

**APPLICATION FOR HOME REHABILITATION**  
 Only for Owner-Occupied, Single-dwelling Residential Property

Application Date: \_\_\_\_\_ App.# \_\_\_\_\_ County \_\_\_\_\_

Names of all household members	Social Security #	Birthdate	Sex	*Race	Handicap Yes/No

(List other household members on separate sheet of paper)

Address: \_\_\_\_\_ Township: \_\_\_\_\_  
 Street-Route-Box No., &/or P.O. Box #, City State Zip

Whose names are on the deed? \_\_\_\_\_  
 How long have you lived there? \_\_\_\_\_ Year house was built: \_\_\_\_\_  
 Total number of buildings? \_\_\_\_\_ Total number of bedrooms: \_\_\_\_\_  
 Total number of rooms, including bathrooms and hallways: \_\_\_\_\_

No. of Dependents (including yourself): \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Applicant 1: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Applicant 2: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Please list any other household members, who are age 18 or older, occupations and employer information on the back of this page.

Are you related to any of the housing member or staff? \_\_\_\_\_  
 If so, explain: \_\_\_\_\_

**DATA ON PROPERTY TO BE REHABILITATED:**

Original Mortgage or Land Contract Amount: \$ \_\_\_\_\_ Unpaid Balance: \$ \_\_\_\_\_  
 Name & Address of Lender: \_\_\_\_\_  
 Name & Address of Homeowners Insurance Carrier: \_\_\_\_\_

Present Market Value of House & Property (Estimate): \$ \_\_\_\_\_  
 State Equalized Valuation (Attach copy of Tax Billing): \$ \_\_\_\_\_

\*Minority group data is obtained for statistical purposes only.



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## APPLICANT'S INFORMATION FOR CREDIT APPROVAL

If answer is none, write "NONE" - fill in ALL blanks.

### A. MONTHLY HOUSING EXPENSE

- 1 House Payment \_\_\_\_\_
- 2 Heat (Gas, Oil, Electric) \_\_\_\_\_
- 3 Utilities (Electric, Gas) \_\_\_\_\_
- 4 Homeowners's Insurance \_\_\_\_\_
- 5 Property Taxes \_\_\_\_\_
- 6 Maintenance \_\_\_\_\_
- 7 Water, Garbage \_\_\_\_\_

**Total Monthly Expense** \_\_\_\_\_

**Percentage of Total Income** \_\_\_\_\_

### B. MONTHLY FIXED EXPENSE

- 1 Income Taxes, (Approx. 20% of gross) \_\_\_\_\_
- 2 Other Property Payments \_\_\_\_\_  
Balance Due: \_\_\_\_\_
- 3 Phone, Internet, Cable \_\_\_\_\_
- 4 Life Insurance \_\_\_\_\_
- 5 Health Insurance \_\_\_\_\_
- 6 Car Loan \_\_\_\_\_  
Balance Due: \_\_\_\_\_
- 7 Notes Payable \_\_\_\_\_  
Balance Due: \_\_\_\_\_
- 8 Charge Accounts \_\_\_\_\_  
Balance Due: \_\_\_\_\_
- 9 Other \_\_\_\_\_

**Total Monthly Fixed Expenses** \_\_\_\_\_

### C. MONTHLY INCOME

- 1 **Gross Wages:** Applicant \_\_\_\_\_  
Co-applicant \_\_\_\_\_
- 2 Unemployment Benefits \_\_\_\_\_
- 3 ACD/FIP \_\_\_\_\_
- 4 Social Security \_\_\_\_\_
- 5 Veteran's Benefits \_\_\_\_\_
- 6 Pension Benefits \_\_\_\_\_
- 7 Disability Benefits \_\_\_\_\_
- 8 Income from Investment \_\_\_\_\_
- 9 Income from Property \_\_\_\_\_
- 10 Other Income \_\_\_\_\_  
(Child Support, etc.)

**Total Monthly Income** \_\_\_\_\_

**Annual Gross Income** \_\_\_\_\_

### D. CURRENT ASSETS

- 1 Cash Accounts \_\_\_\_\_
- 2 U.S. Savings Bonds \_\_\_\_\_
- 3 Other Savings \_\_\_\_\_
- 4 Stock/Securities \_\_\_\_\_
- 5 Real Estate Equity \_\_\_\_\_
- 6 Vehicles \_\_\_\_\_
- 7 Other \_\_\_\_\_

**Total Current Assets** \_\_\_\_\_

Name & Address of Bank: \_\_\_\_\_

Have you had a Foreclosure: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, When: \_\_\_\_\_

If "Yes", give Property Address: \_\_\_\_\_

Have you ever filed bankruptcy: Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", give date of discharge: \_\_\_\_\_



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**DATA PRIVACY STATEMENT**  
**TO BE READ BEFORE SIGNING THE APPLICATION FORM**

All information you provide about you and your household is considered **private data**.

