



## COUNTY OF MACOMB HOUSING REHABILITATION PROGRAM

### Pre-Screen Information for HOUSING REHABILITATION ASSISTANCE

Information contained herein shall be kept confidential and shall be used only for the purpose of determining eligibility for financial assistance under the Macomb County Housing Rehabilitation Program. If you have any questions or need assistance in preparing this application, contact:

**Macomb Community Action - Community Development 586-466-6256**

#### APPLICANT INFORMATION

##### APPLICANT'S NAME

Last: _____ First: _____ Middle: _____			Home Phone
Present Street Address	City	State	Zip Code
E-mail: _____			
Marital Status Married      Single      Divorced      Widowed      Separated			# Dependents at home
Employer Name and Address			Self-Employed ____ Yes    ____ No
Business Phone No.	Position/Title	Type of Business	Num. of Yrs. on Job

#### CO-APPLICANT INFORMATION

##### CO-APPLICANT'S NAME

Last: _____ First: _____ Middle: _____			Home Phone
Present Street Address	City	State	Zip Code
E-mail: _____			
Employer Name and Address			Self-Employed ____ Yes    ____ No
Business Phone No.	Position/Title	Type of Business	Num. of Yrs. on Job

#### HOUSEHOLD COMPOSITION (List the head of your household and all members who live in your home.

Also, please list anyone whose name appears on your deed that does not reside in your home.)

Member No.	Full Name	Relationship	Age
1			
2			
3			
4			
5			
6			
7			

1. Does anyone live with you now who is not listed above?      \_\_\_\_ Yes    \_\_\_\_ No
  2. Does anyone plan to live with you in the future who is not listed above?      \_\_\_\_ Yes    \_\_\_\_ No
- Please explain if you answer "Yes" to either question above.

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**PURCHASE AND MORTGAGE DATA**

Date Purchased: \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

1st Mortgage: Original Amount \$ \_\_\_\_\_ Years \_\_\_\_\_

Mortgage No.: \_\_\_\_\_ Present Mortgage Balance \$ \_\_\_\_\_

Mortgagor: \_\_\_\_\_ Mailing Address \_\_\_\_\_

2nd Mortgage: Original Amount \$ \_\_\_\_\_ Years \_\_\_\_\_

Mortgage No.: \_\_\_\_\_ Present Mortgage Balance \$ \_\_\_\_\_

Mortgagor: \_\_\_\_\_

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

**ANNUAL INCOME**

PLEASE CHECK ALL THAT APPLY	Applicant earnings	Co-Applicant earnings	Other Household Member Over Age 18	Total earnings
<input type="checkbox"/> Gross Salary <input type="checkbox"/> Overtime Earnings				
<input type="checkbox"/> Commissions <input type="checkbox"/> Fees				
<input type="checkbox"/> Tips <input type="checkbox"/> Bonuses				
<input type="checkbox"/> Interest <input type="checkbox"/> Dividends				
<input type="checkbox"/> Net Income from Business				
<input type="checkbox"/> Net Rental Income				
<input type="checkbox"/> Workers Compensation <input type="checkbox"/> Annuities				
<input type="checkbox"/> Retirement Funds <input type="checkbox"/> Pensions				
<input type="checkbox"/> Insurance Policies <input type="checkbox"/> Death Benefits				
<input type="checkbox"/> Social Security <input type="checkbox"/> Disability Payments				
<input type="checkbox"/> Alimony <input type="checkbox"/> Child Support				
<input type="checkbox"/> Public Assistance Payments				
<input type="checkbox"/> Other Income				

**TOTAL** \_\_\_\_\_

Home:				
State Equalized Value				
Mortgage Balance				
Year House Was Built				

**HOUSING REHABILITATION REPAIRS (Please list the repairs that you are requesting for your home.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been obligated on a home purchase money loan or home improvement loan which resulted in foreclosure, deed in lieu of foreclosure or judgement? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever claimed bankruptcy or had any judgement or garnishment filed against you in the last 7 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to either of the above, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you related to any employees or elected official of the County of Macomb? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the name(s) and relationship(s) of the employee(s)/official(s)?  
\_\_\_\_\_  
\_\_\_\_\_

Is your house located in a Flood Zone? Yes \_\_\_\_\_ No \_\_\_\_\_

**\* Please note that if you answer yes to this question, you are not eligible for assistance through the Macomb County Housing Rehabilitation Program**

Have you ever received assistance from the Macomb County Housing Rehabilitation Program? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please note that if you answer no to any of the questions below, you are not currently eligible for assistance through the Macomb County Housing Rehabilitation Program**

Have you occupied your house as your principal residence for one continuous calendar year? Yes \_\_\_\_\_ No \_\_\_\_\_

Are your mortgage payments current? Yes \_\_\_\_\_ No \_\_\_\_\_

Are your property tax payments current? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you currently have Homeowner's Insurance Yes \_\_\_\_\_ No \_\_\_\_\_

## APPLICANT'S CERTIFICATION

Applicant understands that if Housing Rehabilitation assistance is provided through the Macomb County Housing Rehabilitation Program, it will result in a lien being placed on the property for the amount of assistance provided. This is not a GRANT Program. Please be advised that if costs to repair exceed \$40,000 the project is denied.

The applicant certifies that all the information provided or furnished in support of this application; for the purpose of obtaining home repair assistance; is true and complete to the best of the applicant's knowledge and belief. The applicant further certifies that he/she is the owner and occupant of the property contained in this application and that it is their primary residence.

Furthermore, the applicant authorizes the County to make inquiries and verify any of the information from any sources named in this application.

Penalty for False or Fraudulent Statement: United State Code. Title 18. Section 1001. provides "whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies 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 Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**INFORMATION CONTAINED IN THIS APPLICATION WILL REMAIN CONFIDENTIAL**

**Please include photocopies of the following documents with this form:**

- Deed
- Mortgage or Paid in Full Letter
- Current Mortgage Balance Statement
- Current Homeowner's Insurance Certificate
- Current Property Tax Bill with Proof of Payment
- Copy of Driver's License or State ID (front and reverse sides)

**Return completed application with supportive documents to:**

**Macomb Community Action  
Att: Community Development  
21885 Dunham Road, Suite 10  
Clinton Township, MI 48036**