



# City of Adrian

Housing Department  
100 E. Church Street • Adrian, MI 49221  
(517) 264-4839

**NOTE: Incomplete applications will not be accepted.**

## LENAWEE COUNTY HOUSING REHABILITATION APPLICATION

### GENERAL INFORMATION

Will you be applying for Individual or Joint Credit: <input type="checkbox"/> Individual <input type="checkbox"/> Joint
Head of Household Marital Status: (check one) <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Other
Loan Amount Requested: \$
In the last 3 years, have you declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your property been foreclosed upon in the last seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever received housing rehabilitation funds from this program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have these funds been repaid? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of previous funding received:

### Borrower Information

Last Name:	First Name:	
Middle Initial:	Suffix:	
Date of Birth:	Social Security Number:	
Number of Household Members (including borrower):	Ages of Household Members:	
Home Phone Number:	Work Phone Number:	
Other Phone Number:	Drivers License Number:	
<b>Home Address:</b>	<b>Year Built:</b>	
City:	State:	Zip Code:
Time at Current Residence:	Residence Type: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Land Contract	
Monthly Payment:	Mortgage Company Name:	
Mortgage Company Address:		
City:	State:	Zip Code:
<b>Previous Address:</b> (if less than 2 years at current address)		
City:	State:	Zip Code:
Time at Previous Residence:	Residence Type: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Land Contract	
<b>Present Employer:</b>		
Position Title:		
Employer Address:		
City:	State:	Zip Code:
Gross Salary:	per <input type="checkbox"/> year <input type="checkbox"/> month <input type="checkbox"/> hour	
Other Income:	per <input type="checkbox"/> year <input type="checkbox"/> month <input type="checkbox"/> hour	
Source of Other Income:		
Time at Present Job:		
<b>Previous Employer:</b> (if less than 2 years)		
Position Title:		
Employer Address:		
City:	State:	Zip Code:
Gross Salary:	per <input type="checkbox"/> year <input type="checkbox"/> month <input type="checkbox"/> hour	
Time at Previous Job:	Job End Date:	

### Co-Borrower Information

Last Name:	First Name:	
Middle Initial:	Suffix:	
Date of Birth:	Social Security Number:	
Number of Dependents:	Ages of Dependents:	
Home Phone Number:	Work Phone Number:	
Other Phone Number:	Drivers License Number:	
<b>Home Address:</b>		
City:	State:	Zip Code:
Time at Current Residence:	Residence Type: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Land Contract	
Monthly Payment:	Mortgage Company Name:	
Mortgage Company Address:		



City:	State:	Zip Code:
<b>Previous Address:</b> (if less than 2 years at current address)		
City:	State:	Zip Code:
Time at Previous Residence:	Residence Type: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Land Contract	
<b>Present Employer:</b>		
Position Title:		
Employer Address:		
City:	State:	Zip Code:
Gross Salary:	per <input type="checkbox"/> year <input type="checkbox"/> month <input type="checkbox"/> hour	
Other Income:	per <input type="checkbox"/> year <input type="checkbox"/> month <input type="checkbox"/> hour	
Source of Other Income:		
Time at Present Job:		
<b>Previous Employer:</b> (If less than 2 years)		
Position Title:		
Employer Address:		
City:	State:	Zip Code:
Gross Salary:	per <input type="checkbox"/> year <input type="checkbox"/> month <input type="checkbox"/> hour	
Time at Previous Job:	Job End Date:	
<b>References</b> (Nearest Relative Not Living With You)		
Last Name:	First Name:	
Relationship:	Phone Number:	
Address:		
City:	State:	Zip Code:
<b>Debts/Monthly Payments</b>		
List all other debts (for example, auto loans, credit cards, second mortgage, home association dues, alimony, child support, child care, medical utilities, auto insurance, IRS liabilities, etc.) Please use a separate line for each credit card and auto loan. (Attach additional sheet if necessary)		
<b>Creditor</b>	<b>Balance</b>	<b>Monthly Payment</b>
<b>Requested Property Improvements:</b>		

