

# OSCODA COUNTY HOME IMPROVEMENT PROGRAM

311 S. Morenci Avenue / P.O. Box 399

Mio, MI 48647

Telephone 989 826-1167 / Fax 989 826-1177 \ TDD 1-800-649-3777

Dear Applicant:

You recently requested an application for a home rehabilitation loan. Enclosed is a copy for you to complete. Attached, you will find a copy of an information sheet entitled "This is not a Home Remodeling Program" for you to read in preparation for your interview with this office.

The County funding source CDBG Program Income, USDA RD Housing Preservation Grant, Federal Home Loan Bank (NIP) provides funds for communities to operate programs. Their regulations require that we verify the eligibility of all persons who receive home improvement assistance. Attached to the application are the following forms, which must be reviewed and signed:

**Data Privacy Statement  
Authorization for Release of Information  
Inspection Authorization  
Declaration of Section 214 Status**

Any questions you may have about how the rehabilitation process works will be answered during our interview. Feel free to bring a family member who can be of assistance. Please bring the following documents with you:

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 may include the following:
  - Thirty days of pay stubs,
  - Social Security or Pension Award Letters,
  - DHHS Eligibility Letter,
  - VA Award Letter,
  - Most recent 2 years income tax with all W-2 & 1099 forms
  - Self Employed Forms – IRS Schedule C
  
4. **Proof of insurance on the home.**

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

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**OSCODA COUNTY HOME IMPROVEMENT PROGRAM**  
**APPLICATION FOR HOME REHABILITATION**  
 Only for Owner-Occupied, Single-dwelling Residential Property

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

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

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

Street-Route-Box No.                      City                      State      Zip

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

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

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

Are you related to any Housing Commission member or staff? \_\_\_\_\_

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

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

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

**Other wage-earning household members:** \_\_\_\_\_

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

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): \$ \_\_\_\_\_

\*Race Code #'s: 11 - White; 12-Black/African American; 13-Asian; 14-American Indian or Alaska Native; 15-Native Hawaiian or Other Pacific Islander; 16-American Indian or Alaska Native AND White; 17-Asian AND White; 18-Black or African American AND White; 19-American Indian or Alaska Native AND Black or African American; 20-Other Multi-Racial

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## APPLICANT'S INFORMATION FOR CREDIT APPROVAL

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

### Monthly Housing Expense

### Monthly Income

House Payment		Wages: Husband	
Heat (Gas, Oil, Electric)		Wife	
Utilities (Electric, Gas)		Other	
Homeowner's Insurance		Unemployment Benefits	
Property Taxes		ADC/Cash Welfare	
Maintenance		Social Security	
		Veteran's Benefits	
<b>Total Monthly Expense</b>		Pension Benefits	
<b>Percentage of Total Income</b>		Disability Benefits	
<b>Monthly Fixed Expense</b>		Income from Investment	
		Income from Property	
		Other Income	
Income Taxes (20% of Gross)		(Child Support, etc)	
Other Property Payments			
Balance Due:		<b>Total Monthly Income</b>	
Other Property Taxes		<b>Annual Gross Income</b>	
Life Insurance		<b>Current Assets</b>	
Health Insurance			
Car Loan			
Balance Due:		Cash Accounts	
Notes Payable		US Savings Bonds	
Balance Due:		Other Savings	
Charge Accounts		Stock/Securities	
Balance Due:		Real Estate Equity	
Other		Vehicles	
		Other	
<b>Total Monthly Fixed Expenses</b>			
		<b>Total Current Assets</b>	

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: \_\_\_\_\_

Are there any outstanding financial judgments or liens against you? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a Co-signer on any notes or loans? Yes \_\_\_\_\_ No \_\_\_\_\_

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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 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 to 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. Local loan committee members who approve all applications.
2. Staff involved in program administration.
3. Auditors performing required audits of our programs.
4. Authorized personnel from the U. S. Department of Housing and Urban Development or other State and Federal agencies providing funding assistance to your loan.
5. Persons 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: \_\_\_\_\_

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**THIS IS NOT A HOME REMODELING PROGRAM. IT IS A PROGRAM FOR REHABILITATION OF HOMES TO BRING THEM UP TO HOUSING QUALITY STANDARDS. YOUR HOME WILL NOT BE LIKE-NEW.**

This information is to help you understand the rehabilitation process and to assist you in understanding what to expect during that process. It has been our experience that many of the problems that occur can be traced back to a lack of communication between the homeowner, contractor and inspector.

