



**NEIGHBORHOOD HOUSING SERVICES OF BALTIMORE**

25 E. 20<sup>th</sup> Street, Suite 170 Baltimore, Maryland 21218 p. 410.327.1200 f. 410.675.1855  
www.nhsbaltimore.org

Dear Prospective Homeowner,

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

Thank you for choosing Neighborhood Housing Services of Baltimore for your home purchase and financial needs! You are taking important steps toward sustainable homeownership. To request an individual counseling appointment with a certified Homeownership Advisor, we ask that you provide information to us about you and your home purchase plans. A one-on-one counseling session is required for all potential homebuyers looking to gain down payment and closing cost assistance from Baltimore City, the State of Maryland and all counties in Maryland. Please note – one-on-one counseling must be completed **BEFORE** submitting a contract on any property that you are requesting closing cost assistance from Baltimore City, Baltimore County and most other counties.

Please return the completed intake packet, with all requested documents to the attention of **Natalie Kane** in the Homebuyer Education Department via mail, e-fax, in-person or email at **[housingadvisor@nhsbaltimore.com](mailto:housingadvisor@nhsbaltimore.com)** or **410-505-1237**.

We will also need income, asset and liability information as listed below in the counseling documents checklist in addition to the signed authorization forms starred. Upon receipt of these documents, your Homeownership Advisor will contact you to schedule an appointment for your counseling session. The enclosed NHS of Baltimore Privacy Policy, Complaint, Conflict of Interest Policies and Resource Referral are provided for your information. Please retain these documents for your records.

Counseling Documents Checklist

- Paystubs for last 60 days
- W2 for last two years
- Federal tax returns filed for last two years with all attachments
- If self-employee – last three years tax returns with all attachments
- Checking and savings account statements for last three months
- Credit Report Fee – \$24.55 Individual Report; \$49.10 Joint Report (Payable through PayPal or check or money order payable to NHS of Baltimore, Inc.)
- Driver's license or state issued photo ID
- NHSB Disclosure
- Hold Harmless and Authorization form
- Authorization to obtain Credit Report
- Completed Budget

Sincerely,  
Homebuyer Education Department  
Neighborhood Housing Services of Baltimore, Inc.



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(PLEASE CHECK DESIRED PROGRAM)

Client Information Form  Pre-Purchase  Fast Track Financial Coaching

**APPLICANT**

**CO-APPLICANT**

**CUSTOMER INFORMATION**

Full Name \_\_\_\_\_

Full Name \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_\_

Address (Street) \_\_\_\_\_

Address (Street) \_\_\_\_\_

(City, St, Zip) \_\_\_\_\_ # of Years \_\_\_\_\_

(City, St, Zip) \_\_\_\_\_ # of Years \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Gender:  Male  Female US Citizen:  Yes  No

Gender:  Male  Female US Citizen:  Yes  No

Veteran:  Yes  No Disabled:  Yes  No

Veteran:  Yes  No Disabled:  Yes  No

Education:  College  High School

Education:  College  High School

Marital Status:  Married  Single  Divorced

Marital Status:  Married  Single  Divorced

Demographics:

Demographics:

American Indian/Alaskan Native

American Indian/Alaskan Native

Asian

Asian

Black or African American

Black or African American

Native Hawaiian/Other Pacific Islander

Native Hawaiian/Other Pacific Islander

White

White

American Indian/Alaskan Native/White

American Indian/Alaskan Native/White

Asian and White

Asian and White

Black/African American and White

Black/African American and White

Amer. Indian/Alaskan Native and Black

Amer. Indian/Alaskan Native and Black

Other

Other

Choose not to answer

Choose not to answer

Hispanic Ethnicity  Yes  No (please select answer)

Hispanic Ethnicity  Yes  No (please select answer)

**EMPLOYMENT INFORMATION**

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Income \$ \_\_\_\_\_  Weekly  Biweekly  Monthly

