



Mark A. Hackel  
County Executive

# MACOMB COMMUNITY ACTION

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mca.macombgov.org

Ernest Cawvey  
Director

## 2018-2019 ACCESSIBILITY PROGRAM

The Macomb Community Action Accessibility Program is a one-time, grant funded program designed to make site-built residential homes in Macomb County more accessible to residents in need. This program currently serves eligible residents throughout the following 21 Macomb County communities; Bruce Township, Armada Township, Armada Village, Memphis, Richmond Township, Richmond, Romeo, Washington Township, Ray Township, Lenox Township, New Haven Village, Shelby Township, Utica, Macomb Township, New Baltimore, Chesterfield Township, Mount Clemens, Harrison Township, Fraser, Centerline and Eastpointe. To qualify, **you must be income eligible, be the owner – occupant of the residence, and an occupant of the home must have a disabling condition that requires accessibility assistance.**

**NOTE: Mobile homes, rental properties and properties located in a floodplain are excluded from this program.**

### PROGRAM INFORMATION

- Accessibility modifications are limited in scope to those items that will create easier access within the home for elderly and disabled occupants.
- Accessibility modification costs cannot exceed **\$5,000.00 from all funding sources.**
- Types of modifications may include items such as; ramps, grab bars, hand rails, trip hazard removal, minor bathroom modifications, etc. Please Note: Homes built prior to 1978 cannot have painted surfaces disturbed through this program.

**In order to be considered for assistance through the Macomb Community Action Accessibility Program, you will need to return the following information:**

- Completed application form (enclosed)
- Waiver and Indemnity Agreement (enclosed)
- Most recent completed, dated and **signed** MI Homestead Property Tax Credit Claim Return, Michigan Tax Return, and Federal Income Tax Return, including Social Security statement tax form, 1099's, W-2's and all pension and interest statements *for all persons living in the home.*

2018-2019 Income Limits	
Number of Persons In Home	Income Up To
1	\$39,700
2	\$45,400
3	\$51,050

- Complete the attached income affidavit.
- Site-built owners must provide a copy of their warranty deed.
- Copy of picture identification for applicant (ex. driver's license or Michigan I.D card)

Return all information to:

Macomb Community Action  
Attn: Simone English, Community Development  
21885 Dunham Road, Suite 10  
Clinton Township, MI 48036

Children & Family Services  
Action Centers  
Early Head Start / CCP  
Head Start 0 – 5  
Financial Empowerment  
Macomb Food Program  
(501c3)

Community Services  
Community Development  
Chore Services  
Home Injury Control  
Home Rehab  
Transportation  
Weatherization

Office of Senior Services  
Adult Day Health Services  
Benefit Access  
Dining Senior Style  
Evidence Based Disease  
Prevention  
Meals on Wheels  
Resource Advocacy



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**2018-2019 ACCESSIBILITY PROGRAM  
Application Form**

Information contained herein shall be kept confidential and shall be used only for the purpose of determining eligibility for the Macomb Community Action Accessibility Program.  
*Please print.*

**Name of Applicant:** \_\_\_\_\_  
(First) (Middle) (Last)

**Co-Applicant:** \_\_\_\_\_  
(First) (Middle) (Last)

**Residence Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Is the applicant or co-applicant severely disabled?** Yes No **Primary Household Language:** \_\_\_\_\_

<b>First and Last Name</b> <i>(please print)</i>	<b>D.O.B</b> MM/DD/YY	<b>Gender</b> M, F, O	<b>Health Insurance</b> (See descriptions below)	<b>Marital Status</b> (See descriptions below)	<b>Employment Status</b> (See descriptions below)	<b>Military Status</b> (See descriptions below)	<b>Highest level of Education completed</b>	<b>Relationship to Applicant</b>
								<i>Applicant</i>

**Household Type:**

- \_\_\_ Foster Parent (with foster child (ren))
- \_\_\_ Grandparent(s) (raising children)
- \_\_\_ Single Person (living with partner)
- \_\_\_ Multiple Adults (living with children)

- \_\_\_ Single Parent Male
- \_\_\_ Single Parent Female
- \_\_\_ Single Person
- \_\_\_ Multiple Adults (no children)

**Descriptions**

**Health Insurance:** N=None, DP=Direct purchase, E=Employment based, MD=Medicaid, ME=Medicare, ML=Military, SC= State Children's, SA= State Adult  
**Marital Status:** D=Divorced, L=Legally Separated, M=Married, S=Single, W=Widowed, P=Partner  
**Employment Status:** FT= Full Time, PT= Part Time, M= Migrant Seasonal, R=Retired, UL= Unemployed  
**Military Status:** V=Veteran, AM= Active Military, N=No Military Service



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**2018-2019 ACCESSIBILITY PROGRAM  
Application Form**

**IMPORTANT- READ BEFORE SIGNING**

I (we) certify that I (we) am (are) the owner(s) and occupant(s) of this property, and that the above statements are true, accurate, and complete to the best of my (our) knowledge and belief. Any fraudulent statement may be cause for dismissal from the program.

