COMMUNITY PARTNERS INCENTIVE PROGRAM (CPIP):



PARTICIPATION AGREEMENT

Name o	of Community Partner:
Contac	t Person:Title:
Organiz	ration Address:
Phone:_	Email address:
County	/Jurisdiction(s) Served:
The Cor	mmunity Partner referenced above hereby agrees to:
1. 2. 3.	Participate in the Maryland Department of Housing and Community Development's ("the Department") Community Partners Incentive Program (CPIP); Provide financial assistance to eligible homebuyers to be made available at settlement; and, Carry out these activities in accordance with the Partner Match Programs Fact Sheet as may be amended from time to time by the Department in its sole discretion.
	By: (SEAL) Community Partner's Authorized Representative
	Printed Name:
	provide the information requested below to complete your Community Partners Incentive Program nent. Additional pages may be attached if necessary.
1.	Approximate number of homebuyers anticipated to be assisted annually.
2.	Type of assistance to be provided: Please describe the type and amount of assistance you will provide to homebuyers. Will the assistance be in the form of a loan or a grant? If it will be a loan, please describe the interest rate and terms of the loan.
	Loan or Grant:
	Amount:
	Terms:
3.	Plans for marketing the program: Please describe your plans for marketing this program.
	artment may close CPIP or modify the terms of CPIP at any time. The Department will notify the Community Partner in writing at least 30 days or to closing CPIP. All CPIP applications where a Verification of Partner Contribution was submitted prior to notification will be honored.
	Return completed Community Partner Participation Agreement by mail or email.



For more information, please visit:

mmp.Maryland.gov

Questions? Email: SingleFamilyHousing.dhcd@maryland.gov

