:

Company _____ Hr. Pay _____ Reason for Leaving _____ Start Date _____ End Date _____

If you have not worked for any time during 4 years, explain why (going to school, receiving public aid, illness, etc.)



2. Co-applicant Name _____

Current Employer (1) _____

Address _____ City _____ Phone _____

How long employed? _____ Hours per week? _____ How often paid? _____ Hourly Pay _____ Annual Pay _____

What is your job? _____ Is this year-round work: ___Yes ___No, it's from (month) to (month)

Current Employer (2) _____

Address _____ City _____ Phone _____

How long employed? _____ Hours per week? _____ How often paid? _____ Hourly Pay _____ Annual Pay _____

What is your job? _____ Is this year-round work: ___Yes ___No, it's from (month) to (month)

If you have not worked for this employer for 4 years, please give your past employer:

Company _____ Hr. Pay _____ Reason for Leaving _____ Start Date _____ End Date _____

If you have not worked for any time during 4 years, explain why (going to school, receiving public aid, illness, etc.)

3. Other worker in the household _____

Current Employer _____ Address _____ City _____ Phone _____

How long employed? _____ Hours per week? _____ How often paid? _____ Hourly Pay? _____ Annual Pay? _____

What is your job? _____ Is this year-round work: ___Yes ___No, it's from (month) to (month)

4. Other worker in the household _____

Current Employer _____ Address _____ City _____ Phone _____

How long employed? _____ Hours per week? _____ How often paid? _____ Hourly Pay? _____ Annual Pay? _____

What is your job? _____ Is this year-round work: ___Yes ___No, it's from (month) to (month)

Other Income

Habitat considers all income of applicants to the program. Alimony, child support, or separate maintenance income need not be revealed IF the applicant does not choose to have it considered for repaying this loan.

Please list income anyone in your family gets that is not from work.

Source of income	Person receiving it	Monthly amount
SSI	_____	_____
Child Support by court order	_____	_____
Child Support by personal agreement	_____	_____
Other	_____	_____

Total Current Household Income per month _____



Expenses

*Habitat needs to know ALL your regular monthly EXPENSES. This is ALL THE MONEY YOU PAY OUT FOR BILLS.
We also need to know how much you STILL OWE on your bills.*

Housing Costs:	Monthly Payment	What you Owe / Back Payments
Mortgage	_____	_____
Gas	_____	_____
Electricity	_____	_____
Water/Sewer	_____	_____
Car Payments	_____	_____
Insurance	_____	_____
Child Care	_____	_____
Alimony/Child Support	_____	_____
Other	_____	_____
Total:	_____	_____

Have you had Bankruptcy? No Yes Reason: Medical Bills Divorce Credit Cards Disability

Date Bankruptcy Filed _____ Date Bankruptcy Ended _____ Type of Bankruptcy _____

Are you in danger of having your home foreclosed upon? No Yes

Have you ever been foreclosed upon in the past? No Yes

Have you obtained credit under any other name? _____

Are there any outstanding judgments against you? No Yes

Are you a party to a lawsuit? No Yes

Do you have a reverse mortgage? No Yes

Do you live in a mobile home No Yes

Do you own the land? No Yes

Do you rent the land? No Yes

Are you delinquent on your property taxes? No Yes

Does the name on the deed match the applicant name? No Yes

Are there judgements or liens attached to the property? No Yes



Describe Your Home and Home Repair Request

(BWK.CHR)

Please circle which house best describes yours:

1 Story 1.5 Story 2 Story 2.5 Story



Exterior Materials (Check all that apply)

- Wood
- Brick
- Stucco
- Aluminum
- Vinyl
- Wood
- Vinyl
- Metal

Which of the following best describes your home?

- Single family detached
- Single family attached (duplex, town home, etc.)

Was your home built after 1978?

- Yes
- No

Please check all appropriate boxes that describe your home

- Ranch
- Two-Story structure
- Finished Basement
- No Basement
- Unfinished Basement
- Unfinished crawl space
- Finished attic
- Insulated attic
- Insulated walls

Please explain what repairs you need completed in your home?

What improvements do you feel are needed to your home? Please consult the Program Description page for services offered through A Brush with Kindness (NOTE: Scope of work for each project will be decided by our committee after a visit to your home).

Parts of the house that need painting:

- Siding
- Trim
- Porch
- Other: _____

What measures have you already taken to lower your energy cost? (use CFL lightbulbs, programmable thermostat, add insulation/weatherstripping/window plastic, etc)



Program Requirements

If you are applying for the weatheriation program, are you willing to commit to post weatherization utility tracking to document utility savings and validate energy saving projections?

