

**WAYNE COUNTY/CITY OF GARDEN CITY
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
HOUSING REHABILITATION PROGRAM**

APPLICATION FOR HOUSING REHABILITATION (DEFERRED LOAN LIEN)

GENERAL APPLICANT INFORMATION

Name:_____ Social Security #:_____

Spouse:_____ Social Security #:_____

Address:_____, Garden City, Michigan 48135

Applicant's Age:_____ Spouse's Age:_____

Home Telephone #:_____ Work Telephone #:_____

Cellular Telephone #:_____ Work Telephone #:_____

Other Contact Information:_____

Please provide the following information for each additional person currently living at this address:

Person	Name	Age	Relationship
1.			
2.			
3.			
4.			

Please indicate the following regarding the family (optional):

___ White ___Asian ___Black ___Hispanic ___Aleutian/American Indian
___ Female Head of Household

EMPLOYMENT INFORMATION

	EMPLOYER NAME	CONTACT PERSON	ADDRESS CITY, STATE, ZIP	TELEPHONE NUMBER
Applicant				
Spouse				
Person 1				
Person 2				
Person 3				
Person 4				



MORTGAGE/LAND CONTRACT HOLDER

Current Mortgage or Land Contract Payment (per month): _____

Mortgage Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

HOMEOWNER'S INSURANCE

Name of Provider: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Policy #: _____

OWNER REQUEST FOR REPAIRS

Please list in order of your preference the work that you would like to see done to your house. Please keep in mind that the Wayne County/City of Garden City Housing Rehabilitation Program will be performing other work not necessarily included in this list in an attempt to bring the house up to code. In addition, your home will be inspected for code violations and repairs of existing violations will take precedence over your requested repairs.

PRIORITY	DESCRIPTION	LOCATION



HOUSEHOLD INCOME WORKSHEET

Please enter all regular monthly income for **EVERY PERSON 18 OR OLDER** living in the house. Documentation may be requested at any time to verify the information provided.

ANTICIPATED INCOME					
Family Members	Monthly Wages or Salary	Monthly Benefit or Pension	Monthly Public Assistance	Other Monthly Income	
				Amount	Specify
Applicant					
Spouse					
Person 1					
Person 2					
Person 3					
Person 4					
Totals	a.	b.	c.	d.	
Total Monthly Anticipated Income (add a, b, c and d and enter the result in e)				e.	
Total Annual Anticipated Income (multiply e by 12 and enter result in f)				f.	

Please enter information about all assets, **not including your house**, below.

Family Member	Asset Description	Current Cash Value of Asset (if asset does <i>not</i> generate income)	Actual Annual Income from Asset (if asset <i>does</i> generate income)
Net Cash Value of Assets (add all numbers in the column above g.)		g.	
If g is <i>more than</i> \$5,000, multiply g by 0.02 and enter the result in h.		h.	
Total Actual Income from Assets (add all numbers in the column above i).			i.

TOTAL ANNUAL INCOME

Total Anticipated Annual Income from f	\$
Total Expected Asset Income from h	\$
Total Actual Income from Assets from i	\$
TOTAL ANNUAL INCOME (add f, h and i)	\$



PENALTY FOR FALSE OR FRADULENT STATEMENTS

U.S.C. Title 18, Section 1001 provides, *“whoever, in any matter, within the jurisdiction of any department or agency of the United States knowingly falsifies...or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both.”*

I (WE) HEREBY CERTIFY that all of the information supplied in this application is TRUE AND COMPLETE to the best of my (our) knowledge and do GRANT PERMISSION to the County of Wayne and the City of Garden City to obtain PROOF of any information contained herein, including the verification of financial accounts, in order to determine eligibility for the Housing Rehabilitation Program.

I (WE) FURTHER grant permission to the County of Wayne and the City of Garden City to undertake any or all of the following: make inspections of the property described above; receive estimations and bidding by private contractors and inspections of the property for program monitoring purposes by any governmental agency.

