



City of Cambridge
Housing Department
1025 WASHINGTON STREET
CAMBRIDGE, MD, 21613
FAX: 410-228-1474

**CITY OF CAMBRIDGE
APPLICATION FOR HOMEOWNER HELPER PROGRAM**

NAME:

ADDRESS:

PHONE NO:

EMAIL:

APPLICATION SUBMISSION CHECKLIST

Failure to enclose all necessary documentation will cause delays in the processing of your application.

_____ Signed and dated application (this page)

_____ Proof of Residency/Ownership/Age (50+)

_____ Proof of Income (pay stubs, SSI, TANF, W2, W9, and other)

_____ Copy of Inspection Report by a licensed Contractor to fix a property problem

_____ Quote from two contractors of choice (a list of contractors can be provided if needed)

_____ Signed, dated, and notarized Lien Agreement (Level 3 Repairs-if applicable)

_____ Signed, dated, and notarized affidavit of need

Please briefly explain the specific area of need for this request.

Applicant Signature: _____

Date: _____

This application and all listed documentation must be submitted to: The City of Cambridge, Housing Department at 1025 Washington Street, Cambridge, MD, 21613, or emailed to Housingprogram@choosecambridge.com.

**ANY QUESTIONS, PLEASE CALL THE CITY OF CAMBRIDGE HOUSING DEPARTMENT
AT (410) 228-1955**