

Housing Rehabilitation Assistance Program

0% Interest Home Improvement Loans for Prince George's County Homeowners

The Prince George's County Department of Housing and Community Development has partnered with the Prince George's County Redevelopment Authority and Housing Initiative Partnership (HIP) to repair health and safety hazards in the homes of eligible homeowners in Prince George's County.

Eligible Applicants

- Must own and occupy a home in Prince George's County
- Must be current on mortgage payments, property taxes and property insurance
- Cannot have an "underwater" mortgage or a reverse mortgage
- Total household income may not exceed the program limits

Household Size	1	2	3	4	5	6	7	8
Maximum Income	\$65,650	\$75,000	\$84,400	\$93,750	\$101,250	\$108,750	\$116,250	\$123,750

Source: US Department of Housing and Urban Development (www.huduser.org), effective June 15, 2017

Eligible Repairs

- Health Hazards: Lead, mold and asbestos abatement
- Safety and Code Compliance repairs: Roof, electrical systems, plumbing, flooring
- Energy Efficiency: Windows, insulation, air sealing, siding
- ADA related improvements: Ramps, grab bars, railings
- Other improvements considered

Loan Terms

- 0% interest, no monthly payments
- Maximum Loan Amount of \$60,000
- Loans are repaid in full when the house is sold or transferred
- Maximum LTV 110%

How to Apply

1. Complete the "Housing Rehabilitation Assistance Program Application"
2. Collect all of the supporting documents requested on the "HRAP Checklist"
3. Mail or deliver your completed application to:
Housing Initiative Partnership, Inc. 6525 Belcrest Rd, Suite 555, Hyattsville, MD 20782
4. Applicants will receive a response by mail

Questions? Call Housing Initiative Partnership at 301-699-3835

Housing Rehabilitation Assistance Program Application

BORROWER INFORMATION

Name: _____ DOB: _____
 Property Address: _____
 Marital Status: Married Separated Unmarried Widowed
 Phone 1: _____ Phone 2: _____
 Email Address: _____
 Employer: _____ Years at current job: _____
 Employer Address: _____
 Job Title: _____ Type of Business: _____

CO-BORROWER INFORMATION

Name: _____ DOB: _____
 Address, if different from above: _____
 Marital Status: Married Separated Unmarried Widowed
 Phone 1: _____ Phone 2: _____
 Email Address: _____
 Employer: _____ Years at current job: _____
 Employer Address: _____
 Job Title: _____ Type of Business: _____

PROPERTY INFORMATION

Is anyone other than the borrower or co-borrower listed as an owner on the property deed?
****If the answer is yes, call Housing Initiative Partnership at 301-699-3835 for further assistance.** _____
 Year the house was built: _____ Year you purchased property: _____
 Insurance Company: _____ Coverage Amount: _____
 Policy Number: _____ Expiration Date: _____
 Agent's Name: _____ Agent's Phone No: _____



HOUSEHOLD OCCUPANCY: List all persons living in the home and their relationship to the borrower. If additional space is needed, please attach pages as necessary to fully disclose household occupancy.

NAME	RELATIONSHIP	AGE	SOCIAL SECURITY NO.	EMPLOYMENT STATUS
	Self			

GROSS MONTHLY INCOME: Please include all sources of income that apply. Any person 18 years of age or older must provide proof of his/her employment or student status. If additional space is needed, please attach pages as necessary to fully disclose household income.

ITEM	BORROWER	CO-BORROWER	OTHER OCCUPANTS
Employment Income (Gross Earnings)			
Overtime			
Pensions, Annuity Social Security			
Alimony, Child Support			
Net Rental Income			
Other			
Total	\$	\$	\$
TOTAL COMBINED MONTHLY INCOME		\$	

PERSONAL DEBT HISTORY

	BORROWER	CO-BORROWER
Do you have any outstanding judgments?	() Yes () No	() Yes () No
Have you declared bankruptcy in the last seven years? ** If yes, provide the discharge documentation	() Yes () No	() Yes () No
Are you delinquent on mortgage payments or property taxes?	() Yes () No	() Yes () No
Are you a co-maker or endorser on a note?	() Yes () No	() Yes () No
Do you have any pending lawsuits?	() Yes () No	() Yes () No



MONTHLY HOUSING EXPENSES

ITEM	AMOUNT
First Mortgage (Principle & Interest) (Reverse Equity Mortgages Are Not Eligible)	
Property Taxes	
Insurance	
Other Mortgages (P & I)	
Mortgage Insurance	
Condo or Homeowner Association Dues	
Utilities	
Total Monthly Payment	

ASSETS: If additional space is needed, please attach pages as necessary to fully disclose all assets.

