

Hello,

Enclosed with this letter you will find our Universal Application for Green & Healthy Homes Initiative. Each page will need to be completed in its entirety and returned to our office for our team to review. Additionally, listed below are verification documents that we will need for you to include with your application:

- **Recent BGE bill (all pages)**
- **Valid Identification for ALL occupants over age 18**
- **Proof of income for the most recent 2 months for ALL occupants over age 18**
 - Pay stubs, Social Security benefit award letter, pension/ other retirement statements
 - Profit & loss statement for self-employed individuals
 - Notarized Zero Income Statement


If you **over age 65**, you will additionally need to provide:

- **Copy of social security card for ALL occupants over age 18**
- **Copy of mortgage statement (if applicable)**
- **Copy of Homeowners Insurance**

You may fax, mail, or email these documents back to us. The fax number is 410-534-6475, our email address is intake@ghhi.org, and the mailing address is listed below. For further questions, please feel free to contact the intake department at 410-534-6447.

Sincerely,

The Client Intake Team
Green & Healthy Homes Initiative
2714 Hudson St, Baltimore, MD 21224
(P) 410-534-6447 (F) 410-534-6475 | intake@ghhi.org



Applicant Information	
Client Name	
Co-applicant	
Client Home phone	
Client Cell phone	
Client Email address	
Rental Property Owner Name (where applicable)	
Rental Property Owner Business Phone Number	
Rental Property Owner Cell Phone Number	
Rental Property Owner Email Address	

Property Information		
Address		
Type of property	<input type="checkbox"/> Rental unit	Date of construction
	<input type="checkbox"/> Owner occupied	

Demographics	
Applicant's Race	<input type="checkbox"/> American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander White

	<input type="checkbox"/> Multiracial or Biracial <input type="checkbox"/> Prefer not to respond		
Applicant's Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Is Applicant Female Head of Household?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Number of people in the home . . .	Total Persons	
	Persons with disabilities	
	Persons 65 years of age or older	
	Full time student age 18 or <u>over</u>	
	Child(ren) <u>under</u> the age of 18 years	

Income		
Occupant Name(s)	Source of Income	Annual Income
Total Annual Household Income		\$

Signatures			
Applicant			/ /
	Signature	Name	Date
GHHI Staff			/ /
	Signature	Name	Date

Required Attachments

Income verification (e.g., 2 months most recent pay stubs, SSI letter, pension/retirement statement, or any additional income)

Copy of Driver's License or state picture ID for all occupants over 18

Copy of Social Security Cards for all occupants over 18

BGE Bill (all pages)

Copy of mortgage statement

Copy of Homeowner's Insurance

Recommended Action

(Completed by GHHI Staff)

Property is **eligible** for _____

Property is **not eligible** for _____

MEA—Customer Consent Form



The Green and Healthy Homes Initiative (GHHI) is helping Baltimore City residents make their homes more energy efficient. To understand the effectiveness of our program we would like to collect Baltimore Gas and Electric Company (BGE) usage information.

This information will not be used for any purpose other than this program and encouraging energy conservation. Information about your home’s energy use will never be shared with your name or address. Information will always be combined with energy data from other properties and reported as a total.

Specifically, GHHI will obtain from BGE:

- Up to 24 months of historical electricity and natural gas usage
- Actual billed amount and individual price rates for kilowatts and therms for up to 12 months after home improvements are completed

I agree to allow GHHI to access my BGE information

I do not agree to allow GHHI to access my BGE information

BGE Customer Name		
10-digit BGE Account Number		
Phone Number on Account		
Last 4 digits of Social Security Number		
Email Account		
	/ /	
Signature	Name	Date

**BALTIMORE CITY
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
FAMILY/HOUSEHOLD INCOME VERIFIABLE CERTIFICATION**

Information on your annual family or household income is required to determine your eligibility to benefit from some Community Development Block Grant (CDBG) Program assisted activities. Each applicant is required to provide information regarding the number of persons in their family or household including the respective total annual gross income. Information provided is subject to verification by representatives of the City of Baltimore and the U.S. Department of Housing and Urban Development (HUD).

NOTE: "Income" is the total annual income of all family or household members as of the date of application. Income of all persons in the family or household **must** be included in calculating family or household income whether or not all family or household members receive assistance. Estimate the annual income by projecting the prevailing rate of income of each person at the time assistance is provided to the family or household. Report all income sources that you would include on a Federal income tax return.

