



Baltimore County Department of Planning  
WAP Grant Program  
105 West Chesapeake Ave Suite 201  
Towson, MD 21204  
(410)887-3668

## Owner Occupied Checklist

In order to complete your application for the WAP Grant Program the following items are needed:

- 2 most recent pay stubs if employed (if unemployed, please inform the Program for further instruction) or copy of most recent W-2
- Award Letter for any other income such as child support, SSI, temporary cash assistance, pensions, or food stamps if applicable
- Copy of drivers license(s) or any other official government ID for any occupants of the dwelling
- Current mortgage statement of the property being applied for
- Current Homeowners Insurance Declaration page of the property being applied for
- Signed Permission to Enter Premises
- Copy of Utility Bill

Please return requested items to the address listed above along with original signed application. If you have any questions you may contact our office at 410-887-6055.

***\*\*\* Note: without the items listed above your application can not be processed \*\*\****



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**WAP Baltimore County Application (Owner)**

Property Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner(s) Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
 Date of Birth \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
 Date of Birth \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Owner Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Household Composition (all information below is needed to qualify)					Gross Monthly Income (average)			
Name	Relationship	Age	Social Security No.	Race/ Ethnicity Code	Wages	Social Security / SSI	Other	Total

**Race Legend:**

11	White <b>or</b> Caucasian	17	Asian <b>and</b> White
12	Black <b>or</b> African American	18	Black or African American <b>and</b> White
13	Asian	19	American Indian or Native Alaskan <b>and</b> Black or 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

Is there any member of your family who is disabled? Y\_\_\_ N\_\_\_

Household Member: \_\_\_\_\_ Nature of Disability: \_\_\_\_\_

**Title Information:** Name of person(s) on Title to the property if different from above:

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

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

**Property Status:** Is the property vacant? \_\_\_\_ yes \_\_\_\_ no

Has this property received an energy audit within the past 12 Months? \_\_\_\_ yes \_\_\_\_ no

Has this property undergone any energy or weatherization upgrades within the past 12 months? \_\_\_\_ yes \_\_\_\_ no

### EMPLOYMENT INFORMATION

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

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

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

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

### PROPERTY INSURANCE

Company Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Agent: \_\_\_\_\_ Effective Dates: \_\_\_\_\_

Agent Address: \_\_\_\_\_ Dwelling Coverage: \_\_\_\_\_

### MORTGAGE INFORMATION

Mortgage Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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.

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

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

**PERMISSION TO ENTER PREMISES**  
**MARYLAND WEATHERIZATION ASSISTANCE PROGRAM**

**TO THE BUILDING OWNER:**

Your building is being considered to receive services under the Weatherization Assistance Program (WAP). The WAP is funded by the United States Department of Energy (DOE) and administered in Maryland by the Department of Housing and Community Development (DHCD). The WAP operates under the rules and regulations of both USDOE and DHCD that have certain requirements of which you, as a building owner, should be aware. At the bottom of this page is a form granting your permission for the local agency to enter your building to perform an audit and collect eligibility documentation from your tenants.

Before the work begins on your building, you will be required to sign a Building Owner Agreement, a copy of which is attached for your review. WAP may require a financial commitment from the building's owner(s) for each building containing rental units. These funds provided by owners are used to supplement the weatherization activity. Exceptions to this requirement can be made when the owner is an eligible applicant or where hardship of the owner can be proven. This investment can take several forms and is dependent on the results of the energy audit. When the audit is complete the local weatherization agency will meet with you to discuss your building's energy conservation potential, your financial commitment to the project and the Owner Agreement.

After weatherization services have been provided, the local agency is required to conduct a quality control inspection to ensure that work was completed in accordance to the standards set forth by the WAP. It is your responsibility to assist the local agency staff in gaining entrance to your property. Refusal to assist the local agency staff in the discharge of their duties regarding quality control inspections is cause for the reimbursement of the costs and related fees for the weatherization services.

**PERMISSION TO ENTER PREMISES**

I, \_\_\_\_\_ as owner/authorized agent for the building located at \_\_\_\_\_  
\_\_\_\_\_ have read and understand the above and hereby grant permission for representatives of \_\_\_\_\_  
to enter these premises for the purposes of conducting an energy audit and collecting eligibility documentation from the residents. I also accept the conditions of the required audit fee, under the conditions above.

