

**CITY OF BOWIE**  
**OFFICE OF GRANT DEVELOPMENT**  
**AND ADMINISTRATION**  
**SINGLE FAMILY HOUSING REHABILITATION PROGRAM**  
 15901 Fred Robinson Way, Bowie, MD 20716  
 301-809-3051  
[bowiehsg@cityofbowie.org](mailto:bowiehsg@cityofbowie.org)



**SINGLE FAMILY HOUSING REHABILITATION  
 GRANT PROGRAM APPLICATION  
 FY 2023**

Application must be completed or it will not be processed. Write N/A where not applicable. All applications must be signed

**PERSONAL INFORMATION**

**Applicant:**

\_\_\_\_\_

Last Name	First Name	Middle Initial	Social Security #
-----------	------------	----------------	-------------------

\_\_\_\_\_

Street No.	Street	City	Zip Code
------------	--------	------	----------

\_\_\_\_\_

Home Phone	Cell Phone	Email Address
------------	------------	---------------

Marital Status: Married ( ) Divorced ( ) Separated ( ) Single ( ) Date of Birth \_\_\_\_\_

Disabled: Yes ( ) No ( ) Veteran: Yes ( ) No ( )

Occupation: \_\_\_\_\_ Present Employer \_\_\_\_\_ Years  
 Employed \_\_\_\_\_

**Spouse/Co-Applicant:**

\_\_\_\_\_

Last Name	First Name	Middle Initial	Social Security #
-----------	------------	----------------	-------------------

\_\_\_\_\_

Street No.	Street	City	Zip Code
------------	--------	------	----------

\_\_\_\_\_

Home Phone	Cell Phone	Email Address
------------	------------	---------------

CITY OF BOWIE SINGLE FAMILY REHABILITATION PROGRAM APPLICATION  
15901 FRED ROBINSON WAY, BOWIE, MD 20716 PHONE 301-809-3051

Marital Status: Married ( ) Divorced ( ) Separated ( ) Single ( ) Date of Birth \_\_\_\_\_

Disabled: Yes ( ) No ( ) Veteran: Yes ( ) No ( )

Occupation: \_\_\_\_\_ Present Employer \_\_\_\_\_ Years Employed \_\_\_\_\_



**LIST ALL OTHER HOUSEHOLD OCCUPANTS**

Name	Age	Relationship	Social Security No.

**PROPERTY INFORMATION**

Is anyone other than yourself and/or your spouse listed on the property deed? Yes ( ) No ( )

Do you have a mortgage balance on the property listed above? Yes ( ) No ( )

If yes, what is the current mortgage balance: \$ \_\_\_\_\_

Is the property currently placed in a trust fund? Yes ( ) No ( )

Have you transferred the property but retained life tenancy? Yes ( ) No ( )

Have you previously received assistance from the City of Bowie HUD/CDBG program for this property? Yes ( ) No ( )

If Yes: What year? \_\_\_\_\_ Total amount of previous assistance \$ \_\_\_\_\_

**GROSS MONTHLY INCOME**

Include income for all occupants over the age 18

Income Source	Applicant	Co-Applicant	Other
Salary/Wages			
Pension/Annuities			
Social Security			
Other regular earnings (explain)			

CITY OF BOWIE SINGLE FAMILY REHABILITATION PROGRAM APPLICATION  
15901 FRED ROBINSON WAY, BOWIE, MD 20716 PHONE 301-809-3051

Income from real estate, investment properties			
Other income (explain)			
Total Monthly Income			



**ASSETS**

Include assets for all occupants over the age 18

Type	Applicant	Co-Applicant	Other
Checking Account			
Savings Account			
US Savings Bonds			
Securities & Investments			
Retirement Accounts			
Other real estate owned (market value)			
Other assets (explain)			
Total Assets			

**REQUESTED PROPERTY IMPROVEMENTS**

List your major repair or improvement needs. Please be as specific as possible.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**LEAD BASED PAINT**

Housing built prior to 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

CITY OF BOWIE SINGLE FAMILY REHABILITATION PROGRAM APPLICATION  
15901 FRED ROBINSON WAY, BOWIE, MD 20716 PHONE 301-809-3051

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 "Renovate Right Important Lead Hazard Information for Families, Child Care Providers and Schools".