Cash & Cash Equivalents: Checking & Savings Accounts, Money markets, Certificate of Deposits (CD)		
Bank Name	Last 4 Digits of Account	Value
Real Estate Owned (other than primary residence)		
Address		Value
Automobiles		
Make & Model	Year	Value
Other Assets		
Description		Value



REPAIR REQUESTS

Please tell us what types of housing repairs you would like to see done on your property. This list will give us an idea of what may be needed but please be aware we may be forced to prioritize the work on your home. All code violations and health and safety hazards must be addressed before other repairs are considered.

The scope of work will be determined by an HRAP Rehab Inspector and subject to approval by the Redevelopment Authority of Prince George’s County and the Department of Housing and Community Development.

Repair Requests		
<input type="checkbox"/> Lead Abatement	<input type="checkbox"/> Heating / Cooling	<input type="checkbox"/> Roof
<input type="checkbox"/> Mold	<input type="checkbox"/> Electrical	<input type="checkbox"/> Insulation
<input type="checkbox"/> Windows / Doors	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Siding
<input type="checkbox"/> Other Repairs:		

If your application is approved, you will be contacted by a HRAP Rehab Inspector and a Lead Inspector if necessary. Who should we call to schedule an inspection?

Name	Phone Number

Office Use Only – Do Not Write In This Box



NOTICES

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

The information requested by the Department of Housing and Community Development (the "Department") is necessary in determining your eligibility for a Special Loan 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 which there is **one-time \$20.00 fee per applicant** for a merged report) 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.

Borrower's Signature

Date

Co-Borrower's Signature

Date

OPTIONAL STATISTICAL DATA

BORROWER: I do not wish to furnish this information _____ (Initials)

Male Female

American Indian or Alaskan Native

Black/African American

Asian

Native Hawaiian / Other Pacific Islander

Hispanic

White

CO-BORROWER: I do not wish to furnish this information _____ (Initials)

Male Female

American Indian or Alaskan Native

Black/African American

Asian

Native Hawaiian / Other Pacific Islander

Hispanic

White

Does anyone in the household identify as:

Veteran

Disabled

HOUSING REHABILITATION ASSISTANCE PROGRAM APPLICATION SUBMISSION CHECKLIST

1. Proof of Income: Required for ALL household members over 18 years old
<input type="checkbox"/> <i>If you are employed.....</i> Provide 2 months of paystubs
<input type="checkbox"/> <i>If you are self-employed</i> Provide 3 months Profit & Loss Statement and 2 years business tax returns
<input type="checkbox"/> <i>If you are retired....</i> Provide applicable award letters for SSI, Pensions, Annuities
<input type="checkbox"/> <i>If you are unemployed and receiving benefits...</i> Provide Benefit Verification Ltr
<input type="checkbox"/> <i>If you are unemployed and NOT receiving benefits...</i> Provide Social Security Statement and Benefits Verification Letter.
<input type="checkbox"/> <i>If you are a full time student...</i> Provide proof of full time enrollment
2. Bank Statements: Required for ALL household members over 18 years old
<input type="checkbox"/> Provide copies of bank statements for 2 months . The statements provided should match the bank accounts described in the “assets” portion of the application.
3. IRS Tax Transcripts: Required for ALL household members over 18 years old
<input type="checkbox"/> 2017
<input type="checkbox"/> 2016
Note: An IRS tax transcript is an official record from the IRS and is different than a copy of the tax returns you filed.
4. Housing Documents
<input type="checkbox"/> Current Mortgage Statement (no more than 30 days old)
<input type="checkbox"/> Deed
<input type="checkbox"/> Title Insurance Policy
<input type="checkbox"/> Property Tax Bill
<input type="checkbox"/> Proof of Homeowners Insurance (Declaration Page)
<input type="checkbox"/> Utility Bill (no more than 30 days old)
5. Proof of Residency: Required for Borrower and Co-Borrower
<input type="checkbox"/> Copy of Driver’s License
6. Credit Check Fee
<input type="checkbox"/> Money Order for \$20.00 for each applicant paid to HIP.
7. Complete HRAP Application. Make sure it is dated and signed

Need help? If you have questions about any of the information requested or if you need help collecting documentation, please call Housing Initiative Partnership, Inc. 301-699-3835.