**Owner's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Agency Rep:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_



KEVIN KAMENETZ  
County Executive

ANDREA VAN ARSDALE, DIRECTOR  
Department of Planning

## Zero Income Affidavit

I, \_\_\_\_\_, have applied for the WAP Grant through the Baltimore County Department of Planning. Program regulations require verification of all income from participating households.

Income includes but is not limited to:

- Gross wages, salaries, overtime pay, commissions, fees, tips and bonuses
- Net income from operation of a business or from rental or real personal property
- Interest, dividends and other net income of any kind for real personal property
- Periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of period receipts
- Lump sum payment(s) for the delayed start of a periodic payment (except as provided in 24 CFR 5.609 (b)(5))
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay
- Public assistance
- Alimony and child support payments (whether through the court system or not)
- Regular pay, special pay and allowances of a head of household or spouse who is a member of the Armed Forces (whether or not living in the dwelling)
- Regular monetary gifts from family and/or friends

*I have stated during this verification process that I have no income at this time. I have not received income since \_\_\_\_\_. I do not expect to receive any income until \_\_\_\_\_. I applied for \_\_\_\_\_ (other financial assistance) on \_\_\_\_\_ (date).*

***I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the Program. WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801-3812.***

I certify that the above information is true and correct.

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

Department of Planning Staff: \_\_\_\_\_ Date: \_\_\_\_\_



KEVIN KAMENETZ  
County Executive

ANDREA VAN ARSDALE, DIRECTOR  
Department of Planning

**VERIFICATION OF EMPLOYMENT**

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

TO: \_\_\_\_\_

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Social Security Number

Dear Employer:

The individual named above is an applicant/participant in the WAP Grant Program, a Baltimore County program administered by the Baltimore County Department of Planning, To determine the family's eligibility for the program participation, Federal regulations require Baltimore County to verify the household income, expenses, and other information related to eligibility. The information requested below will be used only for the purpose of determining eligibility for program participation. We are required to complete our verification process in a short period of time, so your prompt response will be appreciated. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

**Authorization:**

I, \_\_\_\_\_, hereby authorize the release of the  
(Applicant/Participant Name)  
Information requested below regarding my employment and compensation.

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

Head of Household Name: \_\_\_\_\_ SS#: \_\_\_\_\_

**TO BE COMPLETED and RETURNED BY EMPLOYER:**

Date of Employment: \_\_\_\_\_ Termination Date: (if applicable) \_\_\_\_\_

Position/Occupation: \_\_\_\_\_

Does the employee work in Baltimore County? \_\_\_ Yes \_\_\_ No

Address of work location: \_\_\_\_\_  
\_\_\_\_\_

**Current Earnings:** -Base rate of pay \$\_\_\_\_\_ per \_\_\_\_\_  
-Overtime rate of pay \$\_\_\_\_\_ per \_\_\_\_\_  
-Average hours worked per week: \_\_\_\_\_  
-Average overtime hours anticipated per week: \_\_\_\_\_  
-Anticipated tips, commissions, and bonuses: \_\_\_\_\_  
-Gross annual earnings you anticipated for this employee for the next 12 months (include tips, bonuses, overtime, commissions, etc.):  
\$\_\_\_\_\_

**Gross Earnings** for this employee in the last four quarters (include tips, bonuses, overtime, commissions, etc.):

Quarter End Date	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Do you anticipate any change in the employee's rate of pay in the near future: \_\_\_ Yes \_\_\_ No  
If yes, revised date: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Does this employee receive paid vacation? \_\_\_ Yes \_\_\_ No If yes, how many days/weeks? \_\_\_\_\_

Medical Insurance Deduction: \$\_\_\_\_\_ per \_\_\_\_\_  
Savings Plan Deduction \$\_\_\_\_\_ per \_\_\_\_\_

If employer's work is seasonal or sporadic, indicate lay-off periods: \_\_\_\_\_  
Additional Comments: \_\_\_\_\_

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

\_\_\_\_\_  
Name of Company Official

\_\_\_\_\_  
Title of Company Official

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

Tax ID # \_\_\_\_\_