



## COUNTY OF MACOMB HOUSING REHABILITATION PROGRAM

### Pre-Screen Information for HOUSING REHABILITATION ASSISTANCE

ALL INFORMATION WILL BE KEPT CONFIDENTIAL AND 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, please contact:**

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

#### APPLICANT INFORMATION

<b>APPLICANT'S NAME</b>				Home Phone
Last:		First:		Middle:
Present Street Address		City	State	Zip Code
E-mail:				Date of Birth:
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> 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

<b>CO-APPLICANT'S NAME</b>				Home Phone
Last:		First:		Middle:
Present Street Address		City	State	Zip Code
E-mail:				Date of Birth:
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 NAMES & AGES OF ALL PERSONS LIVING IN THE HOUSEHOLD

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

Number of **PERSONS WITH DISABILITIES** living in the household \_\_\_\_\_

Does anyone plan to live with you in the future who is not listed above? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please explain:

**HOW DID YOU LEARN ABOUT THE PROGRAM?**

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LIST YOUR MORTGAGES AND/OR HOME EQUITY LOANS		Current Balance	Monthly Payment
1st Mortgage Company:		\$	\$
2nd Mortgage Company:		\$	\$
<b>Home Equity Loan - Credit Limit</b>		\$	\$

The following **HEAD OF HOUSEHOLD** information is obtained for statistical reporting only:

**HISPANIC**

Complete for Head of Household Only

YES

NO

**SINGLE RACE**

Complete for Head of Household Only

White

Black/African American

Asian

American Indian/Alaskan Native

Hawaiian/Other Pacific Islander

**MULTI- RACE**

Complete for Head of Household Only

Black/African American & White

Asian & White

American Indian/Alaskan Native & White

American Indian/Alaskan Native & Black

Hawaiian/Other Pacific Islander

ANNUAL INCOME FROM ALL SOURCES FOR ALL HOUSEHOLD MEMBERS INCLUDING UNRELATED PERSONS				
PLEASE CHECK ALL THAT APPLY	Applicant earnings	Co-Applicant earnings	Other Household Members 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"/> Unemployment				
<input type="checkbox"/> Public Assistance Payments				
<input type="checkbox"/> Other Income				
<b>TOTAL</b>				

Is your household income projected to change in the next 12 months \_\_\_\_ Yes \_\_\_\_ No

If so, please explain: \_\_\_\_\_

**HOUSING REHABILITATION REPAIRS that you are requesting for your home. Use the other side if necessary.**

**Please note that if you are in active bankruptcy, you are not currently eligible.**

Do you have any other existing liens or judgement liens on your property? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you in active bankruptcy or have you claimed bankruptcy in the last 7 years? Yes \_\_\_\_\_ No \_\_\_\_\_

*If discharged, please submit a copy of the bankruptcy discharge.*

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 or property located in a Flood Zone? Yes \_\_\_\_\_ No \_\_\_\_\_

**\* Please note that if you answer yes to this question, you may not be 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 \_\_\_\_\_

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

- Please include photocopies of these documents with your application:**
- Current Mortgage Statement
  - Current Homeowner's Insurance Declarations
  - Covid Waiver (enclosed)
  - Current Property Tax Bill with Proof of Payment
  - IRS Form 4506-T (enclosed)
  - Bankruptcy Discharge (if applicable)
  - Driver's License or State ID (front & reverse sides)  
(for every adult residing in your household)

**SEND COMPLETE APPLICATION  
WITH ALL DOCUMENTS TO:**

**MACOMB COMMUNITY ACTION  
COMMUNITY DEVELOPMENT  
21885 Dunham Road, Suite 10  
  
Clinton Township, MI 48036**

**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.

Please be advised that if costs to repair exceed \$40,000 the project may be 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."

**I HAVE ATTACHED ALL SUPPORTIVE DOCUMENTS ABOVE WITH MY APPLICATION.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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