



CITY OF DETROIT **Single Family Home Repair Programs**

0% Interest Home Repair Loan
MAX LOAN: \$25,000

Lead Hazard Reduction
MAX GRANT: \$24,999

Senior Emergency Home Repair
MAX GRANT: \$15,000

INSTRUCTIONS

- Please complete the entire application and submit required documentation.
- Completing an application does not guarantee eligibility, participation or funding.
 - Condition of the home and the cost of the repairs are a factor in determining program eligibility.
 - A lien may be placed on your home for the amount of assistance provided.

PROPERTY INFORMATION

- Owner Occupied
 Rental Property
 Land Contract
 Vacant

- If Owner Occupied
 Mortgage
 Free and Clear

Home Repair Needs

Check if applicable:

- Roof
 Heat
 Water
 Electrical
 Exposure to Elements
 Entry
 Standing Water/Sewage
 Floor
 Lead Paint Hazards
 Other _____

I have lived at this address for _____ months / years

- Do you have homeowners insurance? Yes No
 Are property taxes current? Yes No
 If no, are you on a payment plan? Yes No NA
 Home built before 1978? Yes No Unsure

Property Address

Apartment #

City State Zip # of Units in Bldg # of Bedrooms

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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APPLICANT INFORMATION

Applicant Name

Co-Applicant Name

Telephone Number

Alternate Telephone Number

in Household

Email Address

Check all that apply:

- Female Head of Household
 Disabled
 Elderly
 Children under 6
 DLBA purchase

How did you hear about this program?

Have you previously received a City of Detroit home repair loan/grant?

NO YES If yes, year _____ Amount _____

FOR OFFICE USE ONLY:

Date App Received by Referring Agency _____

Date Application Received By HRD _____

Referring Agency _____

Approval / Denial Date _____
(circle one)



DOCUMENTATION CHECKLIST

The following documentation **MUST** be included with the completed application in order to be reviewed:

- Photo identification for each member of the household 18 and over
 - Current driver's license, State ID card or City of Detroit ID card
- Must show ownership for at least six (6) months at the time of application
 - Recorded Warranty Deed, Quit Claim Deed or Land Contract (Warranty Deeds must accompany all recorded Quit Claim Deeds)
 - Death and Marriage Certificates must be provided, if applicable
 - Probate documents or Divorce Decree must be provided, if applicable
- Copy of current, paid property tax bill (city or county) or
 - Approved payment plan with the Treasurer's Office with evidence of at least three (3) consecutive payments in accordance with the agreed upon terms of the plan
- Copy of current utility bill or merchant's statement (Credit card bills, delivery notices or other first class mail addressed and received within last 2 weeks)
- Current Mortgage Statement, if applicable
- Copy of current fire or hazard home insurance (must be at least equal to the amount of the grant)

- Birth Certificates, or guardianship papers, for each dependent residing in the house
 - Religious, hospital or physician's certificate showing date of birth, Adoption record, Previously verified school records or Affidavit from a parent (last option)
- Blood Lead Level Test Results for all children under the age of 6, results must be dated within 4 months of application submission
- Proof of Income (submit for each member of the household 18 years and over)
 - Copy of 2 most recent months' paycheck stubs
 - 2 years federal tax returns
 - 2 years W-2s
 - 2 months bank statements
 - Other items such as Social Security Award Letters, Pension Statements, MDHHS Award Letters, etc. OR
 - Affidavit of Non-Employment signed, dated and notarized for each non-working householder over 18 years

Self-Employed

- Self-employed applicants must submit: 1) two years tax returns with Schedule C showing amount earned; 2) two months bank statements; and, 3) a notarized profit & loss statement.

OWNER INFORMATION – RENTAL UNITS ONLY (complete only if different from applicant)

Type of Ownership <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Name <input style="width: 100%; height: 25px;" type="text"/>	Registered Rental? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Email Address <input style="width: 100%; height: 25px;" type="text"/>	Monthly Rent Per Unit <input style="width: 100%; height: 25px;" type="text"/>		
Address <input style="width: 100%; height: 25px;" type="text"/>	City <input style="width: 100%; height: 25px;" type="text"/>	State <input style="width: 100%; height: 25px;" type="text"/>	Zip <input style="width: 100%; height: 25px;" type="text"/>
Telephone Number <input style="width: 100%; height: 25px;" type="text"/>	Alternate Telephone Number <input style="width: 100%; height: 25px;" type="text"/>		



ANNUAL GROSS HOUSEHOLD INCOME VERIFICATION CHECKLIST

Please complete for each household member 18 years of age and older. Please complete additional sheets as necessary to include all householders over 18.