SIGNATURE:_____ DATE:_____, 20____

SIGNATURE:_____ DATE:_____, 20____

You **must** submit the following documentation to be considered for the City of Garden City’s Housing Rehabilitation Program:

- ✓ Copy of deed to home showing ownership for at least one year
- ✓ Copy of most recent mortgage statement or proof that there is no mortgage
- ✓ Copy of valid homeowner’s insurance policy
- ✓ Copy of 2016 Federal income tax returns (or year–end pay stubs if returns are not available) and proof of the last 2 months of income of all occupants, including pay stubs, unemployment, pension or Social Security statements.
- ✓ Copy of applicant’s driver’s license or state ID
- ✓ Signed and notarized ‘Affidavit Regarding Conflict of Interest’ included below

----- **FOR OFFICE USE ONLY** -----

Assigned Case Number(s):		Emergency? ___ Yes ___ No	
		Indicate any outstanding amounts:	
SEV	\$	Property Taxes	\$
Date House Built		Water	\$
Type of Ownership	___ Warranty Deed ___ Quit Claim Deed ___ Land Contract ___ Divorce Judgment	Special Assessments	
Date of Ownership Document		Mortgage	
Annual Household Income (from worksheet)		Other (specify)	
Income Status	___ Very Low < 30% ___ Low 30–50% ___ Moderate 50–80%		



**WAYNE COUNTY/ CITY OF GARDEN CITY CDBG PROGRAM
AFFIDAVIT REGARDING CONFLICT OF INTEREST**

I (we) the undersigned, being duly sworn, do certify that, to the best of my (our) knowledge:

My (our) income is less than or equal to 80% of the area median income for a household of _____ person(s) which is the first requirement to be a recipient of CDBG assistance.

I (we) have not granted any gratuitous funds to any related party of an organization under contract to manage a CDBG program or the County and are not related to any employee or officer of an organization under contract to manage a CDBG program or the County of Wayne or of the U.S. Department of Housing and Urban Development (HUD) who has a decision-making or monitoring relationship with the Wayne County CDBG Program.

I (we) understand the following citation from 24 CFR Part 570.611 (b) and, to the best of my (our) knowledge none of the following situations or relationships applies to me (us):

24 CFR Part 570.611 (b) Conflicts prohibited. No persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to activities assisted with CDBG funds or who are in a position to participate in a decision making process or gain inside information with regard to these activities, may obtain a financial interest or benefit from a CDBG-assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

24 CFR Part 570.611 (c) Persons covered. The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient, or of any designated public agencies, or of subrecipients that are receiving CDBG funds.

All covered persons in paragraph (c) who do not violate paragraph (b) must first obtain a waiver from the U.S. Department of HUD before receiving CDBG assistance.

WITNESSES:

HOMEOWNER(S):

STATE OF MICHIGAN)
) ss
COUNTY OF WAYNE)

On _____, before me, a Notary Public in Wayne County, personally appeared, _____, who acknowledged and executed this document.

Notary Public, Wayne County, MI

My Commission Expires:_____



City of Garden City Housing Rehabilitation Program Maximum Income Guidelines

To qualify for Federal CDBG funding assistance, the total income of all working persons in a household may not exceed the maximum amounts listed below:

Number of Occupants in Household	Maximum Household Income <i>(80% of area median income)</i>
1	\$37,450
2	\$42,800
3	\$48,150
4	\$53,500
5	\$57,800
6	\$62,100
7	\$66,350
8	\$70,650

These income limits are established by the US Department of Housing and Urban Development and are subject to change. These income limits are effective March 28, 2016.



Homeowner Education Regarding the Occupant Protection Requirements from Lead-Based Paint (LBP) Hazards

As of September 15, 2000, the U.S. Department of Housing and Urban Development (HUD) requires that efforts are taken to protect occupants and workers from exposure to lead-based paint dust during Community Development Block Grant (CDBG) – funded housing rehabilitation activities (24 CFR 35). Although the primary purpose of the CDBG Housing Rehabilitation program is to correct physical deficiencies within the house, these protection efforts are required at all times and directly relate to the amount of federal funds involved in the project.

Please complete the survey below. By completing this information, the City of Garden City's administrative and technical staff will be better able to guide you through the Wayne County CDBG Housing Rehabilitation Program. Answers to any of the questions within this section will in no way affect your eligibility to participate in the program.

IS THERE LEAD-BASED PAINT IN MY HOUSE?