- The home improvement program is **not** the contractor and does **not** guarantee the work or the homeowner's satisfaction with the work.
- A lien will be placed on your property in the form of a mortgage. This is to ensure the money loaned to you to complete the project.
- As the owner of the property, you are expected to monitor work being done. You will be required to sign off on work completed and approve all payments to the contractor.
- Your contract for work performed is with the contractor. You will be required to sign a home rehabilitation contract with your contractor. You agree to use the lowest bidding contractor or pay the difference between the lowest bidding contractor and the contractor you may want to use.
- You are responsible for contacting the contractor within the 18 month warranty period if any problems arise after completion of the project. Work with the contractor to settle any disagreements during the rehabilitation work and after the work has been completed.
- Establish a line of communication with your contractor. If something doesn't look quite right to you, ask questions. Do not wait until everything is done – it may be too late to satisfactorily make changes.
- It is your responsibility to select the colors, styles and patterns of materials such as floor tile, paint, siding, etc. If you are not given this opportunity, speak up immediately. Don't wait until the wrong material is installed. Remember it is your home and when it is completed, you must live with it. We want you to be satisfied when the project is complete, and we will make every effort within the limits of your budget to do so. Not all the work requested will be done, due to guidelines that are set by funding sources.
- Remember that workmen will be making repairs and improvements to your home. You must expect a certain amount of disruption of your normal living during this process. The contractor must leave the premises broom-clean overnight and haul away all trash and debris that is a result of the construction process. However, you must expect that there will be a certain amount of house cleaning when the project is completed.
- Do not ask the contractor to do anything that is not on the rehabilitation specifications. Your contractor has bid only on those items in the rehabilitation specifications, and is being paid for those items only. The Housing Program will not pay for work done outside of the rehabilitation specifications.
- You will be given a copy of the rehabilitation specifications. The housing staff will review it with you. If you do not understand something or have questions about any item in the rehabilitation specifications, please ask us. Keep your copy of the rehabilitation specifications available, so you are aware of what is being done.
- Have all small items such as pictures, knick-knacks, drapes and other decorator items put away in rooms that will be worked in.
- Home maintenance is your responsibility. Set funds aside in your budget to help cover the cost of future repairs/maintenance of your home.
- Remember, floors, walls, ceilings, doors, windows, etc may not be completely plumb, level, and square when work is completed.

**If after reading the above, you agree to the responsibilities and inconveniences stated, please sign below.**

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

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

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## Inspection Authorization

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

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

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

For purposes of processing this application, authorization is given to the Oscoda County Home Improvement Program 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 may be requested by the Home Improvement Program of the Housing Inspector, Health Department Inspector or others deemed necessary by the Program 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 Oscoda County Home Improvement Program, 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 Oscoda County Home Improvement Program, 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 States, knowingly and willfully falsifies ... or makes any false, fictitious statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years, or both."

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

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

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

### **NEAREST RELATIVE NOT LIVING WITH YOU:**

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

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

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

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### Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs, are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by the USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternate means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
2. Fax: (202) 690-7442; or
3. Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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## AUTHORIZATION FOR RELEASE OF INFORMATION AND PRIVACY ACT NOTICE

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.  
Failure to comply will result in denial of benefits.

The undersigned authorize Oscoda County Home Improvement Program (OCHIP) and/or its contracted agent to contact any agencies, offices, groups, organizations, or employers to obtain, and agencies to release, information that is pertinent to eligibility, level of benefits, or continued participation in the CDBG Program Income, USDA RD Housing Preservation Grant, Federal Home Loan Bank (NIP) Programs, including authorization to obtain a consumer's credit report.

This includes the Social Security Administration (SSA), U.S. Citizenship and Immigration Services (USCIS), and the State of Michigan Department of Health and Human Services (DHHS) Programs. Oscoda County Home Improvement Program may use this Authorization and the information obtained with it, to administer and enforce program rules and policies.

The undersigned certify that the information given to OCHIP on household members, income, net family assets, allowances, and deductions is accurate.

I understand that false statements or information are punishable by imprisonment for up to 10 years or by a fine of up to \$5,000 and grounds for termination of housing assistance under State and Federal Law.

