



ADD AN ADDITIONAL HOUSING UNIT TO YOUR HOME!

The City of Takoma Park and Habitat for Humanity are partnering to help two, income-qualified City homeowners convert an interior space in their home into an additional living unit!

This additional unit will be a separate and distinct living space in a home and can provide additional income when rented or a separate living space for family members.

The two final households will be chosen based on qualifications listed below and the scope of the work required to add the additional unit.

To be eligible, one must:

- Be a City of Takoma Park Homeowner
- Currently reside in the property to receive the additional housing unit
- Intend to live in one of the units
- Be interested in an interior housing unit only
- Have a current homeowners insurance policy
- Be income qualified
- Be willing to comply with all City licensing and County permitting requirements



Household Size	Maximum Income
1	\$57,650
2	\$65,850
3	\$74,100
4	\$82,300
5	\$88,900
6	\$95,500
7	\$102,100
8+	\$108,650

***Applications will be open between March 14th and May 9th ***

**Applications will be available for download at www.HabitatMM.org & pick up at the Takoma Park Police Station: 7500 Maple Avenue
1st Floor
Takoma Park, MD 20912**

Please see Habitat's website for more information or contact Sarah.Reddinger@Habitatmm.org

Additional Housing Unit Application Checklist

****Please submit attachments with your application**

Application

All application fields must be completed, and accompanied by COPIES of the required documentation on this checklist.

Homeowners Insurance Verification

Documentation must include the following information: Current effective dates of the policy, Type of policy, and insured address matching the address to which the additional housing unit is to be added.

Applicant and Co-Applicant Income Verification

****Documents should clearly indicate gross earnings/benefits, Frequency of earnings/benefits, and name of recipient.**

- | | | | | |
|---|--|------------|-----------|------------|
| 1 | Current Paystubs/Check stubs (3 full months) | Yes | No | N/A |
| **Self employed applicants can submit profit and loss statements or other current proof of gross income for 3 most recent months | | | | |
| 2 | Current Social Security Income/Disability Benefits Letter | Yes | No | N/A |
| **This can be requested with Social Security Office if you do not have a current copy | | | | |
| 3 | Current Retirement/Annuity Statement of Benefits | Yes | No | N/A |
| **This can be in the form of monthly stubs or a current annual overview | | | | |
| 4 | Zero Income Statement | Yes | No | N/A |
| **a blank copy of this form is included in your application- please complete one copy of this form for every member of household 18 or older earning/receiving \$0 annually. | | | | |

Income Verification for household members over 18 years of age

****Documents should clearly indicate gross earnings or benefits, Frequency earnings/benefits, and name of recipient.**

- | | | | | |
|---|--|------------|-----------|------------|
| 1 | Current Paystubs/Check stubs (3 full months) | Yes | No | N/A |
| **Self employed applicants can submit profit and loss statements or other current proof of gross income for 3 most recent months | | | | |
| 2 | Current Social Security Income/Disability Benefits Letter | Yes | No | N/A |
| **This can be requested with Social Security Office if you do not have a current copy | | | | |
| 3 | Current Retirement/Annuity Statement of Benefits | Yes | No | N/A |
| **This can be in the form of monthly stubs or a current annual overview | | | | |
| 4 | Zero Income Statement | Yes | No | N/A |
| **a blank copy of this form is included in your application- please complete one copy of this form for every member of household over 18 earning/receiving \$0 annually. | | | | |

Utility Information Release Form

This form is an information release form for billing/usage history (not personal account information) with regard to utilities for the property.

Guidelines for In-Home Visit Disclosure form

This form is required for all households applying to the program. It is imperative that this information be read and agreed to, for the safety and sustainability of HFHMM's staff and program(s). Households that have not completed this form will not receive a home visit and thus, cannot be accepted into the program.