What year was your house constructed? _____

Lead-based paint was banned from use in residential construction in 1978. In general, the older your home, the more likely it is to have lead-based paint. The only accurate method for identifying lead-based paint is to have a state certified inspection completed by a certified lead inspector. This inspector can supply an inspection report that indicates all the painted surfaces containing lead-based paint.

IF THERE IS LEAD-BASED PAINT IN MY HOUSE, IS THERE A HAZARDOUS SITUATION?

Are there defective interior/exterior surfaces (i.e. chipping or peeling paint)?

_____ YES _____ NO

Have you, within the last five (5) years, disturbed a painted surface within your house (i.e. sanded or scraped the paint)?

_____ YES _____ NO

Lead-based paint alone is not a hazard. However, if the paint is worn down or starts to decompose, it can begin to generate hazardous lead dust. Lead dust is not visible to the eye. The State of Michigan requires that a certified lead assessor perform technical tests that indicate the presence of lead dust. The results of these tests are documented into a Lead Risk Assessment.



WHO IS MOST AT RISK FROM EXPOSURE TO LEAD DUST?

Are there children under age seven (7) in the household?

_____ YES

_____ NO

If your answer was “yes”, have all children under age seven (7) had their blood levels tested by a physician?

_____ YES

_____ NO

If your answer is “no”, this may be a requirement to participate in parts of the Wayne County Housing Rehabilitation Program. If you are interested in having your children’s blood levels tested, please contact your family physician.

If your answer was “yes”, do any children under age seven (7) have Elevated Blood Levels (EBL’s)?

_____ YES

_____ NO

WHERE CAN I OBTAIN MORE INFORMATION?

Several agencies offer additional information regarding lead-based paint and lead poisoning. Below is a list of agencies to contact to obtain more information regarding lead-based paint.

Detroit Lead Poisoning Control Program	(313) 876-4200
Children’s Hospital – Lead Clinic	(313) 745-4000
State of Michigan Childhood Lead Poisoning	(517) 335-8885



CDBG OCCUPANT PROTECTION REQUIREMENTS

The lead-based paint hazard protection efforts require the program to be structured into four (4) individual components listed below. At the appropriate time, you, as the participant, will be asked to sign a “declaration” indicating in which of these four (4) levels you will participate:

1. EMERGENCY CASES

In emergency cases, **only work that will remove the emergency situation will be performed.** Emergency conditions exist only when circumstances directly threaten the health safety of the occupant. ONLY the City of Garden City in conjunction with Wayne County representatives may identify an emergency situation. If an emergency situation is determined, the following conditions apply:

- The occupant/owner will be required to complete and sign an **Emergency Declaration**.
- The occupant/owner will receive a pamphlet entitled “Protect Your Family from Lead in Your Home”.
- The occupant shall make every effort to NOT be present on the worksite while emergency work is being performed.
- At the conclusion of the emergency related work, all other work will be subject to the rules and regulations of the non-emergency Housing Rehabilitation program.
- Level 2, 3 or 4 protection will be required on ALL non-emergency related work to be performed on the house.

2. LEAD-BASED PAINT EXEMPT ACTIVITY

In situations where ALL non-emergency housing rehabilitation activities are limited to exempt activities, as identified by HUD (i.e. no paint will be disturbed, limited roof repairs, furnace replacement, horizontal plumbing or sewer repairs), the following conditions will apply:

- The occupant/owner will be required to complete and sign a **Lead-Based Paint Exempt Declaration**.
- The occupant/owner will receive a pamphlet entitled “Protect Your Family from Lead in Your Home”.
- All work being performed on this house is limited to the activities identified in the Declaration.
- After completion of the exempt repairs, the house will be ineligible for further consideration within the program except when unanticipated emergency conditions arise.

3. ACTIVITIES UNDER \$5,000

This component applies to non-emergency housing rehabilitation cases in which ALL work on the house will involve between \$0 and \$5,000 in Federal funds and ANY work disturbs painted surfaces. HUD requires a “do no harm” approach in which controls are identified and implemented so as to prevent the cause of new lead hazards resulting from the housing rehabilitation work. The following conditions will apply:

- The occupant/owner will be required to complete and sign an **Activity Under \$5,000 Declaration**.
- The occupant/owner will receive a pamphlet entitled “Protect Your Family from Lead in Your Home”.
- ALL painted surfaces within each room where rehabilitation work will be performed will be tested for lead content by a state-certified Lead Inspector prior to the start of any work.