- Yes
 No

I certify that the information on this application is accurate; that I own and reside in the property at the address given on this application; and that I have no present intention to move or offer my home for sale for at least 5 years. I confirm that any physically able persons residing in my home or visiting for the project day will work alongside the HFHLC volunteers. I confirm that except for the conditions above, the exterior of my home is a safe place for volunteers.

I authorize Habitat for Humanity of Wicomico County, Inc to gather information to determine my need, ability to pay, homeowner expenses, debts (credit report) and other information about my background. I understand that if I give false information or withhold information I may be disqualified.

Please note that only licenced and insured contractors are invited to bid and complete any repair work needed on the homes that qualify for any of the programs listed below.

If there are multiple applicants, each applicant must sign.

Applicant Signature	Date	Spouse/Co-Applicant Signature	Date
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Application Process includes a non-refundable Credit Report Fee: Please call the office at 410-546-1551 for the current rates.

Permission to Refer

If your needs can be met more appropriately by another program, may we share your application information with them? (circle one) YES NO

Other programs are available through MD DHCD loans and grants, USDA/Rural 504 Loans and Grants and FHA203K loans. By circling YES we will evaluate your needs with their programs and refer as appropriate.

Unless we have your explicit permission, your application is a confidential document and will be used solely to evaluate the acceptability of your home for repairs and refurbishment by Habitat for Humanity of Wicomico County, Inc.



We do business in accordance with the Federal Fair Housing Law *(The Fair Housing Amendments Act of 1988)*
 We do not discriminate against any person because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin.

For Office Use Only- Do Not Write In This Space

Date Application Received ___/___/___
 Date of Home Visit ___/___/___
 Decision ___ Accepted ___ Denied

NOTE: PLEASE READ, DETACH AND KEEP FOR YOUR RECORDS
STATEMENTS REQUIRED BY LAWS AND EXECUTIVE ORDERS

To comply with legislation passed by the Congress and Executive Orders issued by the President, Federal executive agencies, including the Small Business Administration (SBA), must notify you of certain information. You can find the regulations and policies implementing these laws and Executive Orders in Title 13, Code of Federal Regulations (CFR), Chapter 1, or our Standard Operating Procedures (SOPs). In order to provide the required notices, the following is a brief summary of the various laws and Executive Orders that affect SBA's Disaster Loan Programs. A glossary of terms can be found at Disasterloan.sba.gov.

FREEDOM OF INFORMATION ACT (5 U.S.C. § 552)

This law provides, with some exceptions, that we must make records or portions of records contained in our files available to persons requesting them. This generally includes aggregate statistical information on our disaster loan programs and other information such as names of borrowers (and their officers, directors, stockholders or partners), loan amounts at maturity, the collateral pledged, and the general purpose of loans. We do not routinely make available to third parties your proprietary data without first notifying you, required by Executive Order 12600, or information that would cause competitive harm or constitute a clearly unwarranted invasion of personal privacy.

Freedom of Information Act (FOIA) requests must describe the specific records you want. For information about the FOIA, contact the Chief, FOI/PA Office, 409 3rd Street, SW, Suite 5900, Washington, DC 20416, or by e-mail at foia@sba.gov.

PRIVACY ACT (5 U.S.C. § 552a)

Anyone can request to see or get copies of any personal information that we have in your file. Any personal information in your file that is retrieved by individual identifiers, such as name or social security number is protected by the Privacy Act, which means requests for information about you may be denied unless we have your written permission to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Agreements and Certifications section of this form contains written permission for us to disclose the information resulting from this collection to state, local or private disaster relief services.

The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use for SBA's loan system of records is that when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use of personal information is to assist in obtaining credit bureau reports, on the Disaster Loan Applicants and guarantors for purposes of originating, servicing, and liquidating Disaster loans. See, 69 F.R. 58598, 58617 (and as amended from time to time) for additional background and other routine uses.

Under the provisions of the Privacy Act, you are not required to provide social security numbers. (But see the information under Debt Collection Act below) We use social security numbers to distinguish between people with a similar or the same name for credit decisions and for debt collection purposes. Failure to provide this number may not affect any right, benefit or privilege to which you are entitled by law, but having the number makes it easier for us to more accurately identify to whom adverse credit information applies and to keep accurate loan records.

Note: Any person concerned with the collection, use and disclosure of information, under the Privacy Act may contact the Chief, FOI/PA Office, 409 3rd Street, SW, Suite 5900, Washington, DC 20416 or by e-mail at foia@sba.gov for information about the Agency's procedures relating to the Privacy Act and the Freedom of Information Act.

