



## City of Hagerstown Community Development Block Grant (CDBG)

### Residential Rehabilitation Loan/Grant Program Application

The purpose of our Community Development Block Grant (CDBG) Home Emergency Repair Grant Program is to provide financial assistance to low-to-moderate income homeowners within the City limits. These programs are administered by the City of Hagerstown Department of Community and Economic Development and funded by the Community Development Block Grant (CDBG) to assist in the rehabilitation of owner-occupied single-family homes. Income-qualified homeowners may be eligible for a grant of up to \$15,000 for eligible emergency repairs to their property.

#### HOW DOES IT WORK?

Upon review of your completed application, department staff will contact you to schedule an inspection of the repairs needed to your home. Eligible rehabilitation work through this program typically corrects major exterior or interior deficiencies and includes repairs that bring the property up to City code standards or resolve health and safety concerns. An “emergency repair” is defined as a life-threatening situation or one that prohibits someone from living in decent, safe, and sanitary conditions. Most common emergency repair cases include, but are not necessarily limited to, significant roof leaks, failing heat systems, failing water heaters, major electrical hazards, and major structural failures. Upon approval, homeowners are responsible for obtaining three contractor estimates, and the contractors must be fully licensed to complete the proposed work. Upon project completion and staff review, contractor invoices will be paid by the City of Hagerstown.

#### WHO CAN APPLY?

Income-qualified owner-occupants of residential property within the City of Hagerstown may apply. The home must be the applicant’s primary residence. All eligible rehabilitation projects will be subject to CDBG guidelines and funding availability. Please call our department to ensure that you meet all eligibility guidelines before applying for this program.

#### Current CDBG Income Limits\* – Hagerstown, MD

| # Persons in Household | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons |
|------------------------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Annual Income          | \$52,500 | \$60,000  | \$67,500  | \$74,950  | \$80,950  | \$86,950  | \$92,950  | \$98,950  |

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

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**Residential Rehabilitation Loan/Grant Application**

**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          |                   |
| Current Employer       | Years Employed    | Current Employer       | Years Employed    |

**TOTAL NUMBER OF PERSONS IN HOUSEHOLD?** \_\_\_\_\_

**LIST OF HOUSEHOLD RESIDENTS: ALL household members (INCLUDING applicant/co-applicant) and income sources must be listed below.**

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

**ASSETS**

|   |                              |
|---|------------------------------|
| Cash, Checking & Savings Accounts: (list bank & account #):<br>Bank Name: _____<br>Account Number: _____<br>Bank Name: _____<br>Account Number: _____ | <b>COMBINED VALUE:</b><br>\$ |
| Stocks, Bonds & Other Securities  | \$                           |
| Retirement Fund/401K:   | \$                           |
| Real Estate Owned other than Primary Residence:<br>(Please list addresses)  | \$                           |
|   |                              |
| Automobiles/Campers/Boats:  |                              |
| Other Assets: (list)<br>_____<br>_____<br>_____   | \$                           |
| <b>TOTAL ASSETS:</b>  | \$                           |

Have you previously received grant/loan funding from the City? Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes: What Year?\_\_\_\_\_ Amount of assistance?\_\_\_\_\_

PLEASE BRIEFLY DESCRIBE THE REQUESTED REPAIRS:

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**LEAD-BASED PAINT**

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. Any household receiving federal funds for rehabilitation must receive the enclosed federally approved pamphlet on lead poisoning prevention.

By signing this application, you are acknowledging that you have received the pamphlet "Protect Your Family From Lead In Your Home".

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

**STATISTICAL DATA**

\*\*Information collected is for statistical & monitoring purposes only. It is not used to determine eligibility.

**Applicant:**

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

**Co-Applicant:**

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

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**REQUIRED APPLICATION ATTACHMENTS CHECKLIST:** Your application is not complete unless all of the following information is submitted. The City of Hagerstown may request additional information after initial application review. With this application, please include:

- MOST RECENT ONE MONTH'S PAY STUBS FOR EACH EMPLOYED PERSON (18+) IN THE HOUSEHOLD
- IF INCOME IS FROM PENSION, SOCIAL SECURITY, DISABILITY, ANNUITY OR ANY OTHER INCOME SOURCE, INCLUDE A COPY OF THE CURRENT AWARD LETTER
- COPY OF APPLICANT'S DRIVER'S LICENSE (OR OTHER GOVERNMENT-ISSUED PHOTO ID)
- MOST RECENT TWO (2) YEARS OF FEDERAL INCOME TAX RETURNS AND W-2s, 1098s OR 1099s (IF YOU ARE NOT REQUIRED TO FILE TAXES, PLEASE SIGN THE AFFIDAVIT OF TAX FILING STATUS FORM)
- COPIES OF YOUR TWO (2) MOST RECENT MONTHS OF BANK STATEMENTS -- ALL PAGES (ALL ACCOUNTS)
- COPY OF YOUR MOST RECENT MORTGAGE STATEMENT (IF APPLICABLE)
- COPY OF THE DECLARATION PAGE OF YOUR HOMEOWNER'S INSURANCE POLICY

\*\*Please be advised that to be eligible for these programs, all property taxes must be current. City of Hagerstown staff will attempt to obtain your paid property tax receipts through online databases. If staff is unable to locate you, you will be required to provide proof of current tax payments.

\*\*City of Hagerstown staff will attempt to locate a copy of the recorded deed of assignment for your property and any other real estate you own through online Land Records databases. If staff is unable to locate, you will be required to provide proof of ownership.

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**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: \_\_\_\_\_

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TAX YEAR: \_\_\_\_\_

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TAX YEAR: \_\_\_\_\_

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

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APPLICANT

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DATE

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**ACKNOWLEDGMENT AND CERTIFICATION**

I/we certify that the above information is true and correct, and I/we understand that any misinformation could result in the disqualification of this and any future 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 Housing & Community Development  
14 N. Potomac St., Suite 200A  
Hagerstown, MD 21740  
Attn: Sue Kyler, DHCD Community Liaison  
[skyler@hagerstownmd.org](mailto:skyler@hagerstownmd.org)

The City of Hagerstown does business by 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 principles of Equal Opportunity for all and requires all program participants, loan recipients, developers, contractors, and subcontractors to comply with all applicable laws.