**IMPORTANT, READ THIS BEFORE SIGNING:**

I certify that statements on this application are true, accurate and complete to the best of my knowledge and belief, and further certify that I have disclosed in this application the total income(s) of all adults who now are, or are reasonably expected to be, within 60 days of my receiving the loan applied for, members of the household. This application shall remain the property of the community agency to which it is submitted and/or MSHDA. Verification may be obtained from any source, including but not limited to those named in this application. I consent to and authorize the community agency, MSHDA or HUD, after giving reasonable notice, to enter the improved property to determine that the improvements specified in this application have been completed. I understand that the selection of a contractor and acceptance of materials used and the work performed is my responsibility, and neither the community agency, MSHDA or HUD guarantees the quality or workmanship of the improvements. I understand that it may be a federal crime punishable by fine or imprisonment, or both, to knowingly make false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code.

\_\_\_\_\_  
BORROWER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-BORROWER'S SIGNATURE

\_\_\_\_\_  
DATE

**For Department Use Only:**

Date Completed Application Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason for Denial: \_\_\_\_\_  
Date Date





**MICHIGAN DEPARTMENT OF CONSUMER & INDUSTRY SERVICES  
MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY  
CHECKLIST**

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937

**Complete a separate form for each household member who is age 18 or older, and be prepared to provide ORIGINAL verification (not photocopies) for items checked YES. Failure to comply could result in the denial/termination of assistance.**

		<b>Head of Household:</b>
<b>Family Member Name:</b>	<b>Telephone Number:</b> (    )	<b>County:</b>

Each item must be fully completed. Please print clearly.

- |  |                          |  |  |
|--|--------------------------|--|--|
| <input type="checkbox"/><br><br><input type="checkbox"/> | Yes<br><br>No            | <input type="checkbox"/><br><br><input type="checkbox"/> | <p><b>I am self-employed as _____.</b></p> <p><b>I have a job and receive money/wages. I earned \$_____ in the last 12 months.</b></p> <p><b>Name of Employer:</b> _____</p> <p><b>Contact Person:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>Telephone:</b> _____</p> <p><b>Fax:</b> _____</p> <p><b>Email:</b> _____</p> |
| <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>                                 | <p><b>I receive tips. If yes, how much per week? \$_____</b></p>   |
| <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>                                 | <p><b>I am a full-time student.</b></p> <p><b>Name of School:</b> _____</p> <p><b>Contact Person:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>Telephone:</b> _____</p> <p><b>Fax:</b> _____</p> <p><b>Email:</b> _____</p>  |
| <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>                                 | <p><b>I receive cash contributions or gifts including rent, groceries, car payments, or utility payments on an ongoing basis from persons not living with me.</b></p> <p><b>Source Name:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>Telephone:</b> _____</p> <p><b>Fax:</b> _____</p>                                      |
| <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>                                 | <p><b>I receive periodic payments from Workers' Compensation.</b></p>  |
| <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>                                 | <p><b>I receive military active duty allotments.</b></p>   |
| <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>                                 | <p><b>I receive Veteran's Administration benefits.</b></p>   |
| <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>                                 | <p><b>I receive Social Security.</b></p>   |
| <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>                                 | <p><b>I receive Supplemental Security Income (SSI).    <input type="checkbox"/> Federal    <input type="checkbox"/> State</b></p>  |
| <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>                                 | <p><b>I receive disability or death benefits other than Social Security.</b></p> <p><b>Source Name:</b> _____</p> <p><b>Contact Person:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>Telephone:</b> _____</p> <p><b>Fax:</b> _____</p>   |

Yes

No

CHECKLIST (Continued)

Email: \_\_\_\_\_

I receive a cash Public Assistance grant (FIP, SDA, RAP).

FIA Caseworker Name: \_\_\_\_\_

FIA Case Number: \_\_\_\_\_

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

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

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I receive Food Assistance Program benefits from the Family Independence Agency (FIA).

FIA Caseworker Name: \_\_\_\_\_

FIA Case Number: \_\_\_\_\_

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

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

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I receive Medicaid.

I am unemployed. I have been unemployed since \_\_\_\_\_ (date).

I receive unemployment benefits.

