



## COUNTY OF MACOMB LIMITED 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 \_\_\_\_\_

<b>HOW DID YOU LEARN ABOUT THE PROGRAM?</b>



**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**

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 \_\_\_\_\_