

LIVONIA HOUSING COMMISSION

BRANDIE M. ISAACSON
DIRECTOR

MEMBERS
JOHN BRYAN
CARL DEAL
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MAUREEN MILLER BROSNAN
MAYOR

COMMUNITY DEVELOPMENT
10800 FARMINGTON ROAD
LIVONIA, MICHIGAN 48150
(734) 421-6450
(734) 261-0375 FAX

MAJOR HOME REHABILITATION LOAN PROGRAM APPLICATION

The Livonia Housing Commission, through the Federal Community Development Block Grant, provides financial assistance in the form of 0% or 3% interest rate loans to low and moderate income homeowners for Major Home Rehabilitation. To qualify for the Major Home Improvement Loan, all applicants must:

- Complete this application
- Provide all required documents and income information listed on the reverse of this form
- Not exceed current income guidelines established annually by the Dept. of Housing & Urban Development
- Not exceed asset limitation of \$50,000 in personal/real property excluding home and car
- Be current with property tax and water bill payments
- Be owner/occupant for at least 1 year of the home requiring repair(s)
- Complete the following application documents *in ink*:
 1. Family Composition Form
 2. Authorization For Release of Information
 3. Income & Asset Checklist one for each household member 18 years of age and older

Please note: Additional information may be required to determine eligibility

Prior to making an intake appointment, please complete the application and obtain the documents listed on the following page. Please review this application carefully and do not hesitate to call the Community Development Office with any questions you may have.

Application must be made in person by appointment. Appointments are typically scheduled Monday - Thursday, 9:00am-2:00pm at the Community Development Office, 10800 Farmington Road.

To make an intake appointment, please call **Glenn Warn at 734-421-6450 ext. 104, or e-mail CDBG@ci.livonia.mi.us**

(SEE OTHER SIDE FOR LIST OF REQUIRED DOCUMENTS NEEDED)



EQUAL HOUSING
OPPORTUNITY

**BE PREPARED TO PROVIDE ALL OF THE FOLLOWING DOCUMENTATION
AT THE INTAKE APPOINTMENT:**

(Your documents will be photocopied and returned to you immediately; all files are confidential)

1. **Proof of Home Ownership** which is verified via the following:
 - a. Warranty Deed and/or subsequent Quit Claim Deed(s)
 1. Properly recorded deed bearing the stamp of the "Wayne County Register of Deeds"
 - b. Divorce Decrees or Death Certificates for any former co-owner listed on Deeds, where applicable
 - c. Land Contracts are not permitted
 - d. Homes held in a Trust are not permitted
2. **Proof of Current Homeowner's Insurance** the declaration page and proof of paid policy premium
3. **Mortgage payment statement**
4. **Current Copy of State I.D. or Driver's License (front and back)** for all household members age 18 and older
5. **Current Gas/Electric statement** with applicant's name and address
6. **Proof of Total Gross Household Income & Assets** all income for each household member 18 years of age or older must be reported, documented, and verified. Please include:
 - a. Current Federal, State, Homestead tax claims including W-2's, 1099s (if Self-Employed **2 years** of tax documents are required)
 - b. Employment/Payroll statements for past 6 months
 - c. Unemployment Determination letter
 - d. Social Security, SSI, SSD Benefits statements for current year
 - e. Pension statements for current year
 - f. Child Support statement(s), 12 month history
 - g. Alimony decree statement
 - h. Direct support or gift income
 - i. Financial statements for all accounts for past 3 months
7. **School verification** for each household member 18 years of age or older, where applicable
8. **Property Taxes & Water Bills** must be paid to date



PROPOSED IMPROVEMENTS:

Is your home equipped with properly operating smoke detectors?.....Yes No Don't Know

Carbon Monoxide Detector?.....Yes No Don't Know

Have you or other family member ever been tested for Lead-based Paint poisoning?.....Yes No Don't Know

Have you ever been obligated on a home improvement loan which resulted in foreclosure, deed-in-lieu of foreclosure, or judgment?.....Yes No

If yes, give property address: _____

Name & address of Lender: _____

As mandated by Federal regulation, all housing units built prior to 01-01-1978 are subject to inspection / risk assessment for the identification of lead-based paint.

I/we have received a copy of the EPA "Renovate Right" lead-based paint brochure. Yes, Initial here _____

I/we certify that I/we am/are the owner(s) and occupant(s) of this property, and that the statements and information given in this application are true, accurate, and complete to the best of my/our knowledge and belief.

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec. 1001, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

INCOME & ASSETS CHECKLIST (TWO-SIDED)

Please complete a separate form for each household member who is aged 18 years or older. Please complete **both** pages of this form. Use a separate sheet if necessary.

Be prepared to verify items checked yes. Failure to comply could result in termination of benefits.

Name: _____ County: _____

Complete each item:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I am a citizen of the United States. If No, have immigration documents. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am self-employed. If yes, describe and list your company name/address:

_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have _____ (enter #) of jobs and receive money / wages. List each job separately.

