



Baltimore City Department of
**HOUSING & COMMUNITY
DEVELOPMENT**



Application for Services

For The Division of Green,
Healthy & Sustainable Homes

410-396-3023

dhcd.baltimorehousing.org



Application for Services – Instructions

To apply for services offered by the Division of Green, Healthy & Sustainable Homes, follow these steps:

- ① Select the services you wish to apply for on page 2. Make sure that your gross annual household income is below the income guidelines listed for each program/service that you check off. Please note that some programs are offered as loans while others are grants.
- ② Gather and make photocopies of all required documents for the programs you are applying for. Required documents for each program are listed in the right-hand column on page 2. Note that all programs require income documentation for the last 30 or 60 days. Examples of income documentation include the following:
 - Employment – check stubs
 - Pension – check stubs or award letter
 - Social Security, SSI, VA, etc. – award letter
 - TCA/TEMHA – award letter
 - Unemployment – benefit determination letter or check stubs
 - Child support or alimony – copy of the checks, check stubs, or court order
 - Rental income – rent receipts from tenants
- ③ Complete the entire application, which begins on page 3. Be sure to sign and date in all appropriate places. Incomplete applications will not be processed.
- ④ Mail your completed application and all required documents in the return envelope provided to:

Baltimore City Office of Home Energy Conservation Services
Attn: LIGHT Program
2700 N. Charles St., Suite 201
Baltimore, MD 21218

If you have any questions about the application, call Monday through Friday, from 8:30 AM-4:30 PM:

410-396-3023

Services Needed & Required Documentation Checklist

Check any of the programs listed below that you wish to apply for. All documentation required for each program is listed below. Documentation for each program is different. NOTE: Send photocopies only; NO ORIGINALS.

<input type="checkbox"/> HOUSING REHABILITATION – <i>Repairs that address emergencies, code violations, and health and safety issues for owner-occupied properties</i>				
Service(s) Needed:	Program Terms	Income Eligibility		Required Documentation
<input type="checkbox"/> Disability accessibility <input type="checkbox"/> Electrical <input type="checkbox"/> Heating <input type="checkbox"/> Lead hazards <input type="checkbox"/> Plumbing <input type="checkbox"/> Roof <input type="checkbox"/> Structural <input type="checkbox"/> Water/sewer	Mainly loans (may be forgivable or deferred based on eligibility). Grants may be available for lead and disability accessibility, based on eligibility.	# of people	Max income	<input type="checkbox"/> Deed of assignment <input type="checkbox"/> Documentation of last 30 days of income <input type="checkbox"/> Homeowner's insurance declarations page <input type="checkbox"/> Most recent statements for all bank accounts <input type="checkbox"/> Most recent mortgage statement, if applicable <input type="checkbox"/> Last ground rent payment receipt, if applicable <input type="checkbox"/> List of other real estate owned, if applicable
		1	\$48,000	
		2	\$55,000	
		3	\$61,750	
		4	\$68,500	
		5	\$74,898	
		6	\$86,420	
		7	\$98,766	
8	\$111,870			

<input type="checkbox"/> WEATHERIZATION – <i>Energy efficiency improvements that lower utility bills and make homes safer and more comfortable</i>				
Service(s) Needed:	Program Terms	Income Eligibility		Required Documentation
<input type="checkbox"/> Energy efficiency /conservation	Grant	# of people	Max income	<input type="checkbox"/> Photo ID of Applicants and everyone in the household age 18 and over <input type="checkbox"/> Documentation of last 30 days of income <input type="checkbox"/> Social Security card of Applicants and everyone in the household <input type="checkbox"/> Most recent BGE bill
		1	\$23,760	
		2	\$32,040	
		3	\$40,320	
		4	\$48,600	
		5	\$56,880	
		6	\$65,160	
		7	\$73,460	
8	\$81,780			