COVID-19 Liability Waiver

It is imperative that this information be read and agreed to, for the safety of HFHMM's staff and program(s) during the COVID-19 global pandemic. Households that have not completed this form will not receive a home visit and will remain on hold until such a time when HFHMM decides in its sole discretion, it is safe to resume in-home services without the need for a liability waiver.

VETERANS - please submit a DD214 discharge form to be considered for specialized funds.

**** Please Note – Bank Statements, SSA 1099's, as well as last year's Tax Documents cannot be accepted ****

All Applications MUST be mailed to Habitat's office:

Habitat for Humanity
ATTN: Sarah Reddinger
8380 Colesville Rd., Suite 700
Silver Spring, MD 20910



Habitat for Humanity
8380 Colesville Rd., Suite 700
Silver Spring, MD 20910
PH: (301)990-0014 ex. 27

Additional Housing Unit Application

Only completed applications with all required documentation can be considered.

THIS APPLICATION HAS A DEADLINE FOR SUBMISSION OF: Must be post marked by April 4, 2022

1. Applicant Information

-Required-

Applicant Information			Co-Applicant Information		
First name	Middle Initial	Last name	First name	Middle Initial	Last name
Date of Birth (mm/dd/yyyy):			Date of Birth (mm/dd/yyyy):		
Primary Phone:			Primary Phone:		
Secondary Phone:			Secondary Phone:		
Email:			Email:		
Present Address:					
(Street)			(City/Town)		
(County)			(State and Zip)		
Number of years at this address?			Referred by other organization?		
Have you applied to HFHMM before? If so, when?			Received HFHMM services before? If so, when?		
Total number of household members?			Has the home been weatherized? If so, when?		
Are there pets present in the home? <input type="radio"/> Yes <input type="radio"/> No					
***If so, please note that it is required that they be contained during the time of any in-home visits or work in your home.					

2. Members of Household

-Required-

**Please, list the requested information for each additional member of the household. Do not include Applicants.

Name (First and Last)	Date of Birth (mm/dd/yyyy)	Relationship to Applicant(s)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

3. Willingness to Partner

-Required-

To be considered for this program, you must be willing to complete Sweat Equity by participating in the walk through of your home and being flexible, understanding and communicative with staff throughout the process.

☐ I/We are willing to complete the Required sweat equity hours. Initial _____ / _____

6. Financial Information		-Required-
Applicant	Co-Applicant	
Gross Monthly Wages (Before Taxes):	Gross Monthly Wages (Before Taxes):	
TANF*:	TANF*:	
Social Security Income:	Social Security Income:	
Social Security Disability:	Social Security Disability:	
Alimony*:	Alimony*:	
Child Support*:	Child Support*:	
Section 8 Housing*	Section 8 Housing*	
Other (Please Specify):	Other (Please Specify):	
Total Monthly Income- Applicant:	Total Monthly Income- Co-Applicant:	
*You, the applicant(s) are not required to report income derived from these sources. However, if disclosed HFHMM will need to assess: 1) The length of time payments are expected to be received/continue 2) The consistency of payment history		
Total Monthly Income for any other household members (18 years or older; Please specify wages, Social Security, etc.) _____		
Total <u>Household</u> Monthly Income: _____		

7. Checklist for <u>Required</u> Documents			-Required-
Make sure to include the following: Applications CANNOT be reviewed without this documentation.			
Required:	Provided:	Notes:	
A. Minimum of 3 months of income verification. For all individuals 18 and older in household (see checklist for acceptable forms of documentation)	<input type="radio"/> Yes <input type="radio"/> No		
B. Zero income statement if applicable. One for each individual 18 and older earning \$0.00 income in the household.	<input type="radio"/> Yes <input type="radio"/> No		
C. Proof of Homeowners Insurance with effective dates and address insured.	<input type="radio"/> Yes <input type="radio"/> No		
D. Guidelines for In-Home visits form signed (included in this packet)	<input type="radio"/> Yes <input type="radio"/> No		
E. Utility Release form signed (included in this packet)	<input type="radio"/> Yes <input type="radio"/> No		