Income \$ \_\_\_\_\_  Weekly  Biweekly  Monthly

Start Date \_\_\_\_\_ Years in Profession \_\_\_\_\_

Start Date \_\_\_\_\_ Years in Profession \_\_\_\_\_

Secondary Employer \_\_\_\_\_

Secondary Employer \_\_\_\_\_

Income \$ \_\_\_\_\_ Years in Profession \_\_\_\_\_

Income \$ \_\_\_\_\_ Years in Profession \_\_\_\_\_

**HOUSEHOLD INFORMATION**

Monthly Rent \$ \_\_\_\_\_ Head of Household  Y  N

Monthly Rent \$ \_\_\_\_\_ Head of Household  Y  N

# of People \_\_\_\_\_ Ages \_\_\_\_\_

# of People \_\_\_\_\_ Ages \_\_\_\_\_



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**HOME PURCHASE INFORMATION**

Do you have a ratified contract of sale?  Yes  No

Are you seeking Closing Cost and Down Payment assistance?  Yes  No

Are you seeking to purchase in  Baltimore City or  Baltimore County

Property Address \_\_\_\_\_

Title Company \_\_\_\_\_

Phone Number \_\_\_\_\_ Settlement Date \_\_\_\_\_

Loan Officer \_\_\_\_\_ Company \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Realtor \_\_\_\_\_ Company \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

**Signature Required Below**

I/We authorize NHS of Baltimore to obtain the HUD1 closing statement information and to share counseling information with your current mortgage lender (s) and/or mortgage servicer(s).

I/We received a copy of the NHS of Baltimore, Inc. Privacy Policy, Disclosure, Hold Harmless/Authorization Agreement, Complaint Policy and Conflict of Interest Policy, Lead Warning Statement, Housing Counseling Agency Referral List

Applicant \_\_\_\_\_ Signature \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_



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**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 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 for the family or household. Report all income sources that you would include on a federal income tax return.

**INSTRUCTIONS:**

- 1) Select the number of persons in your family or household (adults and children, including you).
- 2) Stay in that same column with your family or household size and look at that column's income limit.
- 3) Select the income limit that is closest to your family or household gross income, but it is NOT LESS THAN your family or household income. Remember household income includes the monies earned and/or benefits received by all household members.
- 4) Sign and date the bottom to certify your family or household size and income.

FEDERAL FISCAL YEAR 2018 – CDBG APPLICABLE INCOME LIMITS EFFECTIVE JULY 1, 2018									
	INCOME LIMIT CATEGORY	<input type="checkbox"/> 1 Person	<input type="checkbox"/> 2 Person	<input type="checkbox"/> 3 Person	<input type="checkbox"/> 4 Person	<input type="checkbox"/> 5 Person	<input type="checkbox"/> 6 Person	<input type="checkbox"/> 7 Person	<input type="checkbox"/> 8 Person
BALTIMORE CITY MEDIAN FAMILY INCOME \$91,000	Extremely Low Income (30% of Median)	<input type="checkbox"/> \$19,950	<input type="checkbox"/> 22,800	<input type="checkbox"/> \$25,650	<input type="checkbox"/> \$28,450	<input type="checkbox"/> \$30,750	<input type="checkbox"/> \$33,050	<input type="checkbox"/> \$35,300	<input type="checkbox"/> \$37,600
	Low Income (50% of Median)	<input type="checkbox"/> \$33,250	<input type="checkbox"/> 38,000	<input type="checkbox"/> \$42,750	<input type="checkbox"/> \$47,450	<input type="checkbox"/> \$51,250	<input type="checkbox"/> \$55,050	<input type="checkbox"/> \$58,850	<input type="checkbox"/> \$62,650
	Moderate Income (80% of Median)	<input type="checkbox"/> 50,350	<input type="checkbox"/> \$57,550	<input type="checkbox"/> \$64,750	<input type="checkbox"/> \$71,900	<input type="checkbox"/> \$77,700	<input type="checkbox"/> \$83,450	<input type="checkbox"/> \$89,200	<input type="checkbox"/> \$94,950
	Over 80% of Median Income	<input type="checkbox"/> Over \$50,350	<input type="checkbox"/> Over \$57,550	<input type="checkbox"/> Over \$64,750	<input type="checkbox"/> Over \$71,900	<input type="checkbox"/> Over \$77,700	<input type="checkbox"/> Over \$83,450	<input type="checkbox"/> Over \$89,200	<input type="checkbox"/> Over \$94,950

Source: U.S. Department of Housing and Urban Development. Data found at <https://www.huduser.gov/portal/datasets/11/1116/index.html>

**APPLICANT STATEMENT:** 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 City, HUD or other Federal agencies and the Federal False Claims Act, 31 U.S.C. §3729 ET. seq. Upon request, I agree to provide supporting documentation on my family or household gross income including sources.