INSTRUCTIONS:

- 1) **Circle the number of persons** in your family or household (adults and children, including you).
- 2) **Within the selected column** circle the income limit that is closest to your family or household gross income but is **NOT LESS THAN** your family or household's gross income. Note that household income includes the monies earned and/or benefits received by all household members.
- 3) **Sign and date** the bottom to certify your family or household size and income.

FEDERAL FISCAL YEAR 2023 - CDBG INCOME LIMITS – EFFECTIVE JUNE 1, 2023									
FFY 2022 Income Limit Area	Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
BALTIMORE CITY, MD (Baltimore- Columbia- Towson, MD MSA)	Extremely Low Income (30% of Median)	\$25,550	\$29,200	\$32,850	\$36,500	\$39,450	\$42,350	\$45,420	\$50,560
	Low Income (50% of Median)	\$42,600	\$48,700	\$54,800	\$60,850	\$65,750	\$70,600	\$75,500	\$80,350
	Moderate Income (80% of Median)	\$66,300	\$75,750	\$85,200	\$94,650	\$102,250	\$109,800	\$117,400	\$124,950
	Over 80% of Median Income	Over \$66,300	Over \$75,750	Over \$85,200	Over \$94,650	Over \$102,250	Over \$109,800	Over \$117,400	Over \$124,950
MEDIAN FAMILY INCOME									
\$116,100									

Source: U.S. Department of Housing and Urban Development. Data located at: <https://www.huduser.gov/portal/datasets/MI/2022/2022summary.odn>

APPLICANT STATEMENT: By signing this form, I certify that the information given on this form is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information as an applicant for federally funded assistance or services, which may include immediate repayment of funds received and /or prosecution under applicable law. I understand that the information on this form is subject to verification by representatives of Baltimore City, HUD or other Federal agencies under the Federal False Claims Act, 31 U.S.C. §3729 et. seq. Upon request, I agree to provide supporting documentation of my family or household gross income including sources.

Applicant Name (Please Print): _____

Current Address: _____ **Zip Code:** _____

Applicant Signature: _____ **Date:** _____

-----STAFF USE ONLY-----

The above information has been reviewed to determine applicant's eligibility for assistance.

Staff Name (Print): _____ **Staff Name (Signature):** _____ **Date** _____

Title (Print): _____

**RACE AND ETHNICITY SELF-IDENTIFICATION
DATA COLLECTION FORM**

Please answer the following questions. This information will be used to help determine the range of persons to whom the benefits of this program are made available.

Ethnicity

Do you identify yourself as (select only one):

_____ Hispanic or Latino

_____ Not Hispanic or Latino

Race

Do you identify yourself as (select one or more):

_____ White

_____ American Indian/Alaskan Native *and* White

_____ Black/African American

_____ Asian *and* White

_____ Asian

_____ American Indian/Alaskan Native

_____ Black/African American *and* White

_____ Native Hawaiian/Other Pacific Islander

_____ American Indian/Alaskan Native *and* Black/African American

_____ Other Multi-Racial Category

Family/Household Characteristics (write number that reflects your household composition)

Applicant is female head of household? _____ Yes _____ No

Total family/household size # _____

Person with disabilities # _____

Person 62 years of age or older # _____

Fulltime student age 18 or over # _____

Child(ren) under the age of

18 years # _____

Applicant Full Name (Please Print): _____

Applicant Signature: _____ Date: _____

*****STAFF USE ONLY*****

Staff Name (Print): _____ Staff Name (Signature): _____

Title (Print): _____ Date: _____



Green & Healthy Homes Initiative®

General Mutual Service Agreement

This agreement, made on ____ day of _____, 20____ between the Green & Healthy Homes Initiative and:

Owner: _____

Address: _____

For purposes of this agreement:

1. The "Owner" or "Occupant" is the individual who owns the unit or an authorized representative of the individual or organization that owns the unit.
2. "GHHI" refers to the Green & Healthy Homes Initiative, its staff, and Housing Intervention Team.
3. "Unit" is the residential house or apartment in which the weatherization, health & safety, mold, asbestos and/or lead hazard reduction services will be performed.
4. The "Contractor" or "Subcontractor" refers to an individual or entity assigned by GHHI to perform work referred to in the "Scope of Work".
5. The "Scope of Work" refers to the approved rehab and weatherization measures that will be performed in the Unit.