*****PLEASE NOTE: Tax Returns, and bank statements will not be accepted or reviewed. If you have any questions about what documents to provide, first review the application checklist at the front of this application packet. If you still have any questions, please call to discuss prior to submitting your application.**

8. Homeowner's Agreement/Waiver**- Required -**

I certify that the information I provided on this application is accurate and that I own the property at the given address. I confirm that (except for the conditions listed on this application) my home is a safe place for contractors and Habitat staff to work. I understand that by submitting this application, I am authorizing Habitat for Humanity to evaluate my need for an additional housing unit and potentially additional home repair and weatherization services. I further understand that the evaluation will include an in-home visit and income verification. I answered all the questions on this application truthfully and I understand that if I have not answered the questions truthfully, my application may be denied. Additionally, I understand that this application will be retained by Habitat for Humanity even if the application is not approved and that I have been instructed not to include original copies of any documents, as they may not be returned. Finally, I, the undersigned, acknowledge that if at any time during the application or review process I contact a third party or program contractor on behalf of HFHMM, my application will qualify for an automatic denial.

Applicant**Co-Applicant**

Print Name

Print Name

Signature

Date

Signature

Date

Complete this box ONLY IF you are NOT the homeowner, but are assisting the homeowner in this application.☐ Yes ☐ No

(Name)

(Daytime Phone Number)

(Is the homeowner aware of this application?)

9. Program Acknowledgments**- Required -**

I, the undersigned, acknowledge that this application is for an additional housing unit and potentially additional home repair and weatherization services. I understand that even if there is a demonstrable need in my home, there may be factors that disqualify my home from these programs. I understand that if this is the case, my application for services may be denied until such a time when those factors have been resolved. Finally, I acknowledge that the scope of services which may be determined for my home is subject to grant stipulations which can be very prescriptive and that while HFHMM will make every effort to accommodate my priorities, they can make no guarantees as to the scope of work for my home until an agreement is in place.

Applicant**Co-Applicant**

Print Name

Print Name

Signature

Date

Signature

Date

10. Optional Information**- Optional -****The questions in this section are optional and do not affect your application status. These are optional.**

How did you hear about the Home Repair and Weatherization programs? (Check all that apply)

☐TV ☐Radio ☐Newspaper ☐Flyer ☐Friend ☐Neighbor
☐Neighborhood organization ☐Other (please specify): _____

Applicant☐Male ☐Female ☐Non-Binary ☐Prefer not to say

What is your occupation?

Race/National Origin (Check all that apply):

☐ American Indian or Alaskan Native
☐ Native Hawaiian or other Pacific Islander
☐ Black/African American
☐ Caucasian
☐ Asian
☐ Other (please explain): _____

Co-Applicant☐Male ☐Female ☐Non-Binary ☐Prefer not to say

What is your occupation?

Race/National Origin (Check all that apply):

☐ American Indian or Alaskan Native
☐ Native Hawaiian or other Pacific Islander
☐ Black/African American
☐ Caucasian
☐ Asian
☐ Other (please explain): _____

Ethnicity:☐ Hispanic ☐ Non-Hispanic**Ethnicity:**☐ Hispanic ☐ Non-Hispanic

Did you purchase your home through a homeownership assistance program such as HOC, MPDU, etc?

☐Yes ☐No If so, please specify which program: _____

Is anyone in the household a veteran?

☐Yes ☐No

Is anyone in the household currently in the military?

☐Yes ☐No

Is anyone in the household disabled?

If anyone in your home is disabled, indicate type of disability below (check all that apply, please describe if "other"):

☐Uses a Walker, Cane or Crutches ☐Wheelchair Bound ☐Blind ☐Hearing Impaired☐Loss of Limb ☐Mentally Disabled ☐Other: _____

Habitat for Humanity Metro Maryland, Inc. is pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout our service areas. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing based upon race, sex, familial status, physical or mental disability, color, religion, national origin, ancestry, presence of children, source of income, sexual orientation, gender, identity, age and family responsibilities.