- Appropriate efforts will be planned and implemented to prevent lead-based paint hazards resulting from the work.
- At the conclusion of all housing rehabilitation activities, acceptable lead dust clearance levels as defined by HUD and as documented by state-certified professionals will be required for each room in which work was performed.
- The owner/occupant will receive all documentation of these lead-related protection efforts and will be required by state law to fully disclose this information to any future owner of the home.
- Voluntary relocation may be involved.

4. ACTIVITIES BETWEEN \$5,000 AND \$25,000

This component applies to non-emergency housing rehabilitation cases in which ALL work on the house will involve between \$5,000 and \$25,000 in Federal funds and ANY work disturbs painted surfaces. HUD requires an “identify and control lead hazards” approach, in which all lead-based paint hazards within the house and on the property are identified and controlled. The following conditions will apply:

- The occupant/owner will be required to complete and sign an **Activity Between \$5,000 and \$25,000 Declaration**.
- The occupant/owner will receive a pamphlet entitled “Protect Your Family from Lead in Your Home”.
- Through this component, a complete Lead Inspection/Lead Risk Assessment for the property will be performed by a state certified professional(s).
- ALL lead hazards will be controlled by, at a minimum, an interim control method. Additionally, this work will have priority and will be completed before any other work is started on the house.
- At the conclusion of both the lead-hazard control related activities and housing rehabilitation activities, acceptable dust clearance levels as defined by HUD and documented by a state certified professional, will be required for each room in which work was performed.
- The owner/occupant will receive all documentation of these lead-related protection efforts and will be required by state law to fully disclose this information to any future owner of the home.
- Lead-based paint testing will be required on the entire property and any hazards identified must, at a minimum, be removed temporarily.
- Voluntary relocation may be involved.

AT ALL TIMES THE PRIMARY PURPOSE OF THE WAYNE COUNTY CDBG HOUSING REHABILITATION PROGRAM IS THE PHYSICAL REHABILITATION OF THE HOUSING UNIT. AS REQUIRED BY HUD REGULATION (24 CFR 35), THESE EFFORTS ARE BEING UNDERTAKEN ONLY AS PROTECTIVE MEASURES FROM LEAD-BASED PAINT HAZARDS AND AT NO TIME ARE MEANT TO ASSUME NEITHER THE RESPONSIBILITIES NOT THE PRIMARY ACTIVITIES OF A LEAD-BASED PAINT ABATEMENT PROGRAM.

In cases where too many lead hazards exist in the house, the City of Garden City may refer you to a lead-based paint abatement program prior to any work being performed.



WAYNE COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) HOUSING REHABILITATION LOAN SUBORDINATION POLICY

General Requirements

Subordination requests will only be considered if the homeowner is in a dire situation, such as a medical emergency or the possibility of losing the home, or if re-mortgaging is only to pay off the mortgage balance to reduce the homeowner's monthly payment and no additional monies will be received by the homeowner in excess of the existing balance of the mortgage.

Homeowner Requirements

- Provide the City of Garden City with updated financial information to determine eligibility.
- Provide full and complete information as to the terms and conditions of the re-mortgaging including the value of the property, the balance due on any mortgage which is prior in position to that of the City of Garden City's lien, and the value of any subsequent and resulting mortgage or other liens which would appear first in priority before the City of Garden City.
- Provide the City of Garden City with a certified appraisal from the mortgagee as to the value of the property. In lieu of a certified appraisal, the mortgagee may provide an acceptable valuation method provided it is acceptable by the City of Garden City and Wayne County.
- Provide the City of Garden City with a written request for a subordination agreement, stating the reason for the request.
- Provide the City of Garden City with a letter from the new mortgage company stating it will not take second position for pay-off and include the amount of the new mortgage.

City of Garden City Requirements

- The City of Garden City will submit to Wayne County a written request indicating their support of the lien subordination along with the above documentation collected from the homeowner.

Wayne County Requirements

- Wayne County will respond in writing within ten (10) days of receipt of the City of Garden City's request provided that no additional information is required from the City of Garden City, mortgage/finance company, or homeowner.

