

## Van Buren County Homeowner Rehabilitation Loan Program Pre-Application

Thank you for inquiring about the Van Buren County homeowner rehabilitation program. Funds for this program come from the Michigan State Housing Development Authority (MSHDA). This is a grant to the county for the purpose of rehabilitating single-family owner-occupied homes to minimum Housing Quality Standards for low-income homeowners in Van Buren County. If you are interested in applying for a deferred no interest loan under this program and feel you are eligible, please complete all items that follow and submit this application to:

Southwest Michigan Community Action Agency  
185 E. Main, Suite 200  
Benton Harbor, MI 49022  
(269) 925-9077  
(800) 334-7670

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If you knowingly or deliberately make a false statement on this application, you may be disqualified from this program and may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code.

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I hereby request that my eligibility be determined for a no interest Rehabilitation Loan and that an authorized representative eventually inspect my home to determine needed improvements under this program.

Applicant Name: \_\_\_\_\_ Phone : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Marital Status: Married\_\_\_ Single\_\_\_ Widow(er)\_\_\_ Do you live in the city or village limits? Y/N

How long have you lived at this address?\_\_\_\_\_years When was the home built?\_\_\_\_\_

Do you live in this home year round? Y / N

What is the SEV of your house (from your most recent tax statement)? \_\_\_\_\_

What is the taxable value of your house (from your most recent tax statement)? \_\_\_\_\_

What is the property tax number (from your most recent tax statement)? \_\_\_\_\_



Mortgage Information:

Do you have a mortgage on your home? Y / N Approximate Mortgage Balance \_\_\_\_\_

Mortgage Holders's Name \_\_\_\_\_

Mortgage Holder's Address \_\_\_\_\_

Mortgage Holder's Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mortgage Account Number \_\_\_\_\_

Do you have a recorded copy of the Warranty Deed to your property? Y / N If no, you will need to get a copy to provide to us.

Is anyone listed on the title or deed to your property who does not live in the household? Y / N If yes, please explain who it is: \_\_\_\_\_

Are there any unrecorded lien(s) on property to be rehabilitated? Y/ N  
If you circled Yes, please specify status of liens: \_\_\_\_\_

Is your house a mobile/manufactured home? Y / N (Please note: Mobile Homes in parks are not eligible for this program and if they are more than 10 years old they are not eligible)

Are your property taxes paid in full? Y / N If not, what is the last year for which your taxes are completely paid? \_\_\_\_\_

Is your home insured? (Please note home must be insured to participate in this program) Y / N If no, state the reason why it is not insured: \_\_\_\_\_  
\_\_\_\_\_

Have you ever had your home weatherized? Y / N/ Don't Know If yes, when \_\_\_\_\_

Have you previously applied for Rehabilitation Assistance? Y / N  
(If you circled Yes, please specify when) \_\_\_\_\_

Have you at any time participated in a housing rehabilitation project at this address: Y / N

**Please check all items that need repair:**

Well \_\_\_ Septic \_\_\_ Roof \_\_\_ Windows \_\_\_ Furnace \_\_\_ Siding \_\_\_ Electrical \_\_\_ Door(s) \_\_\_  
Flooring \_\_\_ Plumbing \_\_\_ Other \_\_\_ (specify) \_\_\_\_\_

Give a more general description of the repairs required on your home (use another sheet if necessary):  
\_\_\_\_\_  
\_\_\_\_\_





**Household Income:**

Are you currently receiving assistance from the Department of Human Services (formerly FIA)?

Y / N If yes, what assistance are you receiving:

Food Stamps \_\_\_ FIP(formerly AFDC) Grant\_\_\_ Medicaid \_\_\_ Child Day Care \_\_\_\_\_

Case Worker Name: \_\_\_\_\_ Case # \_\_\_\_\_

Case Worker Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

List Household Income below.

Name	Monthly Income	Source

**Applicant:**

Employer \_\_\_\_\_

Employers Address \_\_\_\_\_

Employers Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Co-Applicant:**

Employer \_\_\_\_\_

Employers Address \_\_\_\_\_

Employers Phone # \_\_\_\_\_ Fax # \_\_\_\_\_



**The information below is requested solely for the purpose of determining compliance with Federal civil rights law and your response will not affect consideration of your application.**

Gender of Applicant: Female \_\_\_\_\_ Male \_\_\_\_\_

Race/Ethnicity of Applicant: White, not Hispanic \_\_\_ Black, not Hispanic \_\_\_  
Hispanic \_\_\_ American Indian or Alaskan Native \_\_\_  
Asian or Pacific Islander \_\_\_ Multi Race\_\_(specify)\_\_\_\_\_

Does any member of the household have disabilities? Y \_\_\_ N \_\_\_ If yes, please describe:

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**DATA PRIVACY STATEMENT  
TO BE READ BEFORE SIGNING THE APPLICATION FORM**

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 this program. You are not required to provide information about your marital status or race. However, this information is vital to determine to what extent our programs are used by minorities or serve certain types of households. All other information on this form, including your Social Security Number is required to determine your eligibility for participation in our program or 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. Other persons or agencies with whom this information may be shared include:

- Staff who are involved in the program
- Auditors who perform required audits of our program
- Authorized personnel from the Michigan State Housing Development Authority
- Those persons who you authorize to see it
- Law enforcement personnel in the case of suspected fraud.

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

I hereby certify that the preceding information is true and complete to the best of my/our knowledge and that I/we have indicated the total annual income received by every member of the household.



I/we give my/our permission to this agency to make any inquiries necessary to verify the information submitted with this application and to share necessary private data with those who need to know it or are required by Federal or State law to know it. I/we understand that I/we will be prosecuted for fraud if I/we knowingly provide false information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Required Documents: Please attach a copy of the following items to this application:**

\_\_\_\_\_ Deed to property to be rehabilitated (Warranty Deed) **Copy Only Please**

\_\_\_\_\_ Insurance Policy Cover Sheet

\_\_\_\_\_ Copy of most recent Paid Taxes Receipt

\_\_\_\_\_ Information supporting proof of income (copies of paycheck stub, W-2, last years taxes, SSI/Soc Sec earnings statements or other valid documentation.)

\*if an application is selected, the completion of additional paperwork will be required.

I hereby certify that the preceding information is true and complete to the best of my/our knowledge and that I/We have indicated the total annual income received by every member of the household.

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Date \_\_\_\_\_

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

Date \_\_\_\_\_

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

**\*\*Additional documents must be completed upon selection of a home for the Homeowner Rehabilitation Loan Program.\*\***