**PRIVACY ACT NOTICE STATEMENT:** THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) IS REQUIRING THE COLLECTION OF THIS INFORMATION TO DETERMINE AN APPLICANT'S ELIGIBILITY AND THE AMOUNT OF ASSISTANCE NECESSARY. THIS INFORMATION WILL BE USED TO ESTABLISH LEVEL OF BENEFIT, TO PROTECT THE GOVERNMENT'S FINANCIAL INTEREST; AND TO VERIFY THE ACCURACY OF THE INFORMATION FURNISHED. IT MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE AND LOCAL AGENCIES WHEN RELEVANT, TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATORS, AND TO PROSECUTORS. FAILURE TO PROVIDE ANY INFORMATION MAY RESULT IN A DELAY OR REJECTION OF YOUR ELIGIBILITY APPROVAL. HUD IS AUTHORIZED TO ASK FOR THIS INFORMATION BY THE NATIONAL AFFORDABLE HOUSING ACT OF 1990.

I ACKNOWLEDGE THAT (1) A PHOTOCOPY OF THIS FORM IS AS VALID AS THE ORIGINAL, (2) I HAVE THE RIGHT TO REVIEW THE FILE AND THE INFORMATION RECEIVED USING THIS FORM (WITH A PERSON OF MY CHOOSING TO ACCOMPANY ME), (3) I HAVE THE RIGHT TO COPY INFORMATION FROM THIS FILE AND TO REQUEST CORRECTION OF INFORMATION I BELIEVE IN ACCURATE.

ALL ADULT HOUSEHOLD MEMBERS WILL SIGN THIS FORM AND COOPERATE IN THIS PROCESS.

I agree that copies of this Authorization may be used for the purposes stated above. This consent will expire 15 months from the date signed.

Signature of Head of Household	Social Security Number	Date
Signature of Spouse	Social Security Number	Date
Other Adult Signature (if applicable)	Social Security Number	Date
Other Adult Signature (if applicable)	Social Security Number	Date
Other Adult Signature (if applicable)	Social Security Number	Date



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**DECLARATION OF SECTION 214 STATUS**

This form is required by P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937. Failure to file could affect benefits.

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Read the Declaration statement carefully then sign and return to the address below. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because (check the appropriate box, check only one):

- 1.  I am a citizen by birth, a naturalized citizen or a national of the United States; or
- 2.  I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (i.e. copy of Driver's license, birth certificate, state identification), see instruction #1; or
- 3.  I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach U.S. Citizenship and Immigration Services (USCIS) (formerly INS) document(s) evidencing eligible immigration status and signed verification consent form.
  - a.  Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA), see instruction #2; or
  - b.  Permanent residence under §249 of INA, see instruction #3; or
  - c.  Refugee, asylum, or conditional entry status under §207, 208, or 203 of the INA, see instruction #4; or
  - d.  Parole status under §212(d)(5) of the INA, see instruction #5; or
  - e.  Threat to life or freedom under §243(h) of the INA, see instruction #6; or
  - f.  Amnesty under §245A of the INA, see instruction #7.

*NOTE: For family members with different citizenship status, complete a separate form for each citizenship status.*

List all Family Members:

**Parent of Guardian must sign their own name for family member(s) under 18 years of age. (DO NOT sign child's name.)**

_____ First, Middle Initial, Last Name (Head of Household)	_____ Signature of Head of Household	_____ Date
_____ First, Middle Initial, Last Name	_____ Signature of Adult Family Member	_____ Date
_____ First, Middle Initial, Last Name	_____ Signature of Adult Family Member	_____ Date
_____ First, Middle Initial, Last Name	_____ Signature of Adult Family Member	_____ Date
_____ First, Middle Initial, Last Name	_____ Signature of Adult Family Member	_____ Date
_____ First, Middle Initial, Last Name	_____ Signature of Adult Family Member	_____ Date



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**Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

