



City of Hagerstown Community Development Block Grant (CDBG)

Residential Rehabilitation Programs

The purpose of our Community Development Block Grant (CDBG) Residential Rehabilitation Programs is to provide financial assistance to low-to-moderate income homeowners within 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 \$5,000 for eligible emergency repairs and/or a low interest loan to complete comprehensive improvements to their property.

HOW DOES IT WORK?

Upon review of your completed application, department staff will contact you to schedule an inspection of the needed repairs to your home. Eligible rehabilitation work through this program will typically correct major exterior or interior deficiencies and include repairs which bring the property up to City code standards or resolve health and safety concerns. An “emergency repair” is defined as a situation that is life threatening, or one that prohibits someone from living in decent, safe, and sanitary conditions. Department staff will determine which program(s) you qualify for after the inspection is completed. 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, funding availability and, if applicable, Hagerstown Loan Review Authority (HLRA) approval.

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	\$40,800	\$46,600	\$52,450	\$58,250	\$62,950	\$67,600	\$72,250	\$76,900

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

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Residential Rehabilitation Programs Application

OFFICE USE ONLY	
<input type="checkbox"/> Emergency Repair <input type="checkbox"/> Residential Rehabilitation <input type="checkbox"/> Combination of Both	
OFFICE USE ONLY	
TOTAL ANNUAL INCOME: \$ _____ INCOME CATEGORY: <input type="checkbox"/> E L <input type="checkbox"/> L <input type="checkbox"/> M	

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

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:

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	
<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	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<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:

Co-Applicant:

Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> 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	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<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:

DCED

14 N. Potomac Street, Suite 200A | Hagerstown, MD 21740
Tel: 301.739.8577 Ext. 111 | Fax: 301.739.3117

Email: dcged@hagerstownmd.org
www.hagerstownmd.org

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:

- COPIES OF THREE (3) MOST RECENT PAY STUBS FOR EACH EMPLOYED PERSON IN THE HOUSEHOLD
- IF INCOME IS FROM PENSION, SOCIAL SECURITY, DISABILITY, ANNUITY OR ANY OTHER INCOME SOURCE, INCLUDE A COPY OF THE AWARD LETTER
- TWO (2) YEARS OF FEDERAL INCOME TAX RETURNS/W-2'S, or, IF YOU ARE EXEMPT FROM FILING (DO NOT HAVE TO FILE), PLEASE SIGN THE AFFIDAVIT OF TAX FILING STATUS FORM
- COPIES OF YOUR TWO (2) MOST RECENT MONTHS OF BANK STATEMENTS (ALL PAGES)
- COPY OF YOUR MOST RECENT MORTGAGE STATEMENT (IF APPLICABLE)
- COPY OF THE DECLARATION PAGE OF YOUR HOMEOWNER'S INSURANCE POLICY

**Please be advised that in order 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 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.

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

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.



EQUAL HOUSING
OPPORTUNITY

DCED

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