

BRANDIE M. ISAACSON
DIRECTOR

MEMBERS
JOHN BRYAN
DALE MOSER
CARL DEAL
BRIAN SCOTT
ELEANOR MALONE

LIVONIA HOUSING COMMISSION



MAUREEN MILLER BROSAN
MAYOR

COMMUNITY DEVELOPMENT
10800 FARMINGTON RD.
LIVONIA, MI. 48150-2751
(734) 421-6450
(734) 261-0375 FAX

MINOR HOME REPAIR PROGRAM APPLICATION

The Livonia Housing Commission, through the Federal Community Development Block Grant, provides financial assistance in the form of a non-repayable grant used to pay for Minor Home Repair improvements as stated on the Eligible Repair List (see page 2). Qualified low-moderate income homeowner/occupants may apply for a Minor Home Repair grant once per program year (July 01 – June 30).

After three years of consecutive repairs, the applicant may be determined ineligible for additional repairs. Additionally, depending upon the condition of the property and the scope of the repairs required, the applicant may be determined ineligible for this grant. In these cases, a referral to the Major Home Rehabilitation Loan program may be made.

Improvements are limited to freestanding, single family dwellings. In the case of condominiums/duplexes/town homes, common areas of these units will be ineligible for repair. Repairs that are the legal responsibility of the owner-occupant may be completed. Rental units are ineligible for repair. All minor home repair improvements must remedy substandard condition and/or eliminate a safety hazard.

To qualify for the Minor Home Repair Grant, all applicants/current clients must:

- Complete an application annually
- Provide all required documents and income information (listed on page 3)
- Not exceed current income guidelines established annually by the Dept. of Housing & Urban Development
- Not exceed Total Net Equity of \$50,000 in personal or real property excluding home and car
- Be current with property tax and water bill payments
- Be owner/occupant of the home requiring repairs for at least 1 year
- Provide a minimal administration fee for service, collected upon determination of eligibility
- Complete the following enclosed 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 page 3. Application must be made in person by appointment only. Appointments are typically scheduled Monday - Friday, 9:00am-3:00pm at the Community Development Office, 10800 Farmington Road. To make an intake appointment, please call **734-421-6450 ext. 104**, or e-mail MinorHomeRepair@ci.livonia.mi



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ELIGIBLE REPAIR LIST

All Minor Home Repair Improvements must remedy substandard conditions and/or eliminate a safety hazard. Please be advised that repairs are subject to the ability to retain qualified contractors.

Examples of **eligible** improvements (list subject to change):

ACCESSIBILITY: Installation of grab bars / handrails

DRAINS: Identify and repair faulty drains; Cable sewer lines

DETECTORS - SMOKE AND CARBON MONOXIDE: Installation to code

ELECTRICAL WIRING: Inspect & correct electrical hazards

HEATING SYSTEMS: Install humidifier, thermostats

INSULATION: Installation of insulation

INTERIOR WALLS: Patch broken plaster / drywall, fill cracks

LIGHTING: Installation of exterior lights for security purposes

MASONRY: Repair or replace broken masonry; minor chimney repair

PLUMBING: Check for leaks, rusted pipes and repair or replace as determined necessary. Garbage disposals, hot water tanks, and toilets repaired or replaced as determined necessary

ROOF: Check/repair minor leaks, valleys, and flashing; secure or replace shingles

SIDING: Repairs only; No replacement

STEPS: Repair or replace broken boards/treads

WINDOWS/DOORS: Check all operations. Repair or replace broken glass/screens, exterior doors, storm doors. Install deadbolt locks.

Examples of **ineligible** improvements:

APPLIANCES: No Repair or replacement

CONCRETE: No Repair or replacement of driveway, sidewalk, exterior porch

GUTTER REPLACEMENT

PAINTING

TREE REMOVAL

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**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. **Current Copy of State I.D. or Driver's License (front and back)** for all household members age 18 and older
4. **Current Gas/Electric statement** with applicant's name and address
5. **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 asset accounts for past 3 months (i.e. bank, insurance policies, etc.)

School verification for each household member 18 years of age or older, where applicable

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FAMILY COMPOSITION

Failure to comply could result in termination of benefits

Name		Home Phone
		()
Current Address		Work Phone
		()
City	Zip Code	Cell Phone
		()

List yourself and all other persons who will live in the unit:

Name	Relationship to Head of Household	Age	Sex M / F	Birthdate	U.S. Citizen? Yes or No	Disabled? Yes or No	Student? Yes or No	Race Code #	Social Security # or Alien Registration #
	Self								

***RACE CODE #'S:** 11-White; 12-Black/African American; 13-Asian; 14-American Indian or Alaskan Native; 15-Native Hawaiian or Other Pacific Islander; 16-Multi-Racial; 17-Hispanic or Latino

Head of Household - Please complete the following for statistical purposes only:
Marital Status (circle one) = 1. Married 2. Single 3. Widowed 4. Divorced 5. Separated

I certify that only the people listed above will occupy the unit.

Signature of Head of Household

Date

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INCOME & ASSET 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. |
|--------------------------|--------------------------|---|

Employer: #1 _____

Street Address: _____

City, State, Zip: _____

Telephone: _____ Contact Person: _____

Hourly Pay Rate: \$ _____ AVG Hours/Week: _____

Employer: #2 _____

Street Address: _____

City, State, Zip: _____

Telephone: _____ Contact Person: _____

Hourly Pay Rate: \$ _____ AVG Hours/Week: _____

- | | | |
|--------------------------|--------------------------|---|
| <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). 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. 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. I receive Alimony |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Child Support. Case # _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is Child Support paid directly to Social Services? Yes or 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) |

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INCOME & ASSET CHECKLIST (TWO-SIDED)

Yes	No	
<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.
<input type="checkbox"/>	<input type="checkbox"/>	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: _____
<input type="checkbox"/>	<input type="checkbox"/>	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: _____
<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA, Keogh, 401K, 403b, etc. account(s). List name & address of those financial institutions:

<input type="checkbox"/>	<input type="checkbox"/>	I have Treasury Bills, Stocks, Bonds and/or Mutual Funds.
<input type="checkbox"/>	<input type="checkbox"/>	I own Real Estate (other than the property of which I am owner/occupant).
<input type="checkbox"/>	<input type="checkbox"/>	I have income/assets from sources other than those listed above. Please list and provide statements:

The above information is true, correct and complete to the best of my knowledge and I hereby authorize the Livonia Housing Commission to conduct inquiries for the purposes of verifying the statements made herein to process this application. I understand that providing false information will result in denial or termination of benefits.

Warning:

Section 101 of the title 18 U.S.C. provides: "Whoever in any matter within jurisdiction of any department or agency of the United States knowingly and willfully falsifies a material fact, or makes 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".

(Applicant's signature)

(Date signed)

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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