



**Baltimore County**  
**Department of Housing and Community Development**  
**Housing Opportunities and Finance Division**  
**The Jefferson Building**  
**105 West Chesapeake Avenue-Suite 201**  
**Baltimore, MD 21204**  
**(410) 887-3124/ 410-887-6055**



**UNIVERSAL PROGRAMS APPLICATION**

Date: \_\_\_\_\_ (Please Check One) Homeowner \_\_\_\_\_ Renter \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of person(s) on Title to the property? \_\_\_\_\_

Relationship to person(s) on Title \_\_\_\_\_

Type of House: Detached \_\_\_\_\_ Semi-Detached \_\_\_\_\_ Townhouse/Row \_\_\_\_\_ Apartment \_\_\_\_\_

**List of repairs:** \_\_\_\_\_  
 \_\_\_\_\_

**Lead Paint:** Was the house built before 1978? (Yes or No) \_\_\_\_\_ Year \_\_\_\_\_

Is there a child under the age of 6 living in the house? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the child have an elevated blood level of lead? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a child under the age of 6 visit the home more than 30 days? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a pregnant women living in the home? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a pregnant women that visits the home? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the child have an elevated blood level of lead? Yes \_\_\_\_\_ No \_\_\_\_\_

Household Composition					Source of Income					
Name	Relationship	Age	Social Security #	Race/Ethnicity Code	Monthly Income	Social Security/SSI	VA	Pension	Other	Total

**Disability**

Is there any member of your household who is disabled? (Please check one) Yes \_\_\_\_\_ No \_\_\_\_\_

Household Member: \_\_\_\_\_

List unit modification if needed: (e.g. stair lift, ramp, modified bathroom)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Employer Name: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

<b>Race Legend:</b>	
11 White <b>or</b> Caucasian	17 Asian <b>and</b> White
12 Black <b>or</b> African American	18 Black <b>or</b> African American <b>and</b> White
13 Asian	19 American Indian <b>or</b> Native Alaskan <b>and</b> Black <b>or</b> African American
14 American Indian <b>or</b> Native Alaskan	20 Other Multi Racial
15 Native Hawaiian <b>or</b> Other Pacific Islander	21 Asian/Pacific
16 American Indian <b>or</b> Native Alaskan & White	22 Hispanic

**PROPERTY INSURANCE**

Company Name: \_\_\_\_\_  
 Agent: \_\_\_\_\_  
 Agent Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_  
 Effective Dates: \_\_\_\_\_  
 Dwelling Coverage: \_\_\_\_\_

**MORTGAGE INFORMATION**

Mortgage Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Loan No.: \_\_\_\_\_  
 Balance: \_\_\_\_\_

Equity Loan: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Loan No.: \_\_\_\_\_  
 Balance: \_\_\_\_\_

**MONTHLY HOUSING EXPENSES**

Principle & Interest \_\_\_\_\_  
 Property Insurance \_\_\_\_\_  
 Property Taxes \_\_\_\_\_  
 Ground Rent \_\_\_\_\_  
 Equity Loan \_\_\_\_\_  
 Gas/Electric \_\_\_\_\_  
 Oil \_\_\_\_\_  
 Propane \_\_\_\_\_  
**Total Housing Expenses** \_\_\_\_\_

**ASSETS**

<i>Bank Name</i>	<i>Account Type</i>	<i>Account No.</i>	<i>Balance/Value</i>

Do you own other real estate? \_\_\_\_\_ Location: \_\_\_\_\_ Value \_\_\_\_\_  
 Mortgage Co.: \_\_\_\_\_  
 Mortgage Payment \_\_\_\_\_ Balance \_\_\_\_\_

**LIABILITIES**

<i>Name of Creditor</i>	<i>Account Type</i>	<i>Account No.</i>	<i>Monthly Payment</i>	<i>Balance</i>

To the best of my/our knowledge, the information provided on this application is true and accurate. I/We authorize the Program to obtain credit information for the purpose of evaluating this application and to disclose this information to federal agencies. I/We further acknowledge that misrepresentation of information on this application will be basis for application rejection. **(Please note that approval of loan assistance is subject to funding availability)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize Baltimore Department of Housing Community Development permission to obtain a copy of my /our credit report(s) for the purpose of this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Baltimore County does not discriminate on the basis of race, sex, color, creed, ethnic or national origin, familial status, or physical or mental disability.**