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

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



**CERTIFICATION**

The information provided in this application is true and complete to the best of my knowledge. I consent to the disclosure of such information for purposes of verification related to my application. I understand that any willful misstatement will be grounds for disqualification. I also certify that I have received and read the Program Policy and agree to comply with all program requirements.

\_\_\_\_\_  
Applicant (Signature) Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Co-Applicant (Signature) Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**INFORMATION FOR FEDERAL REPORTING PURPOSES**

The following information is requested by the Federal Government to monitor this program's compliance with Fair Housing Laws. The law provides that the City of Bowie may neither discriminate on the basis of this information nor on whether or not it is furnished. However, if you choose not to furnish it, the City of Bowie may note the race and sex on the basis of visual observation or surname.

Applicant:

Race/National Origin

American Indian\_\_\_\_ Alaskan Native\_\_\_\_ Asian/Pacific Islander\_\_\_\_

Black/African American\_\_\_\_ Hispanic/Latino\_\_\_\_ White/Caucasian\_\_\_\_

Other (explain) \_\_\_\_\_

Sex: Male\_\_\_\_ Female\_\_\_\_

Spouse/Co-Applicant:

Race/National Origin

American Indian\_\_\_\_ Alaskan Native\_\_\_\_ Asian/Pacific Islander\_\_\_\_

CITY OF BOWIE SINGLE FAMILY REHABILITATION PROGRAM APPLICATION  
15901 FRED ROBINSON WAY, BOWIE, MD 20716 PHONE 301-809-3051

Black/African American\_\_\_\_ Hispanic/Latino\_\_\_\_ White/Caucasian\_\_\_\_

Other (explain) \_\_\_\_\_

Sex: Male\_\_\_\_ Female\_\_\_\_

**HOW DID YOU INITIALLY FIND OUT ABOUT THE SINGLE FAMILY HOUSING REHABILITATION PROGRAM? (Select one option)**

- ( ) Alert Bowie      ( ) Twitter      ( ) Bowie TV      ( ) Community Meeting  
 ( ) City Council      ( ) Facebook      ( ) Flyer      ( ) Bowie Blade News  
 ( ) Bowie Spotlight      ( ) Other (explain) \_\_\_\_\_



**CHECKLIST OF SUPPORTING DOCUMENTATION**

<b>Verification</b>	<b>Supporting Documentation</b>
Wages, Salaries, Tips, Commissions, etc.	Copies of most recent pay stubs or other verification of employment; most recent year tax return, both Federal and State of Maryland with full supporting documentation, including certified copies of profit/loss statement and financial statement.
Alimony, Child Support and Gift	Interlocutory decree which indicates specified payment or proof of non-payment (lien); a notarized letter for regular contributions or gifts received from organizations or from persons not residing in the dwelling unit.
Checking Account, Savings Account, Mutual Fund/Money Market Fund, Certificates of Deposits, Interest Rates and Balances	Copies of most recent statements
Savings Bonds	Copies of each
Other Assets	Asset documentation
Veteran Status	Copy of discharge paper from US Armed Forces
Teacher	Copy of State of Maryland current teaching certificate and most recent pay stub from education institution or employer.
Medical Disability	Copy of letter from Licensed Physician indicating the Applicant's or Co-Applicant's Disability.
Emergency Responders	Copy of current certification and most recent pay stub from employer.
Homeownership	Copy of deed and a copy of current year's property tax bill.
Mortgage	If you have a mortgage, provide a copy of your most recent mortgage statement

CITY OF BOWIE SINGLE FAMILY REHABILITATION PROGRAM APPLICATION  
15901 FRED ROBINSON WAY, BOWIE, MD 20716 PHONE 301-809-3051

Age/Identification with photo	A copy of your valid driver's license, passport or state issued identification with photo.
-------------------------------	--

**SUBMISSION OF APPLICATION**

Review your application to ensure it is complete and that the supporting documentation described above is provided. Incomplete applications or those lacking the proper documentation will not be processed. Please hand deliver your completed application to George Jones, Grants Manager at 15901 Fred Robinson Way, Bowie, Md. 20716; you may contact him at (301) 809-3051 or bowiehsg@cityofbowie.org if you have any questions or need assistance.