

**Ogemaw County Housing Program**  
806 W. Houghton Avenue Room 107  
West Branch, MI 48661  
(989) 345-5390  
(989) 345-5917  
(989) 343-1071 Fax  
TTY (312) 353-7143



Northeast Michigan Affordable  
Housing, Inc.  
123 N. Second Ave, Ste #4  
Alpena, MI 49707  
989-356-9090

Dear Applicant:

You recently requested an application for a home rehabilitation loan. I am now enclosing a copy for you to complete. Enclosed you will find a copy of an information sheet entitled "What to Expect and What Not to expect from the Home Improvement Program" for you to read in preparation for your interview with this office.

These funders MSHDA, USDA RD Housing Preservation Grant, Federal Home Loan Bank (NIP) provide funds for communities to operate programs. Their regulations require that we verify the eligibility of all the people that receive home improvement assistance. Attached to the application is the following form that must be reviewed and signed:

Data Privacy Statement  
Authorization for Release of Information  
Inspection Authorization

During our interview, any questions you may have about how the rehabilitation process works will be answered at that time. Feel free to bring a family member with you who can be of assistance. Please bring the following documents with you to our meeting.

1. **Proof of Property Ownership.** A legal description of the property should be included. This may include a copy of an original or any one of the items listed below:
  - Copy of recorded Deed, or
  - Copy of recorded Land Contract
  
2. **Proof that you are current in your property taxes.**
  - Property tax payment receipt from the city or township,
  - Tax statement from the County Treasurer
  
3. **Proof of Income.** This could include the following:
  - Thirty days of pay stub,
  - Social Security or Pension Award Letters,
  - ADC Eligibility Letter,
  - VA Award Letter, and
  - Most recent 2 years income tax filed with all W-2 & 1099 forms
  - Self Employed Forms – IRS Schedule C
  
4. **Proof of insurance on the home.**

If you have all of the required information listed above, please **contact us** at one of the above telephone numbers and **schedule and appointment.**



An Equal Opportunity Lender  
Complaints of discrimination should be sent to: Fair Housing Enforcement Center, US Dept of Housing and Urban  
Development, Ralph H. Metcalfe Federal Building, 77 West Jackson Blvd., Room 2101, Chicago, Ill 60604-3507  
(312) 353-6236 1-800-765-9372



**APPLICATION FOR HOME REHABILITATION**  
Only for Owner-Occupied, Single-dwelling Residential Property

Application Date: \_\_\_\_\_ App.# \_\_\_\_\_ County \_\_\_\_\_

Names of all household members	Social Security #	Birthdate	Sex	*Race	Handicap Yes/No

(List other household members on separate sheet of paper)

Address: \_\_\_\_\_ Township: \_\_\_\_\_  
Street-Route-Box No.                      City                      State      Zip

How long have you lived there? \_\_\_\_\_ Year house was built: \_\_\_\_\_

No. Of Dependents (including yourself): \_\_\_\_\_ Telephone No.: \_\_\_\_\_

JOINT OWNERS: \_\_\_\_\_

Are you related to any of the housing member or staff? \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Other Wager-earning Household Members: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Years Employed: \_\_\_\_\_

**DATA ON PROPERTY TO BE REHABILITATED:**

Original Mortgage or Land Contract Amount: \$ \_\_\_\_\_

Unpaid Balance: \$ \_\_\_\_\_

Name & Address of Lender: \_\_\_\_\_

FHA Insured: Yes \_\_\_\_\_ No \_\_\_\_\_

Name & Address of Insurance Carrier: \_\_\_\_\_

Present Market Value of House & Property (Estimate): \$ \_\_\_\_\_

State Equalized Valuation (Attach copy of Tax Billing): \$ \_\_\_\_\_

\*Minority group data is obtained for statistical purposes only.



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**APPLICANT'S INFORMATION FOR CREDIT APPROVAL**

If answer is none, write "NONE" - fill in ALL blanks.

**A. MONTHLY HOUSING EXPENSE**

- 1 House Payment \_\_\_\_\_
- 2 Heat (Gas, Oil, Electric) \_\_\_\_\_
- 3 Utilities (Electric, Gas) \_\_\_\_\_
- 4 Homeowners's Insurance \_\_\_\_\_
- 5 Property Taxes \_\_\_\_\_
- 6 Maintenance \_\_\_\_\_

**Total Monthly Expense** \_\_\_\_\_

**Percentage of Total Income** \_\_\_\_\_

**B. MONTHLY FIXED EXPENSE**

- 1 Income Taxes \_\_\_\_\_  
(Approx. 20% of gross)
- 2 Other Property Payments \_\_\_\_\_  
Balance Due: \_\_\_\_\_
- 3 Other Property Taxes \_\_\_\_\_
- 4 Life Insurance \_\_\_\_\_
- 5 Health Insurance \_\_\_\_\_
- 6 Car Loan \_\_\_\_\_  
Balance Due: \_\_\_\_\_
- 7 Notes Payable \_\_\_\_\_  
Balance Due: \_\_\_\_\_
- 8 Charge Accounts \_\_\_\_\_  
Balance Due: \_\_\_\_\_
- 9 Other \_\_\_\_\_

**Total Monthly Fixed Expenses** \_\_\_\_\_

**C. MONTHLY INCOME**

- 1 Wages: Husband \_\_\_\_\_  
Wife \_\_\_\_\_
- 2 Unemployment Bnefits \_\_\_\_\_
- 3 ACD/Cash Welfare \_\_\_\_\_
- 4 Social Security \_\_\_\_\_
- 5 Veteran's Benefits \_\_\_\_\_
- 6 Pension Benefits \_\_\_\_\_
- 7 Disability Benefits \_\_\_\_\_
- 8 Income from Investment \_\_\_\_\_
- 9 Income from Property \_\_\_\_\_
- 10 Other Income \_\_\_\_\_  
(Child Support, etc.)