Please indicate the total household gross monthly income from all sources (calculated below):

SOURCE OF INCOME	Amount Received Monthly			
	Applicant	Co-Applicant	Householder Over 18 Name: _____	Householder Over 18 Name: _____
Employment (Wages and Salary)				
Self-Employment				
Worker's Compensation/Unemployment				
Veteran's Benefits				
Disability or Death Benefits				
Social Security or SSI Benefits				
Public Assistance				
Child Support and/or Alimony				
Payments from Trusts, Annuities or Inheritance				
Retirement Accounts, Funds or Pensions				
Rental Income				
Savings Account or Checking Account				
Stocks/Bonds				
Other (Parents/Relatives, Education Grant or Scholarship, Lottery Winnings, Inheritance, Insurance, Interest/Dividends etc.)				
Total	\$	\$	\$	\$



HOUSEHOLD PROFILE

Occupant Name	Date of Birth	Relationship to Homeowner	Medicaid Number	Is this person pregnant?	Optional		Tested for Lead	Date of Test	Results of Test (Blood Lead Level)
					Ethnicity: Hispanic/Latino?	Race: A-Asian • B-Black H-Hawaiian/Pacific Islander • I-American Indian/Alaskan Native O-Other • W-White			
				Y N	Y N	A B H I O W	Y N		
				Y N	Y N	A B H I O W	Y N		
				Y N	Y N	A B H I O W	Y N		
				Y N	Y N	A B H I O W	Y N		
				Y N	Y N	A B H I O W	Y N		
				Y N	Y N	A B H I O W	Y N		
				Y N	Y N	A B H I O W	Y N		
				Y N	Y N	A B H I O W	Y N		
Visiting Child Name							How long does the child visit?		
							Hours/day?	Days/week?	Weeks/year?
				Y N	Y N	A B H I O W			
				Y N	Y N	A B H I O W			
				Y N	Y N	A B H I O W			
				Y N	Y N	A B H I O W			



PROGRAM ACKNOWLEDGEMENTS

Conflict of Interest

Are you or an immediate family member or a business associate now or any time in the past 12 months an employee, agent, consultant, elected or appointed official of the City of Detroit (CITY)? **YES** **NO**

Authorization to Release Information

The Applicant(s) gives permission to the Intake Center to release the City of Detroit Single Family Home Repair Programs Application and supporting documentation to the CITY/LISC Detroit/Lender for the purposes of: 1) Obtaining a credit report in my name; 2) Verifying my income, asset and employment information; 3) Verifying any and all other information necessary to establish the Applicant(s) eligibility to receive assistance through the City of Detroit Single Family Home Repair Programs. The Applicant(s) understand that the information obtained will remain confidential and will be used solely for the purpose of determining eligibility to receive home repair assistance.

Notice of Non-Discrimination

The CITY does not discriminate on the basis of race, color, creed, national origin, age, handicap, sex or sexual orientation, marital status and familial status. Complaints may be filed with the Detroit Civil Rights, Inclusion and Opportunity Department, 2 Woodward, Suite 1240, Detroit, Michigan 48226.

Income and Credit Verification

The Applicant(s) authorizes the CITY/Lender to make inquiries to verify the accuracy of the statements made and to determine creditworthiness of the applicant. The Applicant(s) authorize the CITY/Lender to obtain a consumer credit report through a credit reporting company chosen by the CITY/Lender. The Applicant(s) understand and agree that the CITY/Lender intended to use this consumer credit report for purposes of evaluating my/our financial readiness to secure a 0% Interest Home Repair Loan. The Applicant(s) understand that this credit report will be retained on file at the CITY/Lender offices and that the information will not be disclosed to anyone without my prior written consent.

I understand that if any falsification on this form results in the amount of my grant being ruled as an ineligible cost by the U.S. Department of Housing and Urban Development, I agree to pay the CITY immediately upon demand, the amount of any such ineligible cost.

Penalty for False or Fraudulent Statement

U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or make any false, contain any false, fictitious or fraudulent statements or representation, makes or uses any false writing response or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both." The undersigned certifies under penalty of law that all statements made in this application form and supporting documents are true and accurate, correct and complete. If any of the information provided by the Applicant(s) is untrue, inaccurate or incomplete, regardless of when this is discovered by the CITY, the City may, in its sole discretion, immediately terminate the Applicant(s) participation in the City's Single Family Home Repair Programs without liability.

Applicant's Signature

Co-Applicant's Signature

Date

Date



0% INTEREST HOME REPAIR LOAN PROGRAM
Supplemental Application Questions

EMPLOYMENT INFORMATION

APPLICANT

Number of Years at Current Employer

Current Position

- Self-Employed
- Employed
- Unemployed

Describe Self-Employment, if applicable

Name of Employer

Telephone Number

Address

City

State

Zip

CO-APPLICANT

Number of Years at Current Employer

Current Position

- Self-Employed
- Employed
- Unemployed

Describe Self-Employment, if applicable

Name of Employer

Telephone Number

Address

City

State

Zip

DECLARATIONS

YES

NO

Are there outstanding judgements against you?		
Have you declared bankruptcy in the past 7 years?		
Have you had any property foreclosed or given title or deed in lieu within 7 years?		
Are you a party to a lawsuit?		
Are you presently delinquent on any federal or state debt (student loan, income tax, etc.)?		

HOUSING PAYMENTS

Complete if Mortgage or Land Contract present

Balance of Mortgage or Land Contract

Payments Made To

Monthly Mortgage Payment/Land Contract Amount