Guidelines for In-Home Visits

Once your application has been reviewed and it is determined that your home may qualify for the Additional Housing Unit Program, Habitat will set up an initial home visit to complete an assessment for eligibility and begin to review if/how an additional housing unit could be added. However, if during any in-home visit by HFHMM staff or representatives safety is, or could potentially be, compromised HFHMM reserves the right to leave the home and either remove your application from our pipeline, or place a hold on your application until remediation of the safety concerns has occurred.

Safety concerns include, but are not limited to:

- Any hoarding. Hoarding is defined as the acquisition of, and failure to discard a large quantity of possessions or belongings, making the home unsafe to navigate and/or making it difficult to identify repair needs.
- An excessive presence or consumption of drugs or alcohol while staff and/or subcontractors are in the home, and/or evidence of illicit drugs or drug activities.
- The presence of guns or other weapons left in the open while staff and/or subcontractors are in the home.
- More than 8 uncaged pets living loose in the home. Pets being defined as any domesticated animal.
- The presence of mold. If mold is found in a home during a home visit Habitat for Humanity reserves the right to leave the home. Mold can create serious health and air quality issues if not treated*. Due to the excessive remediation cost associated with mold, the home may also have to be denied.
- Structural damage that threatens the integrity of the home's infrastructure. These damages can include cracks and breaks in the foundation, compromised floors, unsupported or under supported roof, etc.

If any of these (or other imminent) situations are present in the home, and risk the safety of Habitat staff or subcontractors, Habitat reserves the right to leave a home visit at any time.

If any of these conditions exist in your home, Habitat is happy to recommend resources that can help. Once such conditions have been rectified, you are welcome to submit a new inquiry with our programs in order to receive a fresh application at a time when funds are available.

***PLEASE BE ADVISED** - There is a difference between mildew and mold. The picture below on the left shows mildew and the one on the right shows mold. Mildew is the beginning stages of mold and can be treated at home using household cleaners. Mold is a more advanced form of mildew; it poses a threat to air quality and structural integrity of a home. If you are unsure, please ask.



I/We acknowledge that I have read and understand the information above. I/We further understand that by signing this form and submitting this application, I am assuring that none of the above conditions are present in my home to the best of my knowledge.

Signature of applicant

Date



UTILITY RELEASE FORM

I, _____ hereby authorize the release of all information
pertaining to
my fuel bills, both past and future, to Habitat for Humanity Metro Maryland or its designee for the
purpose of determining my home's viability for weatherization services.

<u>Utility Type</u>	<u>Company</u>	<u>Use in home</u>	<u>Account number</u>
Electricity			
Natural Gas			
Propane			
Other: _____			

I understand that this information will be used only to provide data for the Low-Income Weatherization Program and that the information obtained through this release will not be made public in such a manner that the dwelling or occupants may be identified.

Applicant
Signature:

Date:

Applicant
Address:



ZERO INCOME STATEMENT

Name:

Address:

**** Please note that one of these forms is required for any household members over 18 years of age who earn \$0.00 in income. If there are multiple member of household who earn \$0.00, each will have to submit a Zero Income Statement individually. ****

This self-declaration statement is to certify that I am not receiving income from any source whatsoever.

- I am not employed through any private or public employer.
- I am not receiving unemployment compensation benefits.
- I am not receiving Social Security, SSI, Disability benefits, Workmen's Compensation, Veteran's Pension or any type of annuity benefits.
- I am not receiving Public Assistance (PA).
- I am not receiving income from any source (such as interest from bank accounts, rents from rental property).
- I am on maternity leave without pay _____ (Please Check).
- I do not receive alimony or child support.
- I understand that I must report any change in income status.