RECITALS PERTAINING TO THE OWNER

The Owner agrees that:

1. There may be potential home health hazards in the Unit that may be a hazard to the health of the occupants, especially children or pregnant women who live in the unit. GHHI requires that children or pregnant women should not be in the home during repair, rehabilitation, weatherization, or other hazard reduction related work.
2. GHHI and any of its authorized subcontractors have permission to carry out, where applicable, all weatherization, energy efficiency, health & safety, lead, asbestos, mold, injury reduction and other hazard reduction work in the Unit and on the property.
3. GHHI is neither responsible nor legally liable for weatherization, health & safety, lead, asbestos, mold, injury risks or other environmental hazards that may be present or remain in the Unit after GHHI has completed its work.
4. While home health repair and weatherization work is underway in the Unit, only accredited or certified GHHI staff, or subcontractors hired by GHHI may enter designated work areas.
5. Access to work areas is restricted to GHHI or their subcontractors only until home health hazard reduction, repair and weatherization work is completed, the Unit has been properly cleaned where required, and the Unit has passed a quality control and/or clearance inspection where applicable.

6. GHHI will use reasonable care when carrying out home health repair and weatherization work, but is not responsible for loss or damage to the property of the Owner or Occupant caused by the work.
7. Owner and Occupant agrees to prepare the housing unit, including clearing cluttered areas, so that work crews have clear and easy access to perform rehab and weatherization work.
8. Owner and Occupant agrees to maintain electricity and other utilities in working order in the property so that repair and hazard reduction work can be completed in the unit.
9. GHHI may use information about the home health hazard reduction activities carried out in the Unit to evaluate its work, with the understanding that any and all personal information will remain confidential.
10. The Owner or Occupant will give feedback to GHHI, through a client survey, concerning the owner's level of satisfaction with the quality of the work and education provided by GHHI.
11. The Owner agrees to: accept responsibility for known or potential home health hazards that exist or may remain in the Unit; (GHHI is not certifying or attempting to fulfill any responsibility of the Owner, or assuming any legal responsibility for home-based environmental health hazards or any attendant created home health hazards, and is not liable for the presence of lead or lead hazards, mold or mold hazards, and/or asbestos and asbestos hazards in the Unit.)
12. If the property is constructed prior to 1978, the Owner agrees to disclose to any current or potential buyer all information about known lead-based paint, lead-based paint hazards, asbestos or asbestos hazards in the Unit including information received from GHHI. (This disclosure is required by federal Title X Real Estate Notification and Disclosure Rule – see 24 CFR Part 35, subpart H and 40 CFR Part 745, subpart F.)
13. If the property is constructed prior to 1978, the Owner agrees to comply with all applicable federal, state and local lead laws and to the terms and conditions of the attached Lead Mutual Service Agreement which is incorporated by reference herein.
14. The Owner and/or Occupant agrees to answer the following questions truthfully and to the best of their knowledge. If at any time during intervention work, or up to two weeks following completion of the work, should the answers to these questions change the Owner or Occupant must immediately notify GHHI.

Please answer the following questions:

- Have you or anyone residing in the unit tested positive for COVID-19 in the last five days?
 - Yes
 - No
- Have you, or anyone in the unit or in your family, been in contact with a person that has tested positive for COVID-19 in the last five days?
 - Yes
 - No
- Have you, or anyone in the unit or in your family traveled outside of the U.S. within the last two weeks?
 - Yes
 - No
- Have you or anyone in the unit or in your family been medically directed to self-quarantine due to possible exposure to COVID-19?

Yes

No

- Are you or anyone in the unit having trouble breathing or have you had flu-like symptoms within the past 48 hours, including: fever, cough, shortness of breath, sore throat, runny/stuffy nose, body aches, chills, or fatigue?

Yes

No

15. COVID-19 Owner/Occupant Personal Protective Equipment (PPE) Requirements for Housing Assessment and Housing Intervention Work:

- The Owner or Occupant(s) must wear a face mask(s), while any GHHI staff member or GHHI subcontractor is in the unit. If the owner or occupant does not have a mask, GHHI staff or GHHI subcontractors will provide them with a mask for use while GHHI is in the unit.
- The Owner or Occupant will always maintain a safe distance of six (6) feet from GHHI staff or GHHI subcontractors while GHHI, or a subcontractor, is in the unit or is conducting Intervention work.

