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Senior Roof Repair Program

What is it?

The Senior Roof Repair Program offers loan funds to homeowners' ages 62 and older, which need to repair roofing systems of owner-occupied properties. Applicants with special needs may be considered.

Who is eligible?

Homeowners aged 62 and older, with property title and deed

Citywide households below 50% of the Baltimore City median income levels (i.e. \$32,850 for a two-person household).

All homes, including units with up to two dwellings, as long as the owner resides on the property and has current homeowners insurance on the dwelling.

What are the benefits?

Adequate roof condition protects homes from structural deterioration due to water intrusion.

50% of the Baltimore City Median Income Level by Household Size

Household size

1 Person -\$28,750 2 Person -\$32,850 3 Person -\$36,950 4 Person -\$41,050 5 Person -\$44,350 6 Person -\$47,600 7 Person -\$50,900 8 Person -\$54,200

What are the loan terms?

This loan provides an Easement up to \$5,000 for repairs. The grant amount is reduced 20% for each year of occupancy after the award is made. After five years of occupancy, the owner has no obligation to repay.

No monthly payment is required of homeowner.

All application fees and closing cost are included in the loan amount.

How do I apply?

[Download an application](#), or pick up an application at one of our [six Community Action Centers](#).

For more information about this program, contact:

Baltimore Housing
Office of Rehabilitation
417 E. Fayette Street, Suite 1125
Baltimore, MD 21202
P: 410-396-4151

Office hours: 8:30 AM - 4:30 PM, Monday - Friday

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Mayor *Stephanie Rawlings-Blake*

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SERVICE:

- ROOF REPAIR
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- WATER & SEWAGE BREAK REPAIR

- ELECTRICAL REPAIR
- PLUMBING REPAIR
- DISABILITY ACCESSIBILITY
- OTHER

PROPERTY INFORMATION (MUST BE WITHIN BALTIMORE CITY LIMITS):

Address: _____ Zip code _____

APPLICANT(S) INFORMATION:

Applicant's Name: _____ Age _____

SSN# _____ Annual Household Income \$ _____

Marital Status: Single Married Separated Widowed

Mailing Address: _____ Zip code _____

Telephone #(home) _____ (other) _____

Employer: _____ No. of years _____

Co-Applicant's Name: _____ Age _____

SSN# _____ Annual Household Income \$ _____

Marital Status: Single Married Separated Widowed

Mailing Address: _____ Zip code _____

Telephone # _____ (home) _____ (other) _____

Employer: _____ No. of years _____

Total number of people living in the residence: _____

EACH HOUSEHOLD MEMBER MUST BE LISTED ON THE REVERSE SIDE.

REQUIRED APPLICATION ATTACHMENTS:

Your application is **not** complete unless all of the following information is submitted at the time of applying to the program. **Only Copies Accepted.** Please include:

- | | |
|--|---|
| 1) Copy of your recorded deed of assignment | 5) Three recent pay stubs |
| 2) Recent mortgage statements | 6) Current checking or saving accounts statements |
| 3) Current copy of your Homeowner's Insurance Policy (Declaration page only) | 7) Repair estimate from MHIC licensed contractor |
| 4) Additional income award letters, for example Social Security/ Disability | 8) Recent property tax bill |
| | 9) List of all real estate owned |

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Attachment 1**IMPORTANT INFORMATION ON THE LOAN PROCESS**

- Average processing time for each loan may be 3 to 4 months, which includes completion of the work by the contractor. (For no heat, water and sewer line breaks the cases are processed as emergencies)
- It is the applicant responsibility to select the contractor for repairs to be completed. You are advised to select a licensed contractor and obtain several estimates. Contractor selection may be accomplished by neighbor referrals or search through the yellow pages. Information on home improvement contractors may be obtained from the Maryland Home Improvement Commission at 410-230-6309.
- Role of the Rehab Technician will be to inspect the property and review the contractor estimates you have submitted to determine what repairs may be completed within our loan limits and your affordability. Once the contractor has been selected, and the repairs and costs identified, a contract is drawn up for both parties to sign. In addition, the Rehab Technician will verify that the contractor is licensed, insured, and that city permits are secured. The Contractor will receive an Order to Proceed for work to begin. Inspections will be made to determine amount of funds to be paid to the contractor for completed work.
- Contractor Bid List—If the homeowner has been unable to secure estimates from contractors, the name and phone number of the owner may be posted in our office for contractors to make calls to provide appointments to give estimates. The City of Baltimore does not maintain or sanction a list of approved contractors.
- The Office of Rehabilitation serves as your lender and monitor of funding disbursement. It is the homeowner's responsibility to arrange with the contractor for access to the property. The contract for repairs is between the homeowner and contractor and outlines all terms and conditions required by the programs.
- If you are unable to locate a copy of the dwelling Deed or Deed of Assignment that must be submitted with the application, you may obtain a copy from the Land Records Office, 6th floor of the Clarence Mitchell Courthouse. There is a minimum charge for a copy. Their phone number is 410-333-3761.

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Attachment 3
CONTRACTOR BID LIST REQUEST FORM

Date: _____

Subject Property Address: _____

I Do _____, I Do Not _____ give the Department of Housing and Community

Development (DHCD), Office of Rehabilitation permission to post my name, address and phone number as being interested in receiving bids for rehabilitation work on my property.

I am aware that the selection of a licensed contractor will be my responsibility for any repairs funded by the Department.

The City of Baltimore, through the Department of Housing and Community Development, **does not** maintain a list of approved or sanctioned home improvement contractors and therefore makes no recommendation on selection for work to be completed on your residence.

Signature: _____

Phone No.: _____

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