



HOMEOWNER REHABILITATION PROGRAM APPLICATION

Part I: General Information

Name of Applicant:	Age of Applicant:	Social Security No:
Name of Co-Applicant:	Age of Co-Applicant:	Co-Applicant's SS #:
Address (Street, City, State, Zip Code):	Do you live in this property year around? [] yes [] no	Marital Status (check one): [] Married [] Separated, or [] Unmarried (includes widowed, divorced, or single)
Home Phone Number:	How long have you lived here?	
Work Phone Number:		

Your Home Phone #: _____ **Your Work Phone#:** _____

Person to contact if we cannot reach you: _____

Home Phone# _____ **Work Phone #** _____

Address: _____ **Relationship:** _____

1. From your last property tax statement:
 - What is the estimated market value of your home? _____
 - What are your yearly property taxes? _____
 - Are your property taxes paid to date? _____
2. What year was your home built (approximately)? _____
3. Is your home insured? _____ Insurance company _____
Insurance Agent/Address/Phone _____
4. Have you ever received a Michigan State Housing Development Authority (MSHDA) loan or grant ? _____
5. Have you ever received a Rural Development loan or grant for work on this property? _____
6. Has your home ever been weatherized with HDC or Department of Energy funds? _____
7. Are there any pending or outstanding City judgments against you? [] yes [] no
8. Have you received any Ordinance Violation Notices in the past year? [] yes [] no

Comments: _____

Part II: Household Information

1. Is there anyone listed on the title to your property that does not live in the household?

yes no - If the answer is "yes", please explain who it is:

2. How many people live permanently in your household? _____

3. List all household members, their monthly gross income and source of income including Social Security, wages pensions, AFDC, child support or alimony, SSI, General Assistance, self-employment, farm income, and rental income: (For self-employed persons, farm and rental property income, use the appropriate line for "adjusted gross income" from the 1040 IRS Income Tax Return.)

Name	Age	Monthly Gross Income	Source of Income

Part III: Bank Accounts

Please list the name and address of your bank, savings and loan, or credit union (attach additional sheets if necessary):

Bank: _____ Address: _____

Checking Account Savings Account Other

Bank: _____ Address: _____

Checking Account Savings Account Other

Check here if you have no financial accounts of any kind.

Part IV. Credit History

Please answer all questions. If the answer is "yes," please attach a **written explanation**.

1. Are there any outstanding financial judgements or liens against you? yes no

2. Have you declared bankruptcy within the last 36 months? yes no

3. Have you lost any property through foreclosure or given title or deed to anyone to avoid foreclosure? yes no

4. Are you a co-signer on any note or loan? yes no

5. Have you made all of your monthly payments (housing payments, utilities, loans, credit cards), in a timely manner? yes no If no please explain below:

Part V. Debts

Please list all current financial obligations, mortgage or land contract payments, home equity loans, child support or alimony payments, installment accounts, car loans, charge accounts, debts to banks, finance companies, and government agencies. Attach additional sheet, if necessary.

Creditor	Location of Creditor City & State	Date Account Opened	Maximum Amount owed	Present Balance	Monthly Payments	Is Debt Business Related?
Mortgage Company			\$	\$	\$	
Land Contract Holder			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
Totals:				\$	\$	

Please attach the following required documentation to this application:

- Proof of property ownership – recorded copy of warranty deed (available at Register of Deeds)
- Property Tax Payment – most recent receipt (available at City Hall)
- Property Insurance coverage – copy of insurance coverage Declarations Page
- Income Verification Documents (Declaration of 214 Status, Authorization For Release of Information and Privacy Act Notice, Family Composition form, & Checklist – one for each family member over 18 years of age)

Part VI: Certification

I certify by signing this application, that the information stated above is true and correct to the best of my knowledge. I realize that giving false information will result in disqualifying me from assistance in the Housing Rehabilitation Program.

I hereby authorize the Housing Rehabilitation staff to verify information provided and run a credit report, to enter my home to identify rehabilitation necessary work items, to take photographs, and to inspect work in progress during regular business hours while construction is occurring.

(Signature of Applicant)

(Date)

(Signature of Applicant)

(Date)

The information below is requested solely for the purpose of determining compliance with Federal civil rights law and your response will not affect consideration of your application

Gender of Applicant:

Female

Male

Race/ Ethnicity of Applicant:

1. White, not Hispanic 2. Black, not Hispanic 3. Hispanic

4. American Indian or Alaskan Native. 5. Asian or Pacific Islander

For office use only

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Date and time application received: