



EMPLOYER VERIFICATION OF EMPLOYEE AND HOME ELIGIBILITY

To be completed by Employer and uploaded by Employee in online application at:

<https://portal.neighborlysoftware.com/baltimoremd/Participant/Login>

Please Note: State of Maryland employees must upload a recent paystub and CDA reservation form in the online application in place of this form.

Employer (Company) Name: _____

Property Address to be Purchased: _____, Baltimore, MD _____

Employee Name: _____

I hereby verify that:

- A. the above-named employee meets the employer eligibility requirements for the LNYW program;
- B. the home to be purchased by the employee is within the employer's LNYW area; and
- C. the above-named employer will provide a grant of \$_____. Check if tax-deductible.

Authorized Signature of Employer

Date

Print Name and Title

Employer Contact Email

Employer Contact Phone

Please Note: The employee is responsible for obtaining funds from the employer and having those funds available at settlement, unless other arrangements are made by the employer.

For additional information, go to <https://dhcd.baltimorecity.gov/hho/homeownership-incentives> or call 410-396-1319 (LNYW) or 410-396-3124 (General Information).