**The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:**

- 1. Eligible immigration status and 62 years of age or older.** For non-citizens who are 62 years of age or older or who will be 62 years of age or older **and** receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 2. Immigrant status under section 101(a)(15) or 101(a)(20) of Immigration and Nationality Act (INA).** A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the INA, as an immigrant, as defined by section 101(a)(15) of the INA {8 U.S.C. 1101(a)(20) and 1101(a)(15)} respectively [*immigrant status*]. This category includes a non-citizen admitted under section 210 or 210A of the INA {8 U.S.C. 1160 or 1161}, [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 3. Permanent residence under section 249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA {8 U.S.C. 1259} [*amnesty granted under INA 249*].
- 4. Refugee, asylum, or conditional entry status under section 207, 208, or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to the admission under section 207 of the INA {8 U.S.C. 1157} [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA {8 U.S.C. 1158} [*asylum status*]; or because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 5. Parole status under section 212(d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General's withholding deportation under section 212(d)(5) of the INA {8 U.S.C. 1182(d)(5)} [*parole status*].
- 6. Threat to life or freedom under section 243(h) of INA.** A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under section 243(h) of the INA {8 U.S.C. 1253(h)} [*threat to life or freedom*].
- 7. Amnesty under section 245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under section 245A of the INA {8 U.S.C. 1255a} [*amnesty granted under INA 245A*].

**Instructions to Grantee:** Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), Grantee must enter INS/SAVE Verification Number and date that it was obtained. Grantee signature is not required.

**Instructions to Family Member for Completing Form:** On opposite page, print or type first name, middle initial(s), and last name. Place an "X" in the appropriate boxes. Attach USCIS document(s) evidencing eligible immigration status. Sign and date.



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## 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. Provide address, phone number, fax number, and additional information for all YES answers as requested. Complete in ink, initial any/all changes. Failure to comply could result in the denial/termination of assistance.

**NOTE:** Oscoda County Home Improvement Program uses up-front income verification (UIV) to obtain and clarify income.

Household Member Name:	Head of Household:	
	Address:	City:

**Each item must be fully completed. Please print clearly using black or blue ink.**

### Section A - Income

Yes No

A-1   I am self-employed. If yes, describe \_\_\_\_\_

A-2   I earned \$ \_\_\_\_\_ in the last 12 months. I have \_\_\_\_\_ job(s) and receive money/wages. (List separately.)

Name of Employer: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Date of Termination: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

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

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

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

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

List Pretax Deductions

(HB programs only): \_\_\_\_\_

If more than two jobs, provide additional information on a separate sheet.

A-3   I receive tips. If yes, in the amount of \$ \_\_\_\_\_ per week.

A-4   I am unemployed. If yes, I have been unemployed since \_\_\_\_\_ (date).

A-5   I receive unemployment/subpay benefits since \_\_\_\_\_ (date). I will  will not  receive an extension.

A-6   I am disabled and have a new job or wage increase in the last 12 months.

If yes, New job date: \_\_\_\_\_ Wage increase date: \_\_\_\_\_

A-7   I receive periodic payments from Workers' Compensation. If yes, Amount \$ \_\_\_\_\_

A-8   I receive military active duty allotments. If yes, Amount \$ \_\_\_\_\_

A-9   I receive Veteran's Administration benefits. If yes, Amount \$ \_\_\_\_\_ VA File # \_\_\_\_\_

A-10   I receive Social Security. If yes, Amount \$ \_\_\_\_\_

A-11   I receive Supplemental Security Income (SSI). Federal Amount \$ \_\_\_\_\_ State Amount \$ \_\_\_\_\_

A-12   I receive periodic payments from retirement funds or pensions. If yes, how many? \_\_\_\_\_

Source Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ FAX# \_\_\_\_\_

Email Address: \_\_\_\_\_ Account# \_\_\_\_\_

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

If received from more than one source, please provide additional information on a separate sheet.

**OSCODA COUNTY HOME IMPROVEMENT PROGRAM  
CHECKLIST**

A-13   I receive disability or death benefits **other than Social Security**.

If yes, from how many sources? \_\_\_\_\_ (List each source separately. Provide additional information on separate sheet.)

Source Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ FAX# \_\_\_\_\_  
Email Address: \_\_\_\_\_ Account# \_\_\_\_\_

A-14   I receive Food Assistance Program benefits from the Department of Health and Human Services (DHHS).

DHHS Caseworker Name: \_\_\_\_\_ Amount: \_\_\_\_\_  
\$ \_\_\_\_\_  
Street Address: \_\_\_\_\_ DHHS Case # \_\_\_\_\_  
# \_\_\_\_\_  
City, State Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Fax#: \_\_\_\_\_

A-15   I receive a **CASH** Public Assistance grant (FIP, SDA, RAP).

