

Shiawassee County Housing Rehabilitation Program

c/o City of Owosso Housing Program Office
301 W. Main St. Owosso, MI 48867
Phone: (989) 725-0537 • Fax: (989) 725-0546

Dear Applicant,

Please complete the following information. This is your application to apply for all of our funding programs. We have put several of our forms together in this application in order to streamline the application process. **Please read the front page before signing the application form.** If you have any questions, please contact our office before signing this form.

Data Privacy Statement

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 the Shiawassee County Housing Rehabilitation Program. We do ask information about your age, gender, race, marital status and employment type. This information is vital to determine to what extent our programs are used by minorities or serve certain types of households. This information does not determine eligibility and is for statistical purposes ONLY. All the information on the form, including your Social Security Number, is 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. Persons or agencies with whom this information may be shared include:

1. The local loan committee members who approve all applications.
2. Staff who is involved in program administration.
3. Auditors who perform required audits of our programs.
4. Authorized personnel from Michigan State Housing Development Authority (MSHDA) and the U.S. Department of Housing and Urban Development or other State and Federal agencies providing funding assistance to your loan.
5. Those persons whom you authorize to see it.
6. Law enforcement personnel in the case of suspected fraud.
7. Building Officials in your jurisdiction.

Under Michigan's Freedom of Information Act, individuals or organizations have the right to receive the names, addresses and amount of assistance provided to homeowners under this program. *However*, they are not entitled to see private information about your income, your sources of income, or credit information.

Conflict of Interest Information:

The following information DOES NOT affect your eligibility. It is simply information we need to know up front so we make sure we provide any third party reviews which might be necessary for your application.

1. Is the Borrower or Co-Borrower employed by Shiawassee County? Yes No
2. Is the Borrower or Co-Borrower related to a member of the County staff or the Board of Commissioners?
 Yes No. If yes, please list their name(s). _____

Homeowner's Certification Receipt of Program Guidelines/Complaint Procedures

By signing below, I (We) certify that I (we) have received a copy of the "Program Policy and Guidelines Summary" for Shiawassee County Housing Rehabilitation Program that includes an explanation of the Complaint Procedures.

I (We) certify that by signing this that the information stated in this application is true and correct to the best of my (our) knowledge. I (We) realize that giving false information will result in disqualifying me (us) from assistance in the Housing Rehabilitation Program.

I (We) give my permission to this agency to verify my eligibility and share necessary private data with the local loan committee and those who need to know it are or are required by Federal or State law to know it. I (We) understand that I (we) will be prosecuted for fraud and perjury if I (we) knowingly provided false information.

I (We) understand that I (we) can appeal for a review of my (our) application if assistance is denied.

Signature of Borrower

Date

Signature of Co-Borrower

Date



APPLICATION INFORMATION

Address of Property to be improved:

Street _____ City _____ State _____ Zip _____

Property Type: Single Family House Manufactured Home 2, 3; or 4 Unit Dwelling
(Permanently Attached)

Year House Built: _____ (Must Have a Year) # of Bedrooms: _____

INFORMATION	ON BORROWER	ON CO-BORROWER (if applicable):
Name:		
Home Phone Number:	()	()
Cell Phone Number:	()	()
E-mail Address:		
Number of Years at Present Address:		
Total Number in Household <i>(incl you)</i> :		
Present Address <i>(if different from above)</i>		
Street:		
City:		
State:		
Zip:		
Former Address <i>(if less than 2 years at present address)</i>		
Own or Rent:	<input type="checkbox"/> Own OR <input type="checkbox"/> Rent	<input type="checkbox"/> Own OR <input type="checkbox"/> Rent
Street:		
City:		
State:		
Zip:		
Years at Former Address:		
EMPLOYMENT INFORMATION		
Name of Employer:		
Street Address:		
City:		
State:		
Zip:		
Work Phone:		
Can we call you at work, if necessary?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Position/Job Title:		
Nearest Relative Not Living with You		
Name:		
Relationship:		
Address:		
City:		
State:		
Zip:		
Phone Number:	()	()

Briefly describe the home improvement you would like done:



Debt Information: Please complete the following information and provide copies where indicated.

On your Home: Mortgage Land Contract OR No Payments

Creditor: _____

Address: _____

Monthly Payment: _____

Balance of loan: _____

Are your Property Taxes included in your monthly payment? Yes No

Please provide two years verification that your Property Taxes are paid.

Is your House Insurance included in your monthly payment? Yes No

Please provide copy of your declaration page of your house insurance.

Automobile Expenses: List all payments made on vehicles:

Vehicle #1

Vehicle #2

Creditor: _____

Address: _____

Monthly Payment: _____

Balance of loan: _____

Credit Card Expenses: List all payments made on credit cards. Also included cards that payments are deferred.

Card #1

Card #2

Creditor: _____

Address: _____

Monthly Payment: _____

Balance owed: _____

Card #3

Card #4

Creditor: _____

Address: _____

Monthly Payment: _____

Balance owed: _____

Child Support Payments: List the child support payments made by Borrower or Co-Borrower:

Amount: \$ _____ paid Weekly Monthly OR Other: _____

Please provide copy of your most recent child support order.

Bankruptcy: Have you filed bankruptcy in the past seven years? No Yes **If yes, provide copy of discharge.**

Additional Documents:

- Last one month pay stubs OR Statement of Benefits
- Last year's income tax return (2 years if you are self employed)
- Copy of driver's license, state ID card or other picture identification
- Application Fee of \$5 for a single applicant; \$10 for a dual applicant.



For Office Staff Use ONLY:
PRELIMINARY INCOME COMPUTATION WORKSHEET

Name of Applicant(s): _____ Project #: _____

Date: _____ Staff Person: _____

NAME/RELATIONSHIP TO APPLICANT	SOURCE OF INCOME	HR/ WK/ OR MONTHLY RATE	GROSS ANNUAL INCOME
	TOTAL GROSS ANNUAL INCOME		
# in Household:	% MEDIAN INCOME FOR HSEHOLD SIZE effective date of Income Limits used: May, 2010		

DEBT RATIO:

CREDITOR	APPLICANT REPORT	CREDIT REPORT
House Payment:		
Homeowners Insurance Per Year:		
Property Taxes Per Year:		
TOTAL FIXED MONTHLY DEBT:		
DEBT RATIO:		

ELIGIBLE FOR:CDBG Yes No Reason/Level: _____ % Interest

PIP Yes No Reason: _____ % Interest

(Check Off)	Req. Documents	(Check Off)	Req. Documents
	Homeowners Insurance		Warranty Deed
	Tax Returns/Check Stubs		Taxes Paid
SEV Value (year):		Parcel No.:	
Fees Paid:	<input type="checkbox"/> YES <input type="checkbox"/> NO AMT: _____		