**Applicant Name (Please Print):** \_\_\_\_\_

Current Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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



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**NEIGHBORHOOD HOUSING SERVICES OF BALTIMORE DISCLOSURE STATEMENT**

Neighborhood Housing Services of Baltimore is a nonprofit organization with a mission to create and sustain homeownership in the Baltimore metro region. To assist residents and potential resident of Maryland, we offer the following products and services.

- Lending Products
- Home Buyer Education
- Pre-purchase Counseling
- Post-Purchase Education
- Tax Sale Foreclosure Prevention Services
- Fast Track Financial Coaching

These products are available to any customer that requests them; however, NHS of Baltimore, Inc. does not mandate that any client utilize any service other than those specified during intake. Clients are not obligated to receive any other services offered by the organization or its exclusive partners.

**CLIENT STATEMENT**

I have read the above mentioned disclosure and understand that I am under no obligation and have not been steered toward any of the above products or services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date





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### **PRIVACY POLICY AND PRACTICES OF NEIGHBORHOOD HOUSING SERVICES OF BALTIMORE, INC**

We at Neighborhood Housing Services of Baltimore, Inc., value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information.

Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

#### **INFORMATION WE COLLECT**

We collect personal information to support our lending operations, financial counseling and to aid you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources:

- Information that we receive from you on applications or other forms.
- Information about your transactions with us, our affiliates or others.
- Information we receive from a consumer reporting agency.
- Information that we receive from personal and employment references.

#### **INFORMATION WE DISCLOSE**

We may disclose the following kinds of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number employer, occupation, assets, debts and income.
- Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions.
- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

#### **TO WHOM DO WE DISCLOSE**

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loan.
- Others, such as nonprofit organizations involved in community development, but only for program review, auditing, research and oversight purposes.

#### **YOU MAY OPT OUT OF CERTAIN DISCLOSURES**

- You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is direct us not to make those disclosures.
- You may opt-out of this requirement, but proof of your decision to opt-out must be recorded in your client file.



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**CONFIDENTIALITY AND SECURITY**

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

**IF YOU WANT MORE INFORMATION**

Please contact us at 410-327-1200 or write to us at 25 E. 20<sup>th</sup> Street, Suite 170, Baltimore Maryland 21218

By signing below, I hereby affirm that I have received the Privacy Policy for Neighborhood Housing Services of Baltimore, Inc. (NHSB).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name





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### GENERAL CONFLICT OF INTEREST POLICY

#### APPLICATION OF POLICY

This policy applies to board members, employees, relatives of employees, and certain volunteers of Neighborhood Housing Services of Baltimore, Inc. (NHS), hereafter referred to as Staff. A volunteer is covered under this policy if that person has been granted significant independent decision making authority with respect to financial or other resources of the organization. Clients of NHS are here in after referred to as “interested parties.”

#### DETERMINING A CONFLICT OF INTEREST

A conflict of interest may exist when the interests or concerns of Staff may be seen as competing with the interests or concerns of an Interested Party. There are a variety of situations, which raise conflict of interest concerns including, but not limited to, the following:

#### FINANCIAL INTERESTS

A conflict may exist where Staff directly or indirectly benefits or profits as a result of a decision or transaction entered into with an Interested Party. Examples include situations were:

- Staff contracts to purchase or lease goods, services, or property from an Interested Party.
- Staff purchases an ownership interest in or invest in property owned by an Interested Party.
- Staff is provided with a gift, gratuity or favor of a substantial nature from a person or business entity for referring an Interested Party to that person or business entity.

