



Redevelopment Authority
of Prince George's County



CORAL HILLS FAÇADE RENOVATION & ENERGY RETROFIT GRANT APPLICATION

Dear Homeowner:

Thank you for your interest in the *Coral Hills Façade Renovation & Energy Retrofit Grant Program*. Congratulations on your decision to apply for a *Coral Hills Façade Renovation Energy & Retrofit Grant Program* to help improve the exterior of your home.

The program is available for up to **\$10,000** per property to be used toward eligible improvements. Please review the program guidelines for more information and qualifications on the program.

To determine your eligibility, please answer the following questions:

- ☐ Have you owned and lived in your home for at least 9 months and is the property your primary residence?
- ☐ Does your home have exterior health or safety hazards that need repair?
- ☐ Would you like to have an energy audit performed in your home?
- ☐ Are you current on your mortgage, property taxes and property insurance?
- ☐ Is your household income equal to or less than 80% of the Prince George's County median household income (see income chart below)?

Household Size	1	2	3	4	5	6	7	8
Maximum Income	\$61,150	\$69,900	\$78,650	\$87,350	\$94,350	\$101,350	\$108,350	\$115,350

Source: US Department of Housing and Urban Development (www.huduser.org)

If you answered YES to all of the questions, you are eligible to apply to the Program!

Now that you are eligible for the Program complete this application and gather all of the supporting documents requested on the **SUBMISSION CHECKLIST** found on the last page of the application.

Applications must be submitted in person to the Redevelopment Authority (RDA) or post marked by the close of business on the application deadline **May 1, 2017**. The staff will verify your eligibility. If approved, the RDA will contact you directly and guide you through the remainder of the program. **Due to limited funding availability applications are approved on a first come first serve basis. Applications will be accepted beginning Friday February 10, 2017 through Friday April 17, 2017 between the hours of 9:00am to 5:00pm Monday through Friday by appointment only.**

All applications are due by Monday May 1, 2017!

Coral Hills Façade Renovation & Energy Retrofit Grant Program

Redevelopment Authority 9200 Basil Court, Suite 504 Largo, MD 20774 | 301-883-5300 | vsherrod@co.pg.md.us



Coral Hills Façade Renovation & Energy Retrofit Grant Program

APPLICANT	Social Security Number:	[]	[]	[]	---	[]	[]	---	[]	[]	[]	[]
Name: _____ DOB: _____ Age: _____												
Current Address: _____												
Marital Status: () Married () Separated () Unmarried Household Size _____												
Home/Mobile Phone: _____ Work Phone: _____												
Employer: _____ () Self Employed												
Employer Address: _____ City/State/Zip: _____												
Years at current job: _____ Title: _____ Type of Business: _____												
Email address: _____												

CO-APPLICANT *	Social Security Number:	[]	[]	[]	---	[]	[]	---	[]	[]	[]	[]
Name: _____ DOB: _____ Age: _____												
Current Address: _____												
Marital Status: () Married () Separated () Unmarried Household Size _____												
Home/Mobile Phone: _____ Work Phone: _____												
Employer: _____ () Self Employed												
Employer Address: _____ City/State/Zip: _____												
Years at current job: _____ Title: _____ Type of Business: _____												
Email address: _____												

PROPERTY INFORMATION
Property Address: _____ Year Built: _____
List all name(s) on Property Title: _____
Homeowners Insurance Company: _____ Policy No: _____
Amt of Coverage: _____ Expiration Date: _____
Describe potential improvements to be made (describe if any cited code violations) _____

HOMEOWNER GROSS MONTHLY INCOME

ITEM	GRANT RECIPIENT	CO-GRANT RECIPIENT	TOTAL
Base Employee Income	\$	\$	\$
Overtime			
Pensions, Social Security, Annuity			
Alimony, Child Support			
Net Rental Income			
Other			
Total	\$	\$	\$

HOUSEHOLD INCOME INFORMATION: Provide the requested information for each individual who will be living in the home. Any person 18 years of age or older must provide proof of his/her employment or student status.