RECITALS PERTAINING TO GHHI

1. Provided that all criteria for working in the unit and all terms of this agreement are met, GHHI will visually evaluate the unit's health hazards or areas that could cause health hazards and then develop a Scope of Work for the property to be signed off on and agreed by the Owner. GHHI or its subcontractors may perform the following types of work in the unit, among others, where appropriate, to the fullest extent possible and where resources are available. Listed below are measures representative of common home health hazards and housing repair, but should not be seen as a definitive list of measures that will be performed in the unit:

- o Weatherization
- o Energy Efficiency
- o Lead Hazard Reduction
- o Limited Mold Remediation
- o Asbestos Remediation
- o Moisture Infiltration Mitigation
- o Indoor Allergen Reduction
- o Integrated Pest Management
- o Roof repair
- o Plumbing
- o Electrical
- o Heating, Ventilation, and Air Conditioning
- o General repair, structural repairs and other Healthy Homes measures.
- o Aging in Place Measures

2. GHHI will work in a safe manner in accordance with City, State and Federal Regulations.

3. GHHI will make sure all lead hazard reduction work conforms to the ***HUD Guidelines for the Evaluation and Control of Lead Hazards in Housing*** and other applicable laws.

4. GHHI will perform all work as described in the attached "Scope of Work", which has been reviewed by the Owner is incorporated herein and made a part of this Agreement.
5. GHHI will give the occupant 24-hour advance notice, when possible, of any changes GHHI needs to make in the work schedule.
6. The Owner should be aware that additional health hazards may remain in the unit and may impact the Owner's obligations or liability. ***In most cases, GHHI will not be abating the entire property for lead or asbestos, but will be reducing general health hazards in the unit.*** Reduction of health hazards within the unit as defined by this agreement is not meant to be and the owner should not construe it to be, a permanent remedy to the health hazards in the unit. GHHI will perform all health hazard reduction and weatherization work in a safe manner to the fullest extent possible.
7. GHHI will notify the Owner/Occupant if a GHHI staff member has been in your unit has tested positive or has been medically directed to self-quarantine due to possible exposure to COVID-19.
8. All GHHI employees and Hazard Reduction Crew members will wear proper personal protective equipment (PPE) (Medical mask or respirator, gloves, and Tyvek suit) at all times while in the property. All GHHI employees will be scanned with a thermal temperature thermometer at the start of their shift each day before beginning any work in the unit.
9. GHHI reserves the right to cease or delay work if local jurisdictions issue COVID-19 restrictions or the risks of exposure to COVID-19 increases significantly. GHHI will communicate any such plans to cease or delay work with the Owner/Occupant.

By signing below, the Owner and the Occupant agree to the terms of this agreement and to the Scope of Work that GHHI proposes for the Unit. The Owner also agrees to continue to maintain the home health hazard reduction repair and weatherization interventions once GHHI has completed its work.

Owner Name: _____

Signature: _____

Date ____/____/____

Occupant Name (if Tenant): _____

Signature: _____

Date: ____/____/____

GHHI Staff Name: _____

Signature: _____

Date ____/____/____

THE NEXT PAGE SHOULD ONLY BE COMPLETED IF A
HOUSEHOLD OCCUPANT AGED 18 AND OVER HAS NO INCOME

***A SEPERATE FORM SHOULD BE COMPLETED FOR EACH
PERSON IN THE HOUSEHOLD 18+ THAT DOES NOT HAVE
INCOME. ADDITIONAL COPIES CAN BE SENT IF NEEDED.

Zero Income Statement

Name: _____ Date: _____

Address: _____

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, etc.).
- I am on maternity leave without pay ____ (Check if applicable).
- 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 homeownership incentive.

Note: Regular monetary contributions from friends, relatives, etc. is income and must be reported. You must obtain a notarized statement of amount received from your contributor.

This form must be **notarized** in order to be deemed valid.

Signature

Subscribed to and sworn to this _____ day of _____, 20 _____.

Notary Public

Seal:

Printed Name of Notary

My Commissions Expires: _____