#### OTHER INTERESTS

A conflict may also exist where Staff obtains a non-financial benefit or advantage that they would not have obtained absent their relationship with an Interested Party. Examples include:

- Staff seeks to make use of confidential information obtained from an Interested Party for their own benefit or for the benefit of a relative, business associate, or other organization.
- Staff seeks to take advantage of an opportunity which they have reason to believe would be of interest to an Interested Party.

#### DISCLOSURE OF ACTUAL OR POTENTIAL CONFLICTS OF INTEREST

Staff is under a continuing obligation to disclose any actual or potential conflict of interest as soon as it is known or reasonably should be known.

Staff shall complete a disclosure statement at such time as an actual or potential conflict arises and shall be provided to the Chief Executive Officer of the organization.

For board members, the disclosure statement shall be provided to the President (Chairman) of the Board. The President’s (Chairman’s) disclosure statement shall be provided to the Secretary of the Board. Copies shall also be provided to the Chief Executive Officer of the organization.

In the case of volunteers with significant decision making authority, the disclosure statements shall be provided to the Chief Executive Officer of the organization. The Chief Executive Officer’s disclosure statement shall be provided to the President (Chairman) of the board.



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The Secretary of the Board shall file copies of all disclosure statements with the official corporate records of the organization.

Interested parties who believe that a conflict of interest may or does exist as a result of Staff's interaction with said interested party, may file a formal written complaint with the Chief Executive Officer of NHS.

Whenever there is reason to believe that an actual or potential conflict of interest exists between Staff of NHS and an interested party, the board of directors shall determine the appropriate organizational response. This shall include, but not necessarily be limited to, invoking the procedures described below, with respect to a specific proposed action or transaction.

### **PROCEDURES FOR ADDRESSING CONFLICTS OF INTEREST – SPECIFIC TRANSACTIONS**

Where an actual or potential conflict exists between Staff of NHS and an interested party with respect to a specific proposed action or transaction, Staff shall refrain from the proposed action or transaction until such times as the proposed action or transaction has been approved by the disinterested members of the board of directors of the organization. The following procedures shall apply:

Staff who has an actual or potential conflict of interest with respect to a proposed action or transaction of the corporation shall not participate in any way in or be present during the deliberations and decision making of the organization with respect to such action or transaction. Staff, upon request, be available to answer questions or provide material factual information about the proposed action or transaction.

The disinterested members of the board of directors may approve the proposed action or transaction upon finding that it is in the best interests of the corporation. The board shall consider whether the terms of the proposed transaction are fair and reasonable to the organization and whether it would be possible, with reasonable effort, to find a more advantageous arrangement with an entity that is not an interested party.

Approval by the disinterested members of the board of directors shall be by vote or a majority of directors in attendance at a meeting at which a quorum is present. An interested party shall not be counted for purposes of determining whether a quorum is present, or for purposes of determining what constitutes a majority vote of directors in attendance.

The minutes of the meeting shall reflect that the conflict disclosure was made, the vote taken and, where applicable, the abstention from voting and participation by the interested party.

### **VIOLATIONS OF CONFLICT OF INTEREST POLICY**

If the board of directors has reason to believe that Staff has failed to disclose an actual or potential conflict of interest, it shall inform the person of the basis for such belief and take the appropriate action.



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### COMPLAINT PROCESS

Clients of Neighborhood Housing Services of Baltimore, Inc. (NHS), from time to time, may not be completely satisfied with the level of service provided and may wish to file a formal complaint. If the nature of the complaint deals with the services provided by a third party, such as a lender or contractor, then the complaint should be submitted directly to the appropriate party with a copy to NHS. While we are not able to exert influence over third party providers, we are always striving to work with only those businesses that provide the highest quality of service to our clients. Lender complaints can be filed with the Commissioner of Consumer Credit while contractor complaints will be governed by the "Arbitration" clause of the Contract entered into between the contractor and the client.

If your complaint deals specifically with NHS, the following steps must be taken:

You must provide, in writing, a complete explanation outlining the nature of the complaint including any NHS employees involved. You must provide a phone number where you may be reached during the day should additional questions be necessary.

