



Queen Anne's County
Division of Housing and Community Services
 104 Powell Street
 Centerville, MD 21617
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 dhcs@qac.org



Revolving Loan Fund Application

Critical Workforce Program Moderately Price Dwelling Unit Program

Part 1: Applicant Information – Head of Household

Name: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Social Security No.: _____ Date of Birth: _____

Marital Status (check one): Single Married Separated Divorced Widow/Widower

Gender (check one): Female Male Trans Female Trans Male Gender Non-Conforming

Race (check one): Black/African-American White Asian American Indian/Alaskan Native

Native Hawaiian/Other Pacific Islander Multiracial: _____

Ethnicity (check one): Hispanic/Latino Non-Hispanic Latino

Are you disabled? Yes No Are you a U.S. Veteran?: Yes No

Employer: _____

Employer's Mailing Address: _____

Employer's Email Address: _____

Annual Income: Base Salary \$ _____ Overtime \$ _____ Bonuses \$ _____

Part 2: Co-Applicant Information

Name: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Social Security No.: _____ Date of Birth: _____

Gender (check one): Female Male Trans Female Trans Male Gender Non-Conforming

Race (check one): Black/African-American White Asian American Indian/Alaskan Native

Native Hawaiian/Other Pacific Islander Multiracial: _____

Ethnicity (check one): Hispanic/Latino Non-Hispanic Latino

Are you disabled? Yes No Are you a U.S. Veteran?: Yes No

Employer: _____

Employer's Mailing Address: _____

Employer's Email Address: _____

Annual Income: Base Salary \$ _____ Overtime \$ _____ Bonuses \$ _____

Part 3: Other Household Income

Receiving Alimony or Child Support? Yes No Amount receiving: \$ _____

Other Household Income (Explain and Verify)

Annuities (Explain if applicable)

Part 3: Household Information

List information for all adults first then all children under age 18. List all information required.

Full Name	Relation to Applicant	Race	Ethnicity	Gender	Social Security #	Date of Birth

Part 5: Certification Statement

I certify that at the time of this application I am (check all that apply)

- A resident of Queen Anne’s County
- Employed in Queen Anne’s County
- A member of the Queen Anne’s County Critical Workforce
 - By definition, a member of the QAC Critical Workforce includes the following personnel:
 - 1. Teacher employed full-time by the Queen Anne’s County Board of Education
 - 2. Law enforcement officers, including correctional officers, employed full-time in Queen Anne’s County
 - 3. Emergency Medical Technician or QAC Emergency Dispatcher employed full-time in Queen Anne’s County
 - 4. An active member of a Queen Anne’s County Volunteer Fire Company for the past 12 months. This includes both firefighters and Emergency Medical Technicians. The local volunteer fire company chief must certify eligibility for this category.
 - 5. Enrolled in the Family Self-Sufficiency Program

I understand that in order to qualify for the Queen Anne’s County Moderately Priced Dwelling Unit Program I may not currently own a home or have purchased a home within five years. In addition, I, nor my family, may never have owned a MPDU in any state.

I understand that I must qualify for all the requirements as outlined in the MPDU/Critical Workforce Guidelines. (See page 3 of this application for a checklist of documentation required to complete the application process.)

I understand that in order to qualify for the Critical Workforce Program, I must also be a member of at least one of the Critical Workforce areas (listed above) and stay in this position for at a minimum of five year.

I understand that this program awards loans NOT grants, and the funds will have to be paid back

By signing below, I have read and understand of the statements listed above and I certify that all of the information provided with this application is true to the best of my knowledge.

Primary Applicant

Date

Secondary Applicant

Date

Required Documentation

Submitted Applications cannot be completely processed until all documents have been received.

*** Indicates Forms that are provided by Queen Anne's County Division of Housing & Community Services**

- Completed application*, signed and dated by all potential eligible applicants.
- Copies of driver's licenses for everyone in the household.
- Notices form*, signed and dated by all potential eligible applicants.
- A completed budget worksheet. *
- Pay stubs for the last 30 days for ALL wage earners aged 18 or older. If other income (child support, alimony, Social Security, etc.) is being received, please provide that documentation.
- Employment Verification Form* for everyone who will be on the mortgage. Applicants only fill out the top 3 highlighted lines. Program staff will then send to your employer to complete.
- Completed Maryland Form 129: Request for Copy of Tax Return* for everyone who will be on the mortgage. This form must be notarized before program staff can send it to the State of Maryland to request a certified copy of your tax returns.
- A credit report with a credit score which is no more than 30 days old for all adult wage earners in the household. Credit reports can be obtained from one of the following:
Equifax: www.equifax.com, 1-800-685-1111
Experian: www.experian.com, 1-888-397-3742
Trans Union: www.transunion.com, 1-800-991-8800.
- Pre-qualification letter from a lending institution for an amount not less than the purchase price of the home minus the Second Mortgage Financing.
- A certificate showing all potential eligible applicants have completed home ownership counseling. Counseling Classes can be found and taken online:
<http://mmp.maryland.gov/Pages/Homebuyer-Education.aspx>