DHHS Caseworker Name: \_\_\_\_\_ DHHS Case #: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

A-16   I receive Medicaid. NOTE: Not Adult Medical Program (formerly State Medical Program).

A-17   I receive child support.

If yes, from how many persons do you receive support? \_\_\_\_\_ From how many Friends of Court? \_\_\_\_\_

If yes, is child support paid directly to Department of Health and Human Services (DHHS)? Yes  No

If not paid directly from DHHS:

Friend of the Court Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ per \_\_\_\_\_ PIN# \_\_\_\_\_

If received from more than one Friend of the Court, provide additional information on a separate sheet.

A-18   I receive alimony

If yes, from how many persons do you receive alimony? \_\_\_\_\_ From how many Friends of Court? \_\_\_\_\_

If yes, is alimony paid directly to DHHS? Yes  No

If not paid directly to DHHS:

Friend of the Court Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ per \_\_\_\_\_ PIN# \_\_\_\_\_

If received from more than one Friend of the Court, provide additional information on a separate sheet.

**OSCODA COUNTY HOME IMPROVEMENT PROGRAM  
CHECKLIST**

A-19   I receive adoption assistance payments. If yes, from how many sources? \_\_\_\_\_

Source Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

If received from more than one source, provide additional information on a separate sheet.

A-20   I receive periodic payments from a trust, annuity or inheritance. If yes, how many sources? \_\_\_\_\_

Source Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ per \_\_\_\_\_ Account# \_\_\_\_\_

If received from more than one source, provide additional information on a separate sheet.

A-21   I receive periodic payments from insurance policies. If yes, how many sources? \_\_\_\_\_

Source Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ per \_\_\_\_\_ Account# \_\_\_\_\_

If received from more than one source, provide additional information on a separate sheet.

A-22   I receive periodic payments from lottery winnings.

Source Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

If received from more than one source, provide additional information on a separate sheet.

A-23   I am a full-time student.

Name of School: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Number of Credit Hours Enrolled: \_\_\_\_\_

If attending more than one school, provide additional information on a separate sheet.

A-24   I receive **CASH** contributions or gifts including rent, groceries, car payments, or utility payments on an ongoing basis from persons not living with me. If yes, from how many sources? \_\_\_\_\_ (List each source separately.)

Source Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ Fax: \_\_\_\_\_

If received from more than one source, provide additional information on a separate sheet.

**OSCODA COUNTY HOME IMPROVEMENT PROGRAM  
CHECKLIST**

**To be filled out on Head-of-Household's form only – Leave blank if you are not the Head-of-Household.**

Yes No

A-25   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:

Name	Type	Amount	Name	Type	Amount

A-26   I have a family member(s) age 17 or under who has **earned** income (list each job separately).

Name	Amount	Name	Amount

Yes No

**Section B - Assets**

B-1   I have the following accounts):  Savings  Checking

Retirement account provided by Employer (please check below:)

IRAs or Keogh  Other \_\_\_\_\_

How many banks, credit unions, savings and loans, etc. do you have account with? \_\_\_\_\_ (Please list separately)

Name of Bank: 1) \_\_\_\_\_ 2) \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

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

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

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

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

Account Number: \_\_\_\_\_

If more than two financial institutions, please provide additional information on a separate sheet.

B-2   I own additional real estate. Describe: \_\_\_\_\_

B-3   I have a land contract(s). Describe: \_\_\_\_\_

B-4   I own a mobile home. Describe: \_\_\_\_\_

B-5   I receive income from rental of real estate or personal property. Describe: \_\_\_\_\_

B-6   I receive income from Indian Trust Land. Describe: \_\_\_\_\_

**OSCODA COUNTY HOME IMPROVEMENT PROGRAM  
CHECKLIST**

B-7   I have personal property held for investment purposes (gems, jewelry, coin or stamp collections, etc.). Describe: \_\_\_\_\_

B-8   I have Treasury Bills, Stocks or Bonds. Check which one(s):  Treasury Bills  Stocks  Bonds

How many do you have? \_\_\_\_\_ (List each separately.)

Name of source: 1) \_\_\_\_\_ 2) \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

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

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

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

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

Account Number: \_\_\_\_\_

If more than two, please provide additional information on a separate sheet.

B-9   I have a life insurance policy with a cash surrender value.