**Total Monthly Income** \_\_\_\_\_

**Annual Gross Income** \_\_\_\_\_

**D. CURRENT ASSETS**

- 1 Cash Accounts \_\_\_\_\_
- 2 U.S. Savings Bonds \_\_\_\_\_
- 3 Other Savings \_\_\_\_\_
- 4 Stock/Securities \_\_\_\_\_
- 5 real Estate Equity \_\_\_\_\_
- 6 Vechicles \_\_\_\_\_
- 7 Other \_\_\_\_\_

**Total Current Assets** \_\_\_\_\_

Name & Address of Bank of Deposit: \_\_\_\_\_

Previous Foreclosure Record: Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", give Property Address: \_\_\_\_\_

Name & Address of Lender: \_\_\_\_\_

Previous Bankruptcy Record: Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", give Date & Court Location: \_\_\_\_\_



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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 the housing rehabilitation program. As it is stated on the application, you are not **required** to provide information regarding your marital status or race. However, this information is vital to determine to what extent minorities use our programs or serve certain types of households. All other information on the 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. Persons or agencies with which this information may be shared include:

1. The local loan committee members who approve all applications.
2. Staff who are involved in program administration.
3. Auditors who perform required audits of our programs.
4. Authorized personnel from the 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 who you authorize to see it.
6. 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 rehabilitation 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.

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Please sign below:

To the best of my knowledge, the information on this application is accurate and true. I 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 or are required by Federal or State law to know it. I understand that I will be prosecuted for fraud and perjury if I knowingly provided false information.

I may appeal for a review of my application if assistance is denied.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# WHAT TO EXPECT AND WHAT NOT TO EXPECT FROM THE HOME IMPROVEMENT PROGRAM

## Things That Homeowners Do In The Home Improvement Program

The program will help homeowners during the home improvement process, but homeowners are responsible for making the choices and doing the work listed below.

1. Homeowners provided Ogemaw County Housing Commission with necessary information promptly.
2. Homeowners sign home improvement contracts with the selected contractor.
3. Homeowners request and approve payments to their contractors.
4. Homeowners work with contractors to settle disagreements during the job.
5. Homeowners contact their contractors to ask them to correct problems covered by contractor warranties during the 18 months after the job has been completed.

## Things Owners Should Think About Before Taking Out A Home Improvement Loan

1. Not **all** the work that homeowners want to be done can always be done.
2. Don't expect the house to be completely new after the work is done.
3. Don't expect all floors, walls, ceilings, doors, windows, etc. to be completely plumb, level, and square when work is done.
4. It can be stressful living in a house while a contractor is performing the work.
5. Very few times in life is anyone completely satisfied with things they buy or have repaired. Buying a house or having a house repaired is no different.
6. Housing requires routine maintenance. It would be a good idea to save \$25 a month to help cover the cost of future repairs and maintenance.
7. Finally, the rehabilitation staff is **not** the contractor and **cannot** guarantee that homeowners will be satisfied with the work done by the contractor.

I/We have read and understand the scope of the Improvement Program through Ogemaw County Housing Commission.

Date \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_

\_\_\_\_\_

**\*This program is 1<sup>st</sup> come 1<sup>st</sup> ready 1<sup>st</sup> served.**



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**Inspection Authorization**

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

For purposes of processing this application, authorization is given to Presque Isle County Housing Commission for inspections to identify necessary rehabilitation work items, to photograph existing conditions and improvements, and to inspect work in progress while construction is occurring during regular business hours at the above listed address. Said inspections will be requested by Presque Isle County Housing Commission of the Housing Inspector, Health Department Inspector or others deemed necessary by Presque Isle County Housing Commission on our behalf. It is understood that, generally, the inspections performed are to determine the repairs necessary for the home to meet HUD Section 8 Guidelines for existing homes, and that they will be of a non-destructive, visual nature, though other inspections are hereby authorized.

It is understood that the repairs and the amount of money required for such repairs will be the basis for a loan application from the Presque Isle County Housing Commission and that the inspection of the house is in no way a guarantee that this application will be approved.

All information on this application, as well as documents furnished in support of this application, is given for the sole purpose of obtaining a deferred loan or a loan through the Presque Isle County Housing Commission and that the contents of this application are true and complete to the best of our knowledge and belief. Supporting verification may be obtained from any source named herein.

**Penalty for False or Fraudulent Statement:** USC Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United State, knowingly and willfully falsifies ... or makes any false, fictitious statements or representations, or makes or used any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more that \$10,000 or imprisoned not more than five (5) years, or both."

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

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

**REPAIRS YOU BELIEVE MAY BE NECESSARY:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONS TO CONTACT FOR ADDITIONAL INFORMATION IF NECESSARY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Telephone: \_\_\_\_\_



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**AUTHORIZATION**

**FOR RELEASE OF INFORMATION**

Failure to comply could result in termination of benefits

The undersigned authorize Ogemaw County Housing Commission to contact any agencies, offices, groups, organizations, or employers to obtain any information or materials deemed necessary to complete my application for home rehabilitation.

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

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

\_\_\_\_\_  
 Witness:



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