

CITY OF BOWIE
OFFICE OF GRANT DEVELOPMENT
AND ADMINISTRATION
SINGLE FAMILY HOUSING REHABILITATION PROGRAM
 15901 Excalibur Road, Bowie, MD 20716
 301-809-3051
bowiehsg@cityofbowie.org



**SINGLE FAMILY HOUSING REHABILITATION
 GRANT PROGRAM APPLICATION**

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

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)			
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 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____

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

Verification	Supporting Documentation
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
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 Excalibur Road, Bowie, Md. 20716; you may contact him at (301) 809-3051 or bowiehsg@cityofbowie.org if you have any questions or need assistance.