<input type="checkbox"/> LEAD HAZARD REDUCTION – <i>Lead remediation for eligible owner- and tenant-occupied properties. Household <u>must</u> include a pregnant woman or a child under 6.</i>				
Service(s) Needed:	Program Terms	Income Eligibility		Required Documentation
<input type="checkbox"/> Lead hazard reduction	Loan or grant, based on eligibility.	# of people	Max income	<input type="checkbox"/> Deed of assignment <input type="checkbox"/> Photo ID of Applicants <input type="checkbox"/> Social Security card of Applicants <input type="checkbox"/> Most recent mortgage statement, if applicable <input type="checkbox"/> Homeowner's insurance declarations page <input type="checkbox"/> Property tax bill <input type="checkbox"/> 60 days of consecutive pay stubs <input type="checkbox"/> Last two years of tax returns with W-2s <input type="checkbox"/> Birth certificates for all children under 6 <input type="checkbox"/> Consent forms <input type="checkbox"/> Bankruptcy discharge, if applicable <input type="checkbox"/> Recent blood lead test for any children under 6 living in or visiting the property (blood lead test must be taken within the last 6 months)
		1	\$48,000	
		2	\$55,000	
		3	\$61,750	
		4	\$68,500	
		5	\$74,898	
		6	\$86,420	
		7	\$98,766	
8	\$111,870			



Application for Services

Applicant Information	
Name:	Date of birth:
Street Address:	Social Security Number:
City, State, ZIP code:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Home phone:	Cell phone:
Work phone:	Email:
Employer:	Number of years employed:
Co-Applicant Information	
Name:	Date of birth:
Street Address:	Social Security Number:
City, State, ZIP code:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Home phone:	Relationship to Applicant: <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Friend
Work phone:	Email:
Employer:	Number of years employed:

Property type

- Apartment Multifamily/double/row/townhouse
 Single family detached Mobile home

- Is your electricity on? Yes No
 Do you have running water? Yes No
 Does your roof leak? Yes No

Lead-based paint

- Was your house built before 1978? Yes No
 Is there any chipping and peeling paint in your house? Yes No
 Number of children under 6 who live in the house: _____
 Number of children under 6 who do not live in the house, but spend more than 10 hours per week there: ___ Names: _____
 Have any children been diagnosed as having lead poisoning (elevated blood level, or EBL)? Yes No
 Number of children under 6 who live in the house and receive Medicaid: _____

For Office Use Only				
Intake staff: _____	Date rec'd: _____	Block: _____	Lot: _____	Council: _____ State leg: _____

Heating system

Fuel type: Gas Oil Electric Other

Distribution system type: Furnace (ductwork) Boiler (radiators) Space heaters Other

Is your heating system currently working: Yes No

If NO, how long has it not been working? _____

If NO, describe the problem with your heating system: _____

Do you have a service contract with a heating and cooling company? Yes No

How do you cool your house: Central air conditioning Window units Fan Other

For homeowners only

Is the Deed to your home in your name? Yes No

Are there any other names on the Deed? Yes No

Do you have a mortgage on your home? Yes No

Are your property taxes current? Yes No

Do you have homeowners insurance? Yes No

For renters only

Do you receive reduced rent through HUD or subsidized housing? Yes No

Is heat including in the rent? Yes No

Landlord or apartment complex name: _____

Landlord mailing address: _____

Landlord phone number: _____

Additional info

If you choose, you may use the space below to tell us anything else you feel is important for us to know about the condition of your property and the services you are requesting:

For Office Use Only

For Office Use Only					
Date	County	Center	# in HH	Intake Worker signature	Certifier signature

Household Chart

Fill in the chart below with information for all people who live in the house. Start with the Applicant on Line 1.

Name	Social Security Number	Date of birth	Age	Relation to Applicant	Sex M/F	Ethnic group^	US Citizen? Y or N	Disabled? Y or N	Type of income*	Gross monthly income ⁺
1.				Applicant						\$
2.										\$
3.										\$
4.										\$
5.										\$
6.										\$
7.										\$
8.										\$
9.										\$
10.										\$
									Total	\$

^ Ethnic group: Write the number of the ethnic group that applies for each person listed above:

- | | |
|----------------------------|------------------------------------|
| 1 – African American | 5 – Native American/Alaskan Native |
| 2 – Caucasian | 6 – Multi-Ethnic |
| 3 – Hispanic | 7 – Other |
| 4 – Asian/Pacific Islander | |

*** Type of income:** Write the number of the type of income that applies for each person listed above:

- | | |
|--------------------------|----------------|
| 1 – Employment/job | 5 – Settlement |
| 2 – Unemployment benefit | 6 – No income |
| 3 – Disability | 7 – Other |
| 4 – Social Security | |

+ Gross monthly income means income received before anything is taken out for taxes or other deductions (health insurance, dues, etc.)

