



WCLB EXTERIOR HOME REPAIR APPLICATION

Name: _____

Address: _____

Phone: _____

Email: _____

Description of Repair Project(s):

Application Checklist:
<ul style="list-style-type: none"> ▪ Repair Project Application (this form) ▪ Two quotes from qualified contractors ▪ Household Income Self Certification Form

Please answer the following questions:

- | | | |
|---|------------------------------|-----------------------------|
| 1. This is my primary residence. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. This property has homeowner's insurance. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. I am current on all of my property taxes or on a repayment plan. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. This property is not in the process of any foreclosure proceedings. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. This property has active water and electrical service. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. This property has received, or is currently receiving, assistance from | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

MSHDA/NHID.

If yes, please indicate the total amount received: \$_____ and year received_____.

Please read the statements below and only sign if you understand and agree:

- I understand I may have to repay all or some of the cost of the project if the house is sold in the next five (5) years.
- I understand that as part of the program an exterior site inspection will be completed before and after.
- I understand that before work can start, I will enter into a contract with the WCLB and approved contractor.

Signature: _____

Neighborhood Enhancement Program (NEP)

Household Income Self-Certification Form

Grantee Name:

Grant Number:

Applicant Name _____

Home Address _____

Project Description _____

NEP Applicant Qualifications Checklist

- The applicant is the **owner** and **occupies** the **assisted** property.
- The applicant does **not** own any property that is **tax delinquent**.
- There is **current insurance** coverage on the property.
- The applicant does **not** own any property that is subject to any **citation** of **violation** of the state and/or local codes and ordinances.
- The applicant has **not** been the **prior owner** of any property transferred to the Treasurer or to a local government as a result of **tax foreclosure** proceedings.
- The applicant has a household income at or below 120% of the **County's** area median income (located below).

County (For Information Only – Do Not Mark)								
Household Size	1	2	3	4	5	6	7	8
Income Limits 120% AMI								

BY MY SIGNATURE BELOW, I CERTIFY THAT MY INDIVIDUAL INCOME OR HOUSEHOLD INCOME IS APPROXIMATELY \$ _____ ANNUALLY AND _____ NUMBER OF PERSONS RESIDE IN MY HOME. I FURTHER CERTIFY THAT I AM ABLE TO DOCUMENT MY ANNUAL INCOME WITH PAYSTUBS, OR OTHER EVIDENCE REQUIRED BY THE GRANTEE.

Under penalties of perjury, I declare that I have examined this certification statement, and to the best of my knowledge and belief, the supporting documentation provided and the household eligibility facts provided are consistent, true, correct, and complete.

I also understand and provide consent for MSHDA and/or its Subrecipient Agency to verify accuracy of the certified information and determine if it is in compliance with the program's requirements and policies.

If this application is approved, I will care for and maintain the property.

In addition, I understand that there is a formal on-line process to report fraud concerns: <https://www.michigan.gov/mshda/about/performance/how-to-report-fraud>

False Statements - Parties signing this certification form understand that making false statements or claims in connection with this award may result in criminal, civil, or administrative sanctions, including fines, imprisonment, civil damages and penalties, and/or any other remedy available by law.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

AUTHORIZATION TO RELEASE INFORMATION

To Michigan State Housing Development Authority and Housing Agency (HA):

I/we, the individual/household member(s) below is/are a current tenant of the residence located at _____, _____ Michigan and is/are an applicant or participant in the _____ Neighborhood Housing Initiatives Division Program. This program is funded by the Michigan State Housing (MSHDA) and administered by _____ Housing Agency (HA). In order to be eligible for this Neighborhood Housing Initiatives Division Program, my household's income is collected along with other information in my/our program file including my/our address, household size, household member names and photographs. MSHDA and the HA are requesting consent to release this file information for marketing and program purposes. However, the information will not be otherwise disclosed or released outside of MSHDA or the HA, except as permitted or required by law. MSHDA and the HA will protect the file information in accordance with any applicable State privacy law.