The written complaint must be delivered, either via mail or in person, to the attention of the Chief Operating Officer of Neighborhood Housing Services of Baltimore at 25 E 20<sup>th</sup> Street, Suite 170, Baltimore, MD 21218.

Upon receipt of your complaint, the Chief Operating Officer will investigate and respond in writing within ten (10) days.

If your complaint is not resolved to your satisfaction you may request a review by the Executive Director of NHS. The request for the Executive Director's review must also be made in writing and delivered to the address listed above.

Upon receipt of the request, the Executive Director will review the complaint and issue a written response within ten (10) days. The decision of the Executive Director shall be viewed as final.



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**DISCLOSURE STATEMENT OF CONFLICT OF INTEREST POLICY AND COMPLAINT PROCESS**

By signing below, I hereby affirm that I have received the Conflict of Interest Policy for staff, clients and volunteers of Neighborhood Housing Services of Baltimore, Inc. (NHSB).

I have also been advised that NHSB’s activities include the purchase, rental, sales and rehabilitation of properties, and that I, as a client, are under no obligation to sell to, purchase or rent from, or use the rehabilitation services of NHSB. I further understand that NHSB, Inc. is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax exempt purposes.

Further, I’ve been provided a copy of NHSB’s Client Complaint process and understand the steps I must take to submit a complaint.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature





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### HCA RESOURCES REFERRAL – HOMEOWNERSHIP COUNSELING AGENCIES

#### **Baltimore**

Office of Homeownership  
417 E Fayette Street, Suite 1125  
Baltimore, MD 21202  
Phone 410-396-3124 | [www.baltimorehousing.org](http://www.baltimorehousing.org)

#### **Baltimore Urban League**

512 Orchard Street  
Baltimore, MD 21201  
Phone 410-523-8150 | Fax 410-523-4022

#### **Belair Edison Housing Services**

3412 Belair Road  
Baltimore, MD 21213  
Phone 410-485-8422 | Fax 410-485-0728

#### **Centro De La Comunidad**

3021 Eastern Avenue  
Baltimore, MD 21224  
Phone 410-675-8906 | Fax 410-675-3146

#### **Comprehensive Housing Assistance, Inc.**

5721 Park Heights Avenue  
Baltimore, MD 21215  
Phone 410-466-1990 x211 | Fax 410-466-1996

#### **Development Corporation of NW Baltimore**

3521 W Belvedere Avenue  
Baltimore, MD 21215  
Phone 410-578-7190 | Fax 410-578-7193

#### **Druid Heights CDC**

2140 McCulloh Street  
Baltimore, MD 21217  
Phone 410-523-1350 | Fax 410-523-1374

#### **Garwyn Oaks Housing Resource Center**

2300 Garrison Boulevard, Suite 211  
Baltimore, MD 21216  
Phone 410-947-0084 | Fax 410-542-9055

#### **Harbel Housing Partnership**

5807 Harford Road  
Baltimore, MD 21214  
Phone 410-444-1400  
Fax 410-444-9181

#### **Making Choices for Independent Living**

3011 Montebello Terrace  
Baltimore, MD 21214  
Phone 410-444-1400 | Fax 410-444-0825

#### **NHS of Baltimore**

25 E 20<sup>th</sup> Street, Suite 170  
Baltimore, MD 21218  
Phone 410-327-1200 | [www.nhsbaltimore.org](http://www.nhsbaltimore.org)

#### **Oliver Economic Development Corporation**

1400 E Federal Street  
Baltimore, MD 21217  
Phone 410-685-0330 | [denise.kelly@habc.org](mailto:denise.kelly@habc.org)

#### **Reservoir Hill Improvement Council**

2001 Park Avenue  
Baltimore, MD 21217  
Phone 410-225-7547 | Fax 410-225-7455

#### **Southeast CDC**

3700 Eastern Avenue  
Baltimore, MD 21224  
Phone 410-342-3234 | Fax 410-342-1719

#### **St. Ambrose Housing Aid Center**

321 E 25<sup>th</sup> Street  
Baltimore, MD 21218  
Phone 410-366-8550 | [www.stambros.org](http://www.stambros.org)