

Van Buren County Homeowner Rehabilitation Loan Program Pre-Application

Thank you for inquiring about the Van Buren County homeowner rehabilitation program. Funds for this program come from the Michigan State Housing Development Authority (MSHDA). This is a grant to the county for the purpose of rehabilitating single-family owner-occupied homes to minimum Housing Quality Standards for low-income homeowners in Van Buren County. If you are interested in applying for a deferred no interest loan under this program and feel you are eligible, please complete all items that follow and submit this application to:

Southwest Michigan Community Action Agency
185 E. Main, Suite 200
Benton Harbor, MI 49022
(269) 925-9077
(800) 334-7670

If you knowingly or deliberately make a false statement on this application, you may be disqualified from this program and may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code.

I hereby request that my eligibility be determined for a no interest Rehabilitation Loan and that an authorized representative eventually inspect my home to determine needed improvements under this program.

Applicant Name: _____ Phone : _____

Address: _____ City: _____ ZIP: _____

Marital Status: Married___ Single___ Widow(er)___ Do you live in the city or village limits? Y/N

How long have you lived at this address?_____years When was the home built?_____

Do you live in this home year round? Y / N

What is the SEV of your house (from your most recent tax statement)? _____

What is the taxable value of your house (from your most recent tax statement)? _____

What is the property tax number (from your most recent tax statement)? _____



Mortgage Information:

Do you have a mortgage on your home? Y / N Approximate Mortgage Balance _____

Mortgage Holders's Name _____

Mortgage Holder's Address _____

Mortgage Holder's Phone # _____ Fax # _____

Mortgage Account Number _____

Do you have a recorded copy of the Warranty Deed to your property? Y / N If no, you will need to get a copy to provide to us.

Is anyone listed on the title or deed to your property who does not live in the household? Y / N If yes, please explain who it is: _____

Are there any unrecorded lien(s) on property to be rehabilitated? Y/ N
If you circled Yes, please specify status of liens: _____

Is your house a mobile/manufactured home? Y / N (Please note: Mobile Homes in parks are not eligible for this program and if they are more than 10 years old they are not eligible)

Are your property taxes paid in full? Y / N If not, what is the last year for which your taxes are completely paid? _____

Is your home insured? (Please note home must be insured to participate in this program) Y / N If no, state the reason why it is not insured: _____

Have you ever had your home weatherized? Y / N/ Don't Know If yes, when _____

Have you previously applied for Rehabilitation Assistance? Y / N
(If you circled Yes, please specify when) _____

Have you at any time participated in a housing rehabilitation project at this address: Y / N

Please check all items that need repair:

Well ___ Septic ___ Roof ___ Windows ___ Furnace ___ Siding ___ Electrical ___ Door(s) ___
Flooring ___ Plumbing ___ Other ___ (specify) _____

Give a more general description of the repairs required on your home (use another sheet if necessary):



List all household members (including yourself) and include all information for each person: (Use the back of this page if there are not enough spaces)

Full Name	Relationship to you	Date of Birth	Social Security Number	Race/Ethnicity	Sex

Have any children listed above under the age of 7 been tested for Lead Poisoning? Y / N

When were your children tested?

_____ Child _____ Date

_____ Child _____ Date

_____ Child _____ Date

_____ Child _____ Date

_____ Child _____ Date

_____ Child _____ Date

Please provide documentation from the results of the lead testing(s).

Lead poisoning can cause serious permanent harm to children therefore testing is important. Refer to EPA booklet “Protect Your Family From Lead In Your Home” for steps to protect your children from lead poisoning. As a requirement for participating in this program any children under age 7 must have their blood tested to determine their EBL levels before a project can be started.



Household Income:

Are you currently receiving assistance from the Department of Human Services (formerly FIA)?

Y / N If yes, what assistance are you receiving:

Food Stamps ___ FIP(formerly AFDC) Grant___ Medicaid ___ Child Day Care _____

Case Worker Name: _____ Case # _____

Case Worker Phone # _____ Fax # _____

List Household Income below.

Name	Monthly Income	Source

Applicant:

Employer _____

Employers Address _____

Employers Phone # _____ Fax # _____

Co-Applicant:

Employer _____

Employers Address _____

Employers Phone # _____ Fax # _____



The information below is requested solely for the purpose of determining compliance with Federal civil rights law and your response will not affect consideration of your application.

Gender of Applicant: Female _____ Male _____

Race/Ethnicity of Applicant: White, not Hispanic ___ Black, not Hispanic ___
Hispanic ___ American Indian or Alaskan Native ___
Asian or Pacific Islander ___ Multi Race__(specify)_____

Does any member of the household have disabilities? Y ___ N ___ If yes, please describe:

**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 this program. You are not required to provide information about your marital status or race. However, this information is vital to determine to what extent our programs are used by minorities or serve certain types of households. All other information on this 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. Other persons or agencies with whom this information may be shared include:

- Staff who are involved in the program
- Auditors who perform required audits of our program
- Authorized personnel from the Michigan State Housing Development Authority
- Those persons who you authorize to see it
- 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 assistance provided to you under this program. However, they are not entitled to see private information about your income, your sources of income, or credit information.

I hereby certify that the preceding information is true and complete to the best of my/our knowledge and that I/we have indicated the total annual income received by every member of the household.



I/we give my/our permission to this agency to make any inquiries necessary to verify the information submitted with this application and to share necessary private data with those who need to know it or are required by Federal or State law to know it. I/we understand that I/we will be prosecuted for fraud if I/we knowingly provide false information.

Signature: _____

Date: _____

Signature: _____

Date: _____

Required Documents: Please attach a copy of the following items to this application:

_____ Deed to property to be rehabilitated (Warranty Deed) **Copy Only Please**

_____ Insurance Policy Cover Sheet

_____ Copy of most recent Paid Taxes Receipt

_____ Information supporting proof of income (copies of paycheck stub, W-2, last years taxes, SSI/Soc Sec earnings statements or other valid documentation.)

*if an application is selected, the completion of additional paperwork will be required.

I hereby certify that the preceding information is true and complete to the best of my/our knowledge and that I/We have indicated the total annual income received by every member of the household.

I/we give my/our permission to this agency to make any inquiries necessary to verify the information submitted with this application and to share necessary private data with those who need to know it or are required by Federal or Sate law to know it. I/we understand that I/we will be prosecuted for fraud if I/we knowingly provide false information.

Date _____

Signature _____
Applicant

Date _____

Signature _____
Co-Applicant

****Additional documents must be completed upon selection of a home for the Homeowner Rehabilitation Loan Program.****