I receive child support or alimony.

If yes, from how many persons do you receive support/alimony? \_\_\_\_\_

If yes, is child support paid directly to Family Independence Agency (FIA)?  Yes  No

If not paid directly to FIA:

Friend of the Court Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

PIN#: \_\_\_\_\_

I receive adoption assistance payments.

I receive periodic payments from a trust, annuity or inheritance.

Source Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

I receive periodic payments from a trust, annuity or inheritance.

Source Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Yes

No

CHECKLIST (Continued)

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

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

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

I receive periodic payments from retirement funds or pensions.

Source Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

I receive periodic payments from lottery winnings.

Source Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

Fax: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

Email: \_\_\_\_\_

I own real estate. Describe: \_\_\_\_\_

I have a land contract(s). Describe: \_\_\_\_\_

I own a mobile home. Describe: \_\_\_\_\_

I receive income from rental of real estate or personal property. Describe: \_\_\_\_\_

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

I receive income from Indian Trust Land.

I have personal property held for investment purposes (gems, jewelry, coin or stamp collections, etc.)

Describe: \_\_\_\_\_  
\_\_\_\_\_

I have accounts check which one(s):  IRA's or Keogh  Savings  Checking  
(list names of banks, credit unions, savings and loans, etc.)  Other \_\_\_\_\_

Bank Name:1) \_\_\_\_\_

2) \_\_\_\_\_

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

Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Yes

No

CHECKLIST (Continued)

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

Fax: \_\_\_\_\_

I have a life insurance policy with a cash surrender value.

I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years.

List items: \_\_\_\_\_

Sale Amount: \$ \_\_\_\_\_

I have income/assets from sources other than those listed above. Describe: \_\_\_\_\_

\_\_\_\_\_

I pay Medicare premiums and I am elderly (age 62 or older) or disabled.

I pay medical insurance premiums, other than Medicare, and I am elderly (age 62 or older) or disabled.

Name of Insurance Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I pay prescription expenses that are not reimbursed by insurance or FIA/other Agency, and I am elderly (age 62 or older) and disabled.

Name of Pharmacy:1) \_\_\_\_\_

2) \_\_\_\_\_

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

Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Fax: \_\_\_\_\_

I pay medical expenses that are not reimbursed by insurance or FIA/other Agency, and I am elderly (age 62 or older) or disabled.

Name of Each Licensed Health Care Provider:

1) \_\_\_\_\_

2) \_\_\_\_\_

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

Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Fax: \_\_\_\_\_

I pay chore care provider expenses that are not reimbursed by insurance or FIA/other Agency, and I am elderly (age 62 or older) or disabled.

Name of Chore Provider: \_\_\_\_\_

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

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

Yes

No

CHECKLIST (Continued)

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Family Independence Agency (FIA) or other Agency pays child care expenses for a child(ren) age 12 or under in order for me to be gainfully employed or to further my education. If yes, FIA/other Agency pays:

Full  Partial Payment

I pay childcare expenses for a child(ren) age 12 or under in order for me to be gainfully employed or to further my education.

Name of Child Care Provider: \_\_\_\_\_

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

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

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I pay handicap care expenses for a disabled family member in order to be gainfully employed.

Name of Child Care Provider: \_\_\_\_\_

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

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

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I pay handicap equipment expenses for a disabled family member.

Describe: \_\_\_\_\_

I have a family member(s) age 17 or under who has unearned income (examples: Social Security, SSI). List their names and type(s) of income: \_\_\_\_\_

I have a family member(s) age 17 or under who has assets (examples: savings accounts, bonds, etc.). List their names and type(s) of assets: \_\_\_\_\_

I have a family member(s) age 5 and under who has an *identified* environmental intervention blood lead level (EIBLL). List their names: \_\_\_\_\_

**Certification:**

I certify to the best of my knowledge that all statements are true. I understand that providing false information will result in denial or Termination of benefits.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please Return To:  
City of Adrian Housing Department  
100 E. Church Street  
Adrian, Michigan 49221



**City of Adrian • Community Development**  
100 E. Church Street • Adrian, MI 49221  
(517) 263-2121 • (517) 265-8798 fax

**AUTHORITY TO RELEASE INFORMATION**

This is your authority to release information regarding my income, employment, bank accounts and outstanding debts (including mortgages). This also authorizes you to order a consumer credit report and to make other inquiries to support my application for a housing improvement loan with the City of Adrian Housing Department.