DEBT COLLECTION ACT OF 1982; DEFICIT REDUCTION ACT OF 1984; DEBT COLLECTION IMPROVEMENT ACT OF 1996 & other titles (31 U.S.C. 3701 et seq.)

These laws require us to aggressively collect any delinquent loan payments and to require you to give your taxpayer identification number to us when you apply for a loan. If you receive a loan and do not make payments when they become due, we may take one or more of the following actions (this list may not be exhaustive):

- *Report the delinquency to credit reporting bureaus.
- *Offset your income tax refunds or other amounts due to you from the Federal Government.
- *Refer the account to a private collection agency or other agency operating a debt collection center.
- *Suspend or debar you from doing business with the Federal Government.
- *Refer your loan to the Department of Justice.
- *Foreclose on collateral or take other actions permitted in the loan instruments.
- *Garnish wages.
- *Sell the debt.
- *Litigate or foreclose.

RIGHT TO FINANCIAL PRIVACY ACT OF 1978 (12 U.S.C. § 3401 et seq.)

This notifies you, as required by the Right to Financial Privacy Act of 1978 (Act), of our right to access financial records held by financial institutions that were or are doing business with you or your business. This includes financial institutions participating in loans or loan guarantees.

The law provides that we may access your financial records when considering or administering Government loan or loan guaranty assistance to you. We must give a financial institution a certificate of our compliance with the Act when we first request access to your financial records. No other certification is required for later access. Our access rights continue for the term of any approved loan or loan guaranty. We do not have to give you any additional notice of our access rights during the term of the loan or loan guaranty.

We may transfer to another Government authority any financial records included in a loan application or about an approved loan or loan guaranty as necessary to process, service, liquidate, or foreclose a loan or loan guaranty. We will not permit any transfer of your financial records to another Government authority except as required or permitted by law.

Paperwork Reduction Act (44 U.S.C. Chapter 35)

We are collecting the information on this form in order to make disaster loans available to qualified small businesses. The form is designed to collect the information necessary for us to make eligibility and credit decisions in order to fund or deny loan requests. We will also use the information collected on this form to produce summary reports for program and management analysis, as required by law.

PLEASE NOTE: The estimated burden for completing this form is 2 hours. Your responses to the requested information are required in order to obtain a benefit under SBA's Disaster Business Loan Programs. However, you are not required to respond to any collection of information unless it displays a currently valid OMB approval number. If you have any questions or comments concerning any aspects of this information collection, please contact the U.S. Small Business Administration Information Branch, 409 3rd St., SW, Washington, DC 20416 and Desk Officer for SBA, Office of Management and Budget, Office of Information and Regulatory Affairs, 725 17th St., NW, Washington, DC 20503. (3245-0017) **PLEASE DO NOT SEND FORMS TO OMB.**

Policy Concerning Representatives and Their Fees

When you apply for an SBA loan, you may use an attorney, accountant, engineer, appraiser or other representative to help prepare and present the application to us. You are not required to have representation. If an application is approved, you may need an attorney to help prepare closing documents.

There are no "authorized representatives" of SBA, other than our regular salaried employees. Payment of a fee or gratuity to our employees is illegal and will subject those involved to prosecution.

SBA Regulations prohibit representatives from proposing or charging any fee for services performed in connection with your loan unless we consider the services necessary and the amount reasonable. The Regulations also prohibit charging you any commitment, bonus, broker, commission, referral or similar fee. We will not approve the payment of any bonus, brokerage fee or commission. Also, we will not approve placement or finder's fees for using or trying to use influence in the SBA loan application process.

Fees to representatives must be reasonable for services provided in connection with the application or the closing and based upon the time and effort required, the qualifications of the representative, and the nature and extent of work performed. Representatives must execute a compensation agreement.

In the appropriate section of the application, you must state the names of everyone employed by you or on your behalf. You must also notify the SBA disaster office in writing of the names and fees of any representative you employ after you file your application.

If you have any questions concerning payment of fees or reasonableness of fees, contact the Field Office where you filed or will file your application.

Occupational Safety and Health Act (29 U.S.C. 3651 et seq.)

This legislation authorizes the Occupational Safety and Health Administration (OSHA) in the Department of Labor to require businesses to modify facilities and procedures to protect employees when appropriate. If your business does not do so, you may be penalized, forced to close or prevented from starting operations in a new facility. Because of this, we may require information from you to determine whether your business complies with OSHA regulations and may continue operating after the loan is approved or disbursed. You must certify to us that OSHA requirements applying to your business have been determined and that you are, to the best of your knowledge, in compliance.