





# Become a Participating Employer in the

# Live Near Your Work Incentive Program

The Baltimore City Live Near Your Work Program provides a minimum \$2,000 grant to employees purchasing homes in neighborhoods near their place of employment.

Live Near Your Work (LNYW) is part of B-HiP, the Baltimore Homeownership Incentive Program. LNYW's purpose is to provide financial assistance toward eligible employees' home purchases. LNYW is designed to incentivize community revitalization for continued neighborhood and economic vitality. Enrolled employers contribute a minimum of \$1,000 per employee to the program. Baltimore City then matches employer contributions up to \$2,500. (Employees are required to contribute a minimum of \$1,000 cash toward their purchases.)

## **PROGRAM NOTES**

The program liaison is Tanika Owens. Tanika handles program agreements with employers, updates existing employer contact information, and other administrative program tasks (including processing employee applications).

Tanika Owens 417 E. Fayette St., Suite 1125 Baltimore, MD 21202

Phone: 410-396-1319

tanika.owens@baltimorecity.gov

#### **DISCLOSURE**

The Baltimore City Office of Homeownership and employers have the right to create the eligibility requirements and program benefits, as well as restrictions for employees. All eligibility requirements and program benefits must comply with applicable laws and fulfill the purpose and objectives of the Baltimore City LNYW program.

Employers must apply and be approved to participate in the Baltimore City LNYW program. Each employer must provide matching grant funds and define designated purchase area boundaries (if applicable) within Baltimore City limits. Employers are also responsible for accepting employee applications, verifying employment, and determining individual eligibility requirements for the program.





#### TO BE COMPLETED BY BUSINESS APPLICANT.

### **EMPLOYER APPLICATION**

NOTE: To become an approved LNYW employer, please provide all information requested. Additional pages may be attached if necessary. This document is an application and does not guarantee participation in the LNYW program. The Office of Homeownership will notify employers in writing when they are approved to participate in the LNYW program.

#### **SUBMISSION INSTRUCTIONS**

Mail a copy of your completed application to:

Baltimore City Office of Homeownership Tanika Owens 417 E. Fayette Street, Suite 1125 Baltimore, MD 21202

OR email to: tanika.owens@baltimorecity.gov

Questions? 410-396-1319

#### 1. BUSINESS/EMPLOYER INFORMATION

| Business Name:                                 |          |              |
|--|----------|--------------|
| Type of Business Conducted:                    |          |              |
| Street Address:                                |          |              |
| City:  | _ State: | Zip Code:    |
| Phone:   | _ Fax:   |              |
| Website URL:                                   |          |              |
| Email Address:                                 |          |              |
|  |          |              |
| LNYW Contact Person/Designated Representative: |          | <del>-</del> |
| Representative Direct Phone:                   |          |              |
| Representative Direct Email Address:           |          |              |



Review Baltimore Housing policies and obtain additional information from **VacantstoValue.org**. Find out more about LNYW other city homebuying incentives at **LiveBaltimore.com**.





| 2. BUSINESS DESCRIPTION  |   |
|--|---|
| Please describe your business or organization, including how long  | it has been in operation.                               |
|  |   |
|  |   |
| 3. NUMBER AND LOCATION OF ELIGIBLE EMPLOYEES Please list the operational location(s) you wish to Include in the pro- time employees at each location (if multiple).  | ogram and the approximate number of full time and part- |
|  |   |
| <b>4. LNYW AREA</b> o All of Baltimore City is considered our LNYW area. ( <i>If you choose map of your proposed LNYW area for each operational location (as you have chosen to limit your area.)</i>  |   |
| 5. PROGRAM OPERATION PLANS If any additional eligibility criteria are required, please explain. (Em  |   |
| requirements for employee participation, such as a length of service imposed on all employees and approved. <b>The Office of Homeowne incorporate the largest pool of employees possible.</b> Please list the meet additional eligibility criteria.) | rship strongly encourages eligibility criteria that     |
|  |   |
|  |   |
|  |   |
| Signature of Individual Completing Application   | Date  |
| Print Name/Title   |   |



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#### TO BE COMPLETED BY APPLICANT'S CHIEF FINANCIAL OFFER.

# **FINANCIAL COMMITMENT**

NOTE: The applicant's Chief Financial Officer must complete the following certification to document the amount of employer matching funds committed to the LNYW program as well as the time period of financial commitment.

| I certify that (Business Name)   | has committed \$ in employer match   | ina |
|--|--|-----|
| funds for(# of employees) per year.  | nas committed \$ in employer matern  | mg  |
| Signature of Chief Financial Officer   | <br>Date   |     |
| Print Name/Title   |  |     |
| REQUIRED ANNOU   | NCEMENT  |     |
| Employers must inform all employees of the following at the time "Over commitment of LNYW matching funds is possion not be available to all employee applicants. Baltimor are currently and will continue to be available on a fine eligible employees of all eligible employers. We will not will notify you should matching funds become upon the communication of the second of the following at the time second of the following secon | sible. As a result, matching funds may<br>re City Live Near Your Work grants<br>first come, first served basis to all<br>monitor employee grant applications |     |
| Any employees hired after the date of such announcement mus<br>an employee application, employers should confirm the available<br>application is valid as long as matching funds are available for t<br>application or need to opt out of the program, please contact the  | oility of matching funds with Baltimore Housing. Your<br>the program. If you have substantive changes to your  |     |
|  |  |     |
| TO BE COMPLETED BY THE OFFIC   | CE OF HOMEOWNERSHIP  |     |
| Annroyal (Signature)   |  |     |



BALTIMORE CITY
DEPARTMENT OF HOUSING &
COMMUNITY DEVELOPMENT

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