Disclosures and Consents

For All Applicants

I understand that when this application is signed, I am granting permission for:

1. Baltimore City Division of Green, Healthy & Sustainable Homes to check all household income, bank accounts, housing expenses, insurance and any other benefits.
2. The Unemployment Insurance Administration or any other agency to give and/or receive information from the Baltimore City Weatherization Assistance Program needed to complete this application.

An appeal can be filled to change the decision on this application if notice is not given in reasonable time. The appeal must be filled within 15 days of decision. The local agency will inform me on how to file. Free legal advice is available through the Legal Aid Bureau by calling toll free: 1-800-999-8904. **Maryland has fraud law. Punishment can occur for not telling the truth when applying for assistance to pay home energy costs.** I declare that the information provided to the Baltimore City Weatherization Assistance Program is true, correct and complete.

Applicant

Date

Lead-Based Paint Notification for Existing Homeowners (All Applicants)

Acknowledge receipt of the pamphlet *Protect Your Family From Lead in Your Home* by signing below. This brochure explains the hazards of lead-based paint and offers suggestions for reducing and preventing lead poisoning.

Applicant

Date

Co-Applicant

Date

Credit Report Authorizations (All Applicants applying for Housing Rehabilitation or Lead Hazard Reduction)

In accordance with Executive Officer Order 01.01.1983.18, the Department of Housing & Community Development (the "Department") advises you as follows regarding the collection of personal information. The information requested by the Department is necessary in determining your eligibility for a Special Loan Programs loan and/or grant. Your failure to disclose this information may result in the denial of your application. 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 of the grant, and participating mortgage lender, if any purposes directly connected with administration of the program.

Any person who knowingly makes, or causes to be made, a false statement or representation relative to this application shall be subject to criminal prosecution, a fine up to \$50,000 and/or imprisonment up to five years and if a loan/grant is made, immediate call of the loan/grant requiring payment in full of all amounts disbursed, pursuant to Article, Section 2-207, Annotated Code of Maryland.

I/We authorize the Program or its agent to obtain credit information 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 funding.

Printed name of primary borrower

Printed name of primary co-borrower

Signature of primary borrower

Signature of primary co-borrower

Date

Date

Customer Consent to Obtain Household Energy (All Applicants applying for Weatherization)

The Maryland Department of Housing and Community Development (DHCD) works with partners to finance housing opportunities and revitalize great places for Maryland citizens to live, work and prosper. As part of this mission, DHCD has a number of programs that are geared towards making Maryland homes and businesses more comfortable, efficient, and affordable through energy savings measures. Baltimore City Department of Housing & Community Development (BCDHCD) works with DHCD to provide energy conservation services in Baltimore.

Why We Need a Release

For our energy efficiency programs to be successful, DHCD and BCDHCD will need to compare energy usage before and after the efficiency improvements. To understand how effective these measures are in reducing your energy bills, we will need access to actual energy usage data for your home, as well as data on energy saving measures installed in your home. This data will allow us to more accurately personalize energy savings estimates for home energy improvements provided by participating contractors, ensure that installed measures are delivering the expected energy savings, and allow us to provide feedback to you on energy reductions. This data will also be used by the U.S. Department of Energy’s (DOE) and our own program research staff for program evaluation purposes. We take the security and privacy of your information very seriously. We will never sell, rent, or otherwise release personal data to outside parties.

Utility and Energy Supplier Information

Gas Utility: _____

Electric Utility: _____

Other Fuel Supplier: _____ Oil Propane

Utility and Energy Supplier and Program Information Release

Name on Account: _____

Account #: _____

Account #: _____

Account #: _____

Energy Usage Information Release

As the account holder, I hereby authorize and give permission to the utilities and fuel or energy suppliers named above to release account and energy usage information (including my name, address, account number, and usage or consumption information) to DHCD and BCDHCD, for confidential use in connection with calculating energy savings estimates and evaluating the effectiveness of the program. This permission is given for the monthly and total amount of energy used by my household.