Name of Employer: #1 _____ #2 _____
Street Address: _____
City, State, Zip: _____
Telephone: _____
Contact Person: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive unemployment benefits. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive regular or periodic payments from Workers' Compensation. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive regular or periodic payments from a Pension(s). |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Social Security. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Supplemental Security Income (SSI). |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Disability or Death benefits other than Social Security . |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Public Assistance other than food stamps (ADC, SFA, SDA, RAP, Step-Parent assistance). |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive military active duty pay. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Veteran's Administration benefits or GI Benefits. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive regular or periodic payments from a Trust, Annuity, or Retirement fund. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive regular or periodic payments from an Insurance Policy or Inheritance. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive regular or periodic payments from Lottery Winnings. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Alimony. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Child Support. CASE # _____ |
| | | Is Child Support paid directly to Social Services? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a family member who is seventeen (17) years of age or younger who has unearned income (i.e. Social Security). |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Educational Grants or Scholarships. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive cash contributions or "gift money", including utility payments, from persons not living with me. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from rental of Real Estate or Personal Property. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Income from Indian Trust Land. |

INCOME & ASSETS CHECKLIST (TWO-SIDED)

Complete each item:

Yes **No**

 I have a Savings Account(s). List name & address of all financial institutions:
Name of Bank: #1 _____ #2 _____
Street Address: _____
City, State, Zip: _____
Telephone: _____
Account #'s: _____

 I have a Checking Account(s). List name & address of all financial institutions:
Name of Bank: #1 _____ #2 _____
Street Address: _____
City, State, Zip: _____
Telephone: _____
Account #'s: _____

 I have Time Certificates of Deposit. List name & address of all financial institutions:

 I have an IRA, Keogh, 401K, 403b, etc. account(s). List name & address of all financial institutions: _____

 I have Treasury Bills.
 I have Stocks and/or Mutual Funds.
 I have Bonds.
 I own Real Estate (other than the property of which I am owner/occupant).
 I own a mobile home, boat, and/or recreational vehicle (camper).
 I have personal property held for investment purposes (gems, jewelry, coin/stamp collections, etc.)
 I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years.
If yes, list items _____

 I have income/assets from sources **other** than those listed above. Please list:

I certify, to the best of my knowledge, that all statements are true. I understand that providing false information will result in denial or termination of benefits.

(Applicant's signature)

(Date signed)

LIVONIA HOUSING COMMISSION

JAMES M. INGLIS
DIRECTOR



DENNIS K. WRIGHT
MAYOR

MEMBERS
JOHN BRYAN
CARL DEAL
DALE MOSER
BETTI SLACK
RUSS SMITH

COMMUNITY DEVELOPMENT
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**AUTHORIZATION FOR RELEASE OF INFORMATION
AND PRIVACY ACT NOTICE**

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.
Failure to comply will result in denial of benefits.

The undersigned authorize the Livonia Housing Commission (LHC) and/or its contracted agent to contact any agencies, offices, groups, organizations, or employers to obtain, and agencies to release, information that is pertinent to eligibility, level of benefits, or continued participation in the CDBG, HOME and/or any other housing assistance programs, including authorization to obtain a consumers credit report.

This includes the Social Security Administration (SSA), Internal Revenue Service (IRS), U.S. Citizenship and Immigration Services (USCIS), and the State of Michigan Department of Human Services (DHS) programs. The LHC may use this Authorization and the information obtained with it, to administer and enforce program rules and policies.

The undersigned certify that the information given to the LHC on household members, income, net family assets, allowances, and deductions is accurate.

I understand that false statements or information are punishable by imprisonment for up to 10 years or by a fine of up to \$5,000 and grounds for termination of housing assistance under State and Federal Law.

PRIVACY ACT NOTICE STATEMENT: THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) IS REQUIRING THE COLLECTION OF THIS INFORMATION TO DETERMINE AN APPLICANT'S ELIGIBILITY AND THE AMOUNT OF ASSISTANCE NECESSARY. THIS INFORMATION WILL BE USED TO ESTABLISH LEVEL OF BENEFIT, TO PROTECT THE GOVERNMENT'S FINANCIAL INTEREST; AND TO VERIFY THE ACCURACY OF THE INFORMATION FURNISHED. IT MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, AND LOCAL AGENCIES WHEN RELEVANT, TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATORS, AND TO PROSECUTORS. FAILURE TO PROVIDE ANY INFORMATION MAY RESULT IN A DELAY OR REJECTION OF YOUR ELIGIBILITY APPROVAL. HUD IS AUTHORIZED TO ASK FOR THIS INFORMATION BY THE NATIONAL AFFORDABLE HOUSING ACT OF 1990.

I ACKNOWLEDGE THAT (1) A PHOTOCOPY OF THIS FORM IS AS VALID AS THE ORIGINAL, (2) I HAVE THE RIGHT TO COPY INFORMATION FROM THIS FILE AND TO REQUEST CORRECTION OF INFORMATION I BELIEVE INACCURATE.

ALL ADULT HOUSEHOLD MEMBERS WILL SIGN THIS FORM AND COOPERATE IN THIS PROCESS.

I agree that copies of this Authorization may be used for the purposes stated above. This consent will expire 15 months from the date signed.

_____ Signature of Head of Household	_____ Social Security Number	_____ Date
_____ Signature of Spouse	_____ Social Security Number	_____ Date
_____ Other Adult Signature (if applicable)	_____ Social Security Number	_____ Date
_____ Other Adult Signature (if applicable)	_____ Social Security Number	_____ Date