NAME	RELATIONSHIP	GENDER	AGE	MONTHLY INCOME	SOURCE
	Head of Household				

PERSONAL FINANCIAL HISTORY

	GRANT RECIPIENT	CO-GRANT RECIPIENT
Are you delinquent on your mortgage or property taxes?	() Yes () No	() Yes () No
Do you have any outstanding property liens by any, federal, state, county, or local government entity?	() Yes () No	() Yes () No
Do you plan to contribute personal funds to your façade improvement project?	() Yes () No	() Yes () No

NOTICES

In accordance with Executive Order 01.01.1983.18, the Department of Housing and Community Development advises you as follows regarding the collection of personal information:

The information requested by the Department of Housing and Community Development (the "Department") is necessary in determining your eligibility for a Special Grant Programs. Your failure to disclose this information may result in the denial of your application for a grant. 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 for the grant. Such information is not routinely shared with state, federal or local government agencies, but would be made available to the extent consistent with the Maryland Public Information Act. You have the right to inspect, amend or correct personal records in accordance with the Maryland Public Information Act.

Any person who knowingly makes, or causes to be made, a false statement or representation relative to this grant application shall be subject to criminal prosecution, a fine of up to \$5,000 and/or imprisonment up to two years and if a loan has been made, immediate call of the loan requiring payment in full of all amounts disbursed, pursuant to Housing and Community Development Article, Section 4-933, Annotated Code of Maryland.

APPLICANTS AGREEMENT AND SIGNATURE

I have read and understand the Coral Hills Façade Renovation & Energy Retrofit Grant Program. I am fully aware that in order to have my project considered the project must adhere to these guidelines. If my application is approved and a grant is awarded, I agree to comply with the grant guidelines as well as agreed upon terms and conditions of my construction agreement and any other agreement I enter into in connection with the façade improvement grant program.

Grant Recipient Signature

Date

Co-Grant Recipient Signature

Date

OPTIONAL STATISTICAL DATA

GRANT RECIPIENT: I do not wish to furnish this information _____ (Initials)

☐ Male ☐ Female

☐ American Indian or Alaskan Native

☐ Black/African American

☐ Asian

☐ Native Hawaiian / Other Pacific Islander

☐ Hispanic

☐ White

CO-GRANT RECIPIENT: I do not wish to furnish this information _____ (Initials)

☐ Male ☐ Female

☐ American Indian or Alaskan Native

☐ Black/African American

☐ Asian

☐ Native Hawaiian / Other Pacific Islander

☐ Hispanic

☐ White

OPTIONAL MARKETING DATA

The following information is optional and will be used by to evaluate the effectiveness of its marketing and outreach efforts. Please indicate below how you became aware of this program:

☐ Newspaper _____

☐ Radio _____

☐ Word of Mouth

☐ Internet

☐ Local Government Agency

☐ State Agency

☐ Other _____

FAÇADE IMPROVEMNT APPLICATION SUBMISSION CHECKLIST

DOCUMENTATION TO ENCLOSE WITH APPLICATION	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PROOF OF INCOME for the last 60 days (2 months) Paystubs (30 Days) SSI award letters (if applicable) Proof of no income – (if applicable) Must provide “Proof of Income Letter” from Social Security Admin. Available online or your nearest SSA office Proof of full time student status (unofficial student transcript) – (if applicable)
<input type="checkbox"/> <input type="checkbox"/>	TAX RETURNS – 2 Years 2014 2015
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HOUSING DOCUMENTS Current Mortgage Statement Deed Title Insurance Policy Property Tax Bill Proof of Homeowners Insurance (Declaration Page) Homeowner’s Association Written Approval (If Applicable) Checking, Savings, Bonds, IRA etc. 60 days (2 months)
<input type="checkbox"/>	PROOF OF RESIDENCY Government Issued I.D.
<input type="checkbox"/>	PHOTOS 6 Photos clearly showing existing conditions of the building to be improved
<input type="checkbox"/>	COMPLETE APPLICATION date and signed

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE								
<input type="checkbox"/> INCOMPLETE (DATE: _____)								
<input type="checkbox"/> INELIGIBLE: _____ _____								
<input type="checkbox"/> ELIGIBLE								
HOUSEHOLD SIZE: _____ TOTAL HOUSEHOLD INCOME: _____								
Household Size	1	2	3	4	5	6	7	8
Maximum Income	\$61,150	\$69,900	\$78,650	\$87,350	\$94,350	\$101,350	\$108,350	\$115,350