Program Data Release

As a participant in a DHCD and BCDHCD program, I hereby authorize DHCD and BCDHCD to access my program data and release it to DOE for confidential use in connection with calculating energy savings estimates and evaluating the effectiveness of its program.

Release Period

This authorization covers the period starting 24 months before the date below and ending 24 months after the date below. I may revoke this authorization by written notice to: Baltimore Housing’s Division of Green, Healthy and Sustainable Homes, 417 East Fayette Street, Suite 1125, 11th floor Baltimore MD 21202.

Consent

I understand and agree that my account information (including my name, address, account number, and usage or consumption information) will be provided to DHCD and BCDHCD by the above-named utilities and fuel or energy suppliers for the sole and limited purpose of evaluating energy conservation measures. DHCD and BCDHCD and DOE will protect the confidentiality of this information the same as it does for their own customer or other confidential information. By signing this release, I authorize the above-named utilities and fuel or energy suppliers to release my customer account information to DHCD and BCDHCD and for DHCD and BCDHCD to release this information to DOE.

An electronic copy of this authorization may be accepted with the same authority as the original.

Printed Name: _____ Signature: _____

Date: _____ Mailing Address: _____

Utility Service Address (if different): _____

Customer Consent Form (All Applicants applying for Weatherization)

The following grants Baltimore Gas and Electric Company (BGE) permission to release up to 24 months of historical electricity and natural gas usage for the duration of the CREATES Program and up to 36 months of post program electricity and natural gas usage to Baltimore City Department of Housing and Community Development (BCDHCD). BCDHCD is using funds authorized by the Maryland Public Service Commission (“PSC”) from the Exelon Customer Investment Fund to assist BGE customers with energy efficiency education and/or energy efficiency interventions. Your energy use data will be needed to evaluate our program outcomes and report to the PSC and BGE. The data will be publicly reported in an aggregate form and permission is not being granted to share this information with any group or individual outside of the scope outlined in this agreement or to use the information for any purpose other than this program and encouraging energy conservation in Baltimore. BCDHCD may use a third party consultant to evaluate the usage data; however, BCDHCD shall ensure that such third parties be informed of the confidential nature of the usage data, to not disclose such usage data, and not to use it other than for the purpose described above.

I, _____ (BGE Customer – please print) hereby grant permission to Baltimore Gas and Electric Company to release the above referenced historical and post program electricity and natural gas usage information to BCDHCD for the sole purpose of conducting and reporting on the initiative. Information will be provided for _____ account(s) (*List account numbers for all applicable gas and electric accounts*).

I understand that I am not granting permission for BCDHCD to share this information with any group or individual not associated with the initiative or to utilize this information for any purpose other than the stated initiative. I may cancel my participation at any time by contacting Nicole Hart at 410-396-3023.

Agreed to by:

Signature of customer on BGE account

On: _____
Date

SAMPLE PRE-RENOVATION FORM

This sample form may be used by renovation firms to document compliance with the Federal pre-renovation education and renovation, repair, and painting regulations.

Occupant Confirmation

Pamphlet Receipt

- I have received a copy of the lead hazard information pamphlet informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

Printed Name of Owner-occupant

Signature of Owner-occupant

Signature Date

Renovator's Self Certification Option (for tenant-occupied dwellings only)

Instructions to Renovator: If the lead hazard information pamphlet was delivered but a tenant signature was not obtainable, you may check the appropriate box below.

- Declined** – I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below at the date and time indicated and that the occupant declined to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.
- Unavailable for signature** – I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit by sliding it under the door or by (fill in how pamphlet was left).

Printed Name of Person Certifying Delivery

Attempted Delivery Date

Signature of Person Certifying Lead Pamphlet Delivery

Unit Address

Note Regarding Mailing Option — As an alternative to delivery in person, you may mail the lead hazard information pamphlet to the owner and/or tenant. Pamphlet must be mailed at least seven days before renovation. Mailing must be documented by a certificate of mailing from the post office.