



## HOUSING ACCESSIBILITY MODIFICATION PROGRAM (HAMP FOR HOMEOWNERS)

This application is available in alternate format upon request.

**Owner(s):** *[Include legal last name and complete first name]*

Last Name	First Name	Middle Initial

**Current Address:**

Street Address	City	State	Zip Code
		MD	

**Applicant Phone Number**

**Current Mortgage**

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Email Address:

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**Household Composition:** *[List each person who will live in the home]*

Last Name, First Name	Relationship	Date of Birth	Race <sup>1</sup>	Sex	Social Security #

**<sup>1</sup>Race Legend:**

11	White or Caucasian	16	Native Hawaiian or Other Pacific Islander
12	Black or African American	17	Asian & White
13	Asian	18	Black or African American & White
14	American Indian or Native Alaskan	19	American Indian or Native Alaskan & Black or African American
15	Latin American or Hispanic	20	Other Multi Racial

**Household Type: Check One**

<input type="checkbox"/> Single, Non-Elderly	<input type="checkbox"/> Two Parents
<input type="checkbox"/> Elderly	<input type="checkbox"/> Other
<input type="checkbox"/> Single Parent	

**Household Income:** [Anticipated annual income (projection of the next 12 months) Complete for all members of the household over 18 years of age]

Household Member	A. Wages:	B. Periodic Benefit:	C. Public Assistance:	D. Other
<b>Subtotals:</b>				
<b>Total Gross Annual Household Income:</b> [Add Subtotals A., B., C., D.] →				

**Income Legend:**

A. Wages:	Includes Salaries, Overtime, and Bonuses
B. Periodic Benefit:	Includes Social Security, SSI, SSDI, and Pensions
C. Public Assistance:	Includes AFDC and TANF
D. Other:	Includes Child Support, Unemployment Insurance, and Worker's Compensation

**Household Income Limits:** [Household must be at or below 80% of Median Income]

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons
\$68,450	\$78,200	\$88,000	\$97,750	\$105,600	\$113,400

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

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

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

**Lead Paint :** Was the house built before 1978 ? \_\_\_\_\_ Year \_\_\_\_\_

Is there a child under the age of 7 living in the house ? \_\_\_\_\_

Does the child have an elevated blood level of lead ? \_\_\_\_\_

**Disability Documentation:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Employment Information:**

Employer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_

**Property Insurance:**

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

Phone: \_\_\_\_\_  
 Effective Dates: \_\_\_\_\_

11. Type of Accommodation You Are Requesting: \_\_\_\_\_

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12. Signatures:

I / We declare under penalty of perjury the above information, including household and income information, provided to the Baltimore County Department of Housing and Community Development, is true and complete to the best of my knowledge.

Owner Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to:

**Baltimore County Department of Housing and Community Development  
105 W. Chesapeake Avenue, Suite 201  
Towson, MD 21204**