I have read and understand the above statements and understand that any misrepresentation of the above will result in termination of my housing assistance.

Signature

Date



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Dear Homeowner,

The purpose of this letter is to inform you of Habitat's Safety Protocol that has been created in response to COVID-19. As we work together to re-enter homes, we want to ensure that we are doing so safely and securely so that we do not compromise the health of our homeowners, their families, HFHMM staff, and the contractors that enter your home. Below, you will find our Client Contact Protocol that has been established. Client contact is defined as any type of activity, which puts staff or contractors in direct proximity to a client, household member or in the home of anyone participating in HFHMM's programs.

Prior to HFHMM entering your home, we ask that you, the homeowner, review and implement the following required preparations:

- HFHMM requests as few occupants as possible during the time of the home visit. Direct interaction should be limited to no more than two adult members of household. Please ensure that any other household members are isolated from staff during the visit or out of the household.
- Household pets must be isolated from staff during the time of the visit. This may be in a crate, room of the home that will not be visited, or outdoors (if applicable). Under no circumstances should a pet interact with a staff member.
- It is important that HFHMM staff be able to move through the home in single file and keeping a social/physical distance of 6ft when possible. Please ensure that all paths throughout the home are cleared adequately to ensure the safety of staff entering the home.
- HFHMM encourages participants to create a list of concerns within their home in preparation for the home visit. This will facilitate a quicker home visit and allow social/physical distancing when touring the home.
- Ensure that proper access to all areas of the home is provided in advance (ie. Doors are left open and unlocked, attic access cleared, etc.)
- All participants in the home visit, including staff, are required to wear a face covering. Should there be some medical reason a face mask/covering is not an option for a member of household, HFHMM must be notified before the visit. HFHMM can provide a face shield for use during the home visit. The face shield will be left behind with the client.
- Should anyone in the home begin to experience symptoms such as, fever, cough, or shortness of breath, notice to HFHMM is required as soon as possible in order to reschedule. Habitat will do the same if any staff member demonstrates symptoms.

HFHMM staff reserves the right to leave the home promptly if, at any time, they feel the guidelines are not being followed and/or if they feel unsafe.



During the Home Visit, you can expect HFHMM staff to implement the requirements:

- HFHMM staff must wear the following PPE for the duration of the home visit:
 - Face Mask
 - Shoe coverings/booties
- HFHMM staff will sanitize hands prior to putting on PPE.
- HFHMM will be required to avoid any direct contact with the client(s) during the home visit. HFHMM staff is prohibited from sitting while in the home or accepting any type of refreshment from the client(s). HFHMM staff will minimize contact with surfaces in the client's home as much as possible.

We would like to emphasize should anyone in the home begin to experience symptoms such as, fever, cough, or shortness of breath, notice to HFHMM is required as soon as possible in order to reschedule. Attached to this letter is a Waiver of Liability Relating to Coronavirus. Please sign the attached disclaimer and return with your application.

Should you have any questions or concerns, please do not hesitate to contact Sarah Reddinger, Vice President of Community Development.

Best,

Sarah Reddinger
Vice President of Community Development
Habitat for Humanity Metro Maryland, Inc.
(301) 990-0014 x 27 -OR- Sarah.Reddinger@HabitatMM.org
8380 Colesville Rd., Suite 700, Silver Spring, MD 20910
Fax: (301) 990-7536



Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact, and/or by contact with contaminated surfaces and objects, and possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease without realizing it. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.

HFHMM will take all reasonable precautions against the spread of the virus, however, it may not be possible to prevent against the presence and spreading of the disease. By permitting HFHMM to perform the services and/or enter onto your premises, you are acknowledging that you or members of your household may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risks associated with COVID-19 for myself and/or other persons in my household in order to pursue services with HFHMM.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against HFHMM and its officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing HFHMM's services. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

I understand and agree that the law of the State of Maryland will apply to this agreement.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: _____

Name (printed): _____

Date: _____