The information collected from you or from other agencies or individuals (authorized by you) is used to determine your eligibility for the housing rehabilitation program. As it is stated on the application, you are not **required** to provide information regarding your marital status or race. However, this information is vital to determine to what extent minorities use our programs or serve certain types of households. All other information on the form - including your Social Security Number - is required to determine your eligibility for participation in our program or required by the State or Federal agency funding your loan.

We will use your private data only when it is required for administration and management of the program. Persons or agencies with which this information may be shared include:

1. Staff who are involved in program administration.
2. Auditors who perform required audits of our programs.
3. Authorized personnel from the Michigan State Housing Development Authority (MSHDA) and the U. S. Department of Housing and Urban Development (HUD) or other State and Federal agencies providing funding assistance to your loan.
4. Those persons who you authorize to see it.
5. Law enforcement personnel in the case of suspected fraud.

Under Michigan's Freedom of Information Act, individuals or organizations have the right to receive the names, addresses and amount of rehabilitation assistance provided to homeowners under this program. However, they are not entitled to see private information about your income, your sources of income, or credit information.

To the best of my knowledge, the information on this application is accurate and true. I give my permission to this agency to verify my eligibility and share necessary private data with those who need to know it or are required by Federal or State law to know it. I understand that I will be prosecuted for fraud and perjury if I knowingly provided false information.

I may appeal for a review of my application if assistance is denied.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## WHAT TO EXPECT AND WHAT NOT TO EXPECT FROM THE HOME IMPROVEMENT PROGRAM

### Things That Homeowners Do In the Home Improvement Program

The program will help homeowners during the home improvement process, but homeowners are responsible for making the choices and doing the work listed below.

1. Homeowners provide the Home Improvement Program with necessary information promptly.
2. Homeowners sign home improvement contracts with the selected contractor.
3. Homeowners request and approve payments to their contractors.
4. Homeowners work with contractors to settle disagreements during the job.
5. Homeowners contact their contractors to ask them to correct problems covered by contractor warranties during the 18 months after the job has been completed.

### Things Owners Should Think About Before Taking Out A Home Improvement Loan

1. Not **all** the work that homeowners want to be done can always be done.
2. Don't expect the house to be completely new after the work is done.
3. Don't expect all floors, walls, ceilings, doors, windows, etc. to be completely plumb, level, and square when work is done.
4. It can be stressful living in a house while a contractor is performing the work.
5. Very few times in life is anyone completely satisfied with things they buy or have repaired. Buying a house or having a house repaired is no different.
6. Housing requires routine maintenance. It would be a good idea to save at least \$50 a month to help cover the cost of future repairs and maintenance.
7. Finally, the Home Improvement Program rehabilitation staff are **not** the contractor and **cannot** guarantee that homeowners will be satisfied with the work done by the contractor.

I have read and understand the scope of the Home Improvement Program.

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

Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

**\*This program is 1<sup>st</sup> come 1<sup>st</sup> ready 1<sup>st</sup> served.**



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Project # \_\_\_\_\_

**Inspection Authorization**

APPLICANT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
TELEPHONE NO. \_\_\_\_\_

For purposes of processing this application, authorization is given to the Home Improvement Program, for inspections to identify necessary rehabilitation work items, to photograph existing conditions and improvements, and to inspect work in progress while construction is occurring during regular business hours at the above listed address. Said inspections will be requested by the Home Improvement Program of the Housing Inspector, Director of Construction, Health Department Inspector or others deemed necessary by the Home Improvement Program on our behalf. It is understood that, generally, the inspections performed are to determine the repairs necessary for the home to meet HUD Section 8 Guidelines for existing homes, and that they will be of a non-destructive, visual nature, though other inspections are hereby authorized.

It is understood that the repairs and the amount of money required for such repairs will be the basis for a loan application and that the inspection of the house is in no way a guarantee that this application will be approved.

All information on this application, as well as documents furnished in support of this application, is given for the sole purpose of obtaining a deferred loan or a loan through the Home Improvement Program and that the contents of this application are true and complete to the best of my knowledge and belief. Supporting verification may be obtained from any source named herein.

**Penalty for False or Fraudulent Statement:** USC Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United State, knowingly and willfully falsifies ... or makes any false, fictitious statements or representations, or makes or used any false writing 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 (5) years, or both."

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

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

**REPAIRS YOU BELIEVE MAY BE NECESSARY:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Rooms: \_\_\_\_\_  
Number of Bedrooms: \_\_\_\_\_  
Number of Buildings: \_\_\_\_\_

**PERSONS TO CONTACT FOR ADDITIONAL INFORMATION IF NECESSARY:**  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_



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