Signatures:

Date:

Head of Household

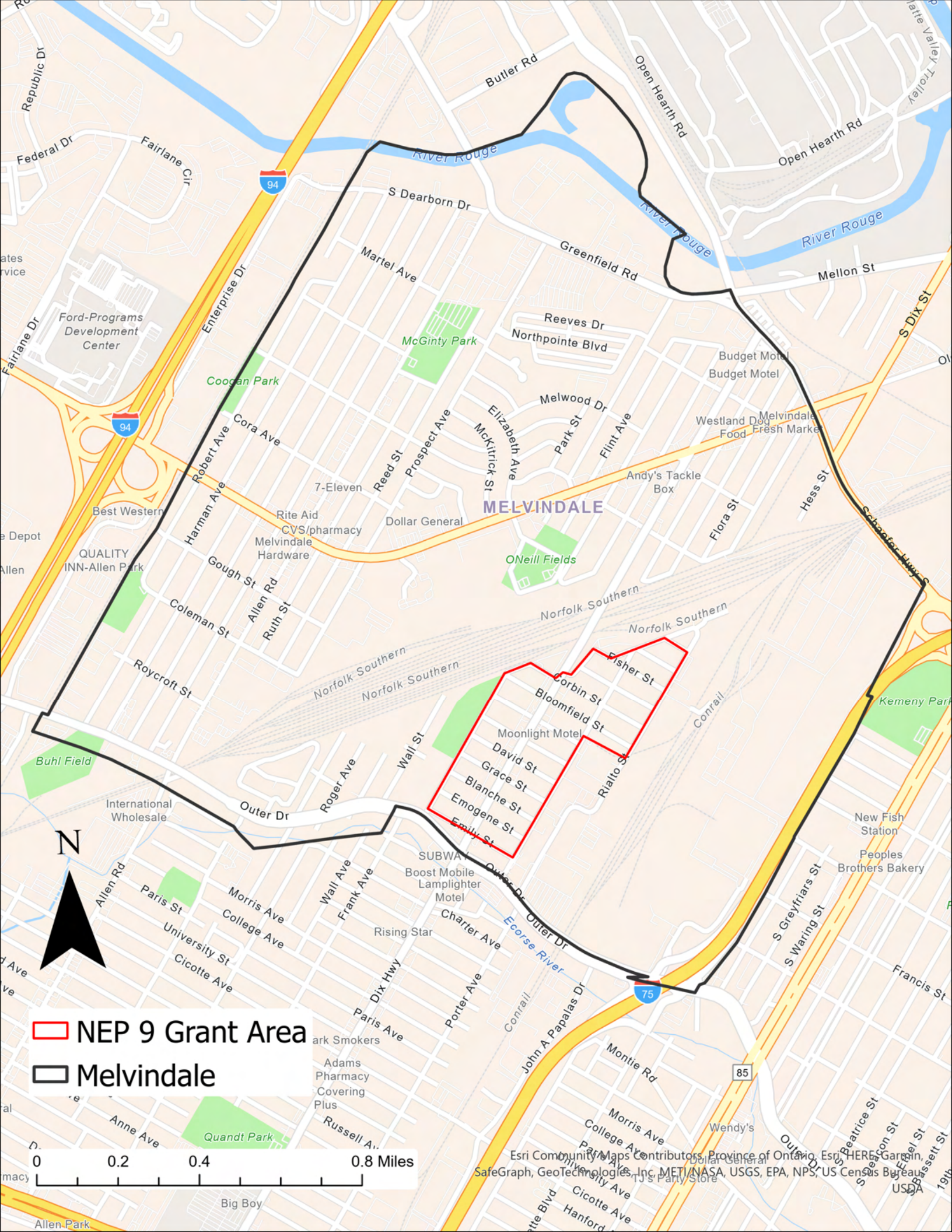
Spouse

Other Family Member/Occupant over age 18

Other Family Member/Occupant over age 18

Other Family Member/Occupant over age 18

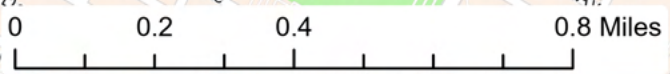
Other Family Member/Occupant over age 18



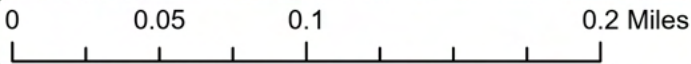
MELVINDALE

 NEP 9 Grant Area

 Melvindale



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 NEP 9 Grant Area