I authorize the City of Adrian Housing Department to make copies of this letter to distribute to any party with which I have a financial or credit relationship and that party may treat the copy as an original.

\_\_\_\_\_  
Signature of Borrower

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Borrower

\_\_\_\_\_  
Date

REQUIRED DOCUMENTATION CHECKLIST

YOU MUST SUBMIT COPIES OF THE FOLLOWING DOCUMENTATION WITH THE APPLICATION PACKET.

\*\*DO NOT MAIL ORIGINAL DOCUMENTS\*\*

HOME OWNERSHIP DOCUMENTATION

- PROOF OF OWNERSHIP, **must be recorded at Lenawee County Register of Deeds**
  - **Warranty Deed**
  - **Quit Claim Deed/s**
  - **Land Contract, if applicable**

**We are required to follow the chain of title back to the last recorded Warranty Deed**
- PROOF OF HOMEOWNERS FIRE INSURANCE-COPY OF DECLARATION PAGE INDICATING
  - **Agent's name and phone number**
  - **Amount of dwelling coverage**
  - **Policy expiration date**
- MARRIAGE LICENSE **if you have married since you purchased the home**
- DIVORCE DECREE-**the cover page and the page indicating who was awarded the property. If the property was purchased after your divorce, it is not necessary to send a copy of the Divorce Decree.**
- DEATH CERTIFICATE **is needed if anyone listed on your deed has died since the deed was prepared.**
- MORTGAGE STATEMENT **indicating**
  - **Current principal balance**
  - **Next due date**
- PROOF OF PAID PROPERTY TAXES (past three years)

INCOME TAX FORMS

- FEDERAL INCOME TAX FORMS, **a complete copy (all pages) of your most recently filed, signed and dated including W2 forms, 1099 forms and schedules**
- STATE OF MICHIGAN INCOME TAX FORMS, **a complete copy (all pages) of your most recently filed, signed and dated including W2 forms, Homestead Tax Credit form, 1099 forms and schedules.**

CURRENT HOUSEHOLD INCOME

**SUBMIT COPIES OF THE DOCUMENTATION THAT APPLIES TO YOUR HOUSEHOLD. WE ARE REQUIRED TO CONSIDER THE INCOME FROM ALL SOURCES FOR ALL HOUSEHOLD MEMBERS, INCLUDING UNRELATED PERSONS.**

- EMPLOYMENT- **If you or any adult (18 years of age or older) living in the household is employed, submit a copy of their most recent payroll check stub/s**
- UNEMPLOYMENT- **If you or any adult (18 years of age or older) living in the household is unemployed, submit a copy of their most recent unemployment check stub/s**
- SOCIAL SECURITY BENEFITS, **submit a copy of one of the following:**
  - **Annual social security award letter**
  - **Bank statement, if direct deposit**
  - **Your next check**

**If you do not have any of the above items, you can phone the social security office at (800) 772-1213 and ask them to send you documentation of your benefits.**
- PENSION OR DISABILITY, **submit a copy of the most recent check stub**
- CHILD SUPPORT, **submit a copy of one of the following:**
  - **Friend of the Court most recent check stub**
  - **Bank statement, if it is a direct deposit, most recent**
- FULL-TIME STUDENT – **any household member 18 or older, excluding borrower and co-borrower, submit proof of enrollment ex: report card, student registration form, full-time student verification form**
- PUBLIC ASSISTANCE, **submit a copy of most recent Budget Letter or Family Independence Agency Quarterly Statement. Foster care payments are excludable.**
- PARSONAGE ALLOWANCE, **submit documentation from your parish**
- SOLE PROPRIETOR BUSINESS – **submit a Profit and Loss Statement for the current year**
- PARTNERSHIP OR S CORPORATION INCOME, **submit a copy of your Schedule K-1 for the current year**