Source Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Fax #: \_\_\_\_\_

If received from more one source, please provide additional information on a separate sheet.

B-10   I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years.

List items: \_\_\_\_\_ Sale Amount: \$ \_\_\_\_\_

B-11   I have income/assets from sources **other** than those listed above. Describe: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Fax #: \_\_\_\_\_

If received from more one source, please provide additional information on a separate sheet.

**To be filled out on Head-of-Household's form only – Leave blank if you are not the Head-of-Household.**

Yes No

B-12   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 income:

Name	Type	Amount	Name	Type	Amount

How many banks, credit unions, savings and loans, etc. do you have accounts with? \_\_\_\_\_ (List each separately.)

Name of bank: 1) \_\_\_\_\_ 2) \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

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

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

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

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

Account Number: \_\_\_\_\_

If more than two financial institutions, provide additional information on a separate sheet.

**OSCODA COUNTY HOME IMPROVEMENT PROGRAM  
CHECKLIST**

**Section C – Rental Rehabilitation**

**NA for Homebuyer Programs**

Yes No

C-1   I am disabled and receive Supplemental Security Income (SSI).

**To be filled out on Head-of-Household's form only – Leave blank if you are not the Head-of-Household.**

Yes No

C-2   I have a family member(s) under age 6 who has an *identified* environmental intervention blood lead level (EIBLL).  
List their names: \_\_\_\_\_

Please return to:

**Oscoda County Home Improvement Program**  
311 S. Morenci Avenue / P.O. Box 399  
Mio, MI 48647  
Telephone 989 826-1167 / Fax 989 826-1177 \ TDD 1-800-649-3777

Certification:

I certify that only the people listed on the Family Composition form will occupy the unit. I certify the house will be my principal residence and I will not obtain duplicate federal housing assistance while receiving assistance from Oscoda County Home Improvement Program (OCHIP). I will not live anywhere else without notifying OCHIP immediately in writing. I will not sublease my assisted residence.

I hereby attest that I have reviewed this entire form, and all information has been accurately reported. I understand that providing false information will result in denial or termination of benefits.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Si no puedes leer este documento porque usted no lee a Inglés, o desea que esta comunicación sea interpretada o traducida y nadie que sabe usted puede traducir, por favor llame a nuestra oficina para obtener una lista de intérpretes o traductores. Nuestro número de teléfono es 989-826-1167.



**OSCODA COUNTY HOME IMPROVEMENT PROGRAM**

311 S. Morenci Avenue / P.O. Box 399

Mio, MI 48647

Telephone 989 826-1167 / Fax 989 826-1177 \ TDD 1-800-649-3777

**FAMILY COMPOSITION**

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

Name:		Home Telephone Number:
Unit Address:	City, State, ZIP:	Work Telephone Number:
Mailing Address:	City, State, ZIP:	Message Telephone Number:

**List yourself and all other persons who will live in the unit:**

Name	Social Security # (If no SS#, use Alien Registration Number)	Relationship to Head of Household	Student? Yes/No	Birth Date	Age	Sex M/F	Disabled? Yes/No	Hispanic or Latino? Yes/No	*Race Code	US Citizen? Yes/No
		Head of Household								

\*Race Code #'s (enter one or more):  
 11-White; 12-Black/African American; 13-Asian; 14-American Indian or Alaska Native; 15-Native Hawaiian or Other Pacific Islander; 16-American Indian or Alaska Native AND White; 17-Asian AND White; 18-Black or African American AND White; 19-American Indian or Alaska Native AND Black or African American; 20-Other Multi-Racial

If there are new births, please send a copy of proof of birth and social security card. Head of Household – Please complete the following section (for statistical purposes only):

Enter Code #

- Marital Status Codes:**
1. Married
  2. Single
  3. Widowed
  4. Divorced
  5. Separated

I certify that only the people listed above will occupy the unit.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

Do you, as a person with a disability, require SPECIFIC accommodation(s) to fully use our programs and services?

No  Yes [List specific accommodation(s) required]

\_\_\_\_\_

\_\_\_\_\_

After completing this form, please return to:

**Oscoda County Home Improvement Program**  
 311 S. Morenci Avenue / P.O. Box 399  
 Mio, MI 48647  
 Telephone 989 826-1167 / Fax 989 826-1177 \ TDD 1-800-649-3777

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“This institution is an equal opportunity provider”

