



Residential Rental Rehabilitation Program

The purpose of this program is to provide financial assistance to rental investment property owners within City limits. This program is administered by the Department of Community and Economic Development and funded by the Community Development Block Grant (CDBG). Qualified property owners may be eligible for a low interest loan to complete comprehensive improvements to their property.

HOW DOES IT WORK?

Upon approval of your application, department staff may contact you to schedule a visit with our department and/or to the property to discuss your rehabilitation plans. Eligible rehabilitation work through this program will typically involve major property maintenance needs, repairs which bring the property up to City code standards or resolve health or safety concerns. Property may be asked to obtain up to three contractor estimates. Contractors must be fully licensed to complete the proposed work. Upon project completion and staff review, contractor invoices will be paid by the City.

WHO CAN APPLY?

Investment owners of residential or mixed use property within the City of Hagerstown may apply. All eligible rehabilitation projects will be subject to all CDBG guidelines, funds availability and Hagerstown Loan Review Authority (HLRA) approval.

A minimum of 51% of your residential units must have an annual household income below 80% of the area median income (see income chart below). If all units are vacant, these guidelines will apply only to the first lease-up. All existing residents submit a signed Tenant Information Form (attached) and provide all required income verification documents.

Please call our department to ensure funding availability and project eligibility before applying for this program.

Current CDBG Income Limits – Hagerstown, MD

Number of Persons in Household	1-person	2-person	3-person	4-person	5-person	6-person	7-person	8-person
Gross Annual Income	\$43,250	\$49,400	\$55,600	\$61,750	\$66,700	\$71,650	\$76,600	\$81,550

***Maximum household annual income determinations will include income of all residents the age of 18 and over regardless of relationship to the applicant.**

Investment Owner Rehabilitation Application

OFFICE USE ONLY	
51% UNITS CDBG INCOME ELIGIBLE?	<input type="checkbox"/> Y <input type="checkbox"/> N

APPLICANT INFORMATION

Name of Applicant		Name of Co-Applicant	
Social Security Number	Date of Birth	Social Security Number	Date of Birth
Address		Address	
City, State, Zip		City, State, Zip	
Home Phone Number	Cell Phone Number	Home Phone Number	Cell Phone Number
Email Address		Email Address	

PROPERTY INFORMATION

Property Address: _____

Unit Number	Unit Occupied?	# of Tenants in Unit

ASSETS

Cash, Checking & Savings Accounts: (list bank & account #): Bank Name: _____ Account Number: _____ Bank Name: _____ Account Number: _____	COMBINED VALUE: \$
Stocks, Bonds & Other Securities	\$
Retirement Fund/401K	\$
Real Estate Owned other than Primary Residence: (Please list addresses) _____ _____ _____	\$
Cash Value of Life Insurance	\$
Automobile(s) Year _____ Make _____ Model _____ Year _____ Make _____ Model _____	\$
Net Worth of Business Owned	\$
Other Assets: (list) _____ _____ _____	\$
TOTAL ASSETS:	\$

PLEASE BRIEFLY DESCRIBE THE REQUESTED REPAIRS:

REQUIRED APPLICATION ATTACHMENTS: Your application is not complete unless all of the following information is submitted at the time of applying to the program. The City of Hagerstown may request additional information after initial application review. Please include:

- 3 MOST RECENT PAY STUBS, COPIES OF AWARD LETTERS (SOCIAL SECURITY, PENSION, ETC.)
- 2 MOST RECENT YEARS FEDERAL INCOME TAX RETURNS/W-2'S
- 2 MOST RECENT CHECKING AND/OR SAVINGS ACCOUNTS STATEMENTS
- SIGNED TENANT INFORMATION FORMS AND REQUIRED INCOME VERIFICATION DOCUMENTS FOR AT LEAST 51% OF YOUR PROPERTY'S UNITS
- COPY OF YOUR RECORDED DEED OF ASSIGNMENT FOR ALL REAL ESTATE OWNED
- COPY OF MOST RECENT MORTGAGE STATEMENT (IF APPLICABLE)
- CURRENT COPY OF YOUR PROPERTY'S INSURANCE POLICY (DECLARATION PAGE ONLY)
- MOST RECENT PAID PROPERTY TAX RECEIPT
- IF APPLYING IN THE NAME OF A BUSINESS ENTITY, PLEASE PROVIDE FINANCIAL STATEMENTS

ACKNOWLEDGMENT AND CERTIFICATION

I/we certify that the above information is true and correct, and I/we understand that any misinformation submitted or omitted could result in the dismissal of this request for housing rehabilitation assistance. I/we understand that this application does not guarantee assistance, and this request will be kept confidential and reviewed by the City of Hagerstown staff and representatives to determine eligibility.

I/We agree that verification of information contained in this application may be made, either directly or through a credit reporting agency or from any source named in this application, and the original copy of this application will be retained by the City of Hagerstown, even if the grant/loan is not approved. I/We authorize the City of Hagerstown to obtain individual credit reports and understand that any information obtained from the credit reporting agency may be used to determine eligibility for this request.

I/We agree to permit City of Hagerstown staff, or their representative, contractor and subcontractors access to the property during the workday or at other reasonable times to complete required inspections and all necessary work. I/We agree to cooperate with City of Hagerstown staff, or their representative, contractor and subcontractors to facilitate the performance of the work.

Applicant

Date

Co-Applicant

Date

Please return your completed application to:
City of Hagerstown
Department of Community & Economic Development
14 N. Potomac St., Suite 200A
Hagerstown, MD 21740
Attn: Ashley Newcomer, Finance Specialist

The City of Hagerstown does business in accordance with the Federal Fair Housing Act which prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions based on race, color, national origin, religion, sex, familial status, and mental or physical disability. The City of Hagerstown fully supports the principals of Equal Opportunity for all and requires all program participants, loan recipients, developers, contractors, and subcontractors to comply with all applicable law.



Department of Community and Economic Development
14 N. Potomac Street, Suite 200A | Hagerstown, MD 21740
Tel: 301.739.8577 Ext. 133 | Fax: 301.739.3117
Email: dced@hagerstownmd.org
www.hagerstownmd.org

TENANT INFORMATION FORM

UNIT# _____

LIST OF HOUSEHOLD RESIDENTS: ALL household members and income sources must be listed regardless of relationship.

Family/Household Member Name	Age	Gross Monthly Income	Source of Income

STATISTICAL DATA

Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Other Multi Racial
<input type="checkbox"/> Male <input type="checkbox"/> Female	
I do not wish to furnish this information. _____ (Initials)	
US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Origin:

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- 2 MOST RECENT CHECKING AND/OR SAVINGS ACCOUNTS STATEMENTS

CERTIFICATION

I certify that this information is complete and accurate by my signature below. I understand that the City of Hagerstown has requested this information for the purpose of evaluation a program application for rehabilitation projects on my rental property which may be partially funded by Community Development Block Grant (CDBG) funds. I further understand that the use of CDBG funds require verification of my income, that the City of Hagerstown will keep my information confidential and use it only for this purpose.

_____ **Tenant Signature**

_____ **Date**