I (we) have included the following information:

- Completed application
- Signed waiver and indemnity agreement
- Completed, dated and signed MI Homestead Property Tax Credit Claim Return, including all schedules, Michigan Tax Return, and Federal Income Tax Return, including Social Security statement tax form, 1099's, W2's, and all pension and interest statements for all persons living in the home.
- Signed income affidavit
- Copy of warranty deed
- Copy of picture identification for applicant (ex: driver's license or Michigan I.D. card)

My (our) permission is hereby given to obtain verification of the above information from any source named herein.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

**Consent for Release of Information**

I (we) \_\_\_\_\_, give Macomb Community Action consent to release, obtain and share all pertinent identifying and non-confidential social, medical and other information about myself and information I (we) have provided about additional family members that will allow me (us) and my (our) family to benefit from additional services offered. In granting such permission, I (we) understand that such information will remain confidential and that such information will only be used for my (our) benefit or to benefit other members of my (our) family. Only authorized personnel will share client information needed for service delivery, to track demographic trends, service patterns and the client outcomes achieved. I (we) release Macomb Community Action and its staff from any legal liability for disclosing or acquiring information that I (we) have permitted by signing this form. **Unless I (we) make a formal request to Macomb Community Action that I (we) no longer want to participate in additional services offered, this release will remain in force for 3 years from today.** I (we) certify that to the best of my knowledge all information furnished by me (us) is true and I (we) acknowledge that falsification of information is subject to prosecution.

All residents 18 years of age or older, please sign below

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



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### ACCESSIBILITY PROGRAM Waiver and Indemnity Agreement

In consideration of the services provided to me (us) under the Macomb Community Action Accessibility Program, I (we)  
\_\_\_\_\_ residing at

Print Name(s)

\_\_\_\_\_  
Print Street Address

located within one of the 21 Macomb County Communities, hereby release Macomb Community Action, its elected and appointed officials, employees and agents of any liability arising out of any service performed for me (us) under the program, including but not limited to, injuries to me, ourselves, guests or invitees and damages to my (our) property or equipment.

I (we) further agree to hold harmless and indemnify Macomb Community Action, its elected and appointed officials, employees and agents from any and all actions, causes of actions, claims, demands, costs, or expenses, including attorney fees incurred by Macomb Community Action, relating to any and all personal injuries and poverty damages which may hereafter be presented by anyone as a result of the actions or omissions of any person providing services to me (us) through the Macomb Community Action Accessibility Program.

I (we) further agree to notify any Macomb Community Action Accessibility Program workers of any hazards or defects that I (we) are aware of on my (our) property prior to the start of work under the program.

I (we) further state that I (we) have read the foregoing release and indemnity agreement, understand it and agree that I (we) have voluntarily signed it.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date



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**2018-2019 ACCESSIBILITY PROGRAM  
Income Affidavit**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**RACE/ETHNICITY:** Check the category which you think best describes your household:

Race	Ethnicity	
	Not Hispanic	Hispanic
White		
Black / African American (AA)		
Asian		
American Indian/ Alaskan Native		
Hawaiian / Pacific Islander		
Native American and White		
Asian and White		
Black/African American & White		
NA and AA		
Other or Multi-Racial		

**Female-Headed Household?** Yes \_\_\_\_ No \_\_\_\_

**Annual Household Income \$** \_\_\_\_\_ **Family Size** \_\_\_\_\_

**Certification**

I understand that funding for this service comes from federal funds which require income eligibility. I certify that the information provided is complete and accurate, and that source documentation will be provided upon request.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY				
2018 - 2019 INCOME LIMITS				
Family Size	Very Low Income	Low Income	Moderate Income	OVER Income
1	≤ \$14,900	≤ \$24,850	≤ \$39,700	\$39,701+
2	≤ \$17,000	≤ \$28,400	≤ \$45,400	\$45,401+
3	≤ \$19,150	≤ \$31,950	≤ \$51,050	\$51,051+
4	≤ \$21,250	≤ \$35,450	≤ \$56,700	\$56,701+
5	≤ \$22,950	≤ \$38,300	≤ \$61,250	\$61,251+
6	≤ \$24,650	≤ \$41,150	≤ \$65,800	\$65,801+
7	≤ \$26,350	≤ \$44,000	≤ \$70,350	\$70,351+
8	≤ \$28,050	≤ \$46,800	≤ \$74,850	\$74,851+