



**CITY OF ROSEVILLE/COUNTY OF MACOMB  
HOUSING REHABILITATION PROGRAM**



**APPLICATION FOR HOME REPAIR ASSISTANCE**

**REHAB CASE NO.**

Information contained herein shall be kept confidential and shall be used only for the purpose of determining eligibility for financial assistance under the City of Roseville/Macomb HOME Consortium Housing Rehabilitation. If you have any questions or need assistance in preparing this application, contact the **City of Roseville Department of Community and Economic Development** at Roseville's City Hall, 29777 Gratiot Avenue, Roseville, Michigan 48066, or call 586-445-5423.

**APPLICANT INFORMATION**

|   |  |                  |                                    |
|---|--|------------------|------------------------------------|
| <b>APPLICANT'S NAME</b>                             |  |                  | Home Phone (586)                   |
| (Last)  | (First)                                  | (Middle)         |                                    |
| Present Street Address                              | City                                     | State            | Zip Code                           |
| Marital Status (circle appropriate classification): |  |                  | No. of Dependents (Living in home) |
| Married   | Unmarried (single, divorced, or widowed) | Separated        |                                    |
| Name and Address of Employer                        |  |                  | Self-Employed<br>___ Yes ___ No    |
| Business Phone No. ( )                              | Position/Title                           | Type of Business | No. of Yrs. on Job                 |

**CO-APPLICANT INFORMATION**

|                              |                |                  |                                 |
|------------------------------|----------------|------------------|---------------------------------|
| <b>CO-APPLICANT'S NAME</b>   |                |                  | Home Phone                      |
| (Last)                       | (First)        | (Middle)         |                                 |
| Present Street Address       | City           | State            | Zip Code                        |
| Name and Address of Employer |                |                  | Self-Employed<br>___ Yes ___ No |
| Business Phone No. ( )       | Position/Title | Type of Business | No. of Yrs. on Job              |

**ETHNICITY OF PROPERTY OWNERS (To Be used for statistical purpose. Not to be used for eligibility.)**

Check most appropriate category:

- |                                    |  |   |
|------------------------------------|--|---|
| ___ White                          | ___ Native Hawaiian/Other Pacific Islander | ___ Black/African American & White                          |
| ___ Black/African American         | ___ American Indian/Alaskan Native & White | ___ American Indian/Alaskan Native & Black/African American |
| ___ Asian                          | ___ Asian/White                            | ___ Other Multi-Racial                                      |
| ___ American Indian/Alaskan Native |  |   |

**HOUSEHOLD COMPOSITION (List the head of your household and all members who live in your home. Also, list anyone who's name appears on your deed that does not reside in your home.)**

| Member No. | Full Name | Relationship | Age | Social Security No. |
|------------|-----------|--------------|-----|---------------------|
| 1          |           |              |     |                     |
| 2          |           |              |     |                     |
| 3          |           |              |     |                     |
| 4          |           |              |     |                     |
| 5          |           |              |     |                     |
| 6          |           |              |     |                     |
| 7          |           |              |     |                     |

1. Does anyone live with you now who is not listed above?      \_\_\_ Yes \_\_\_ No
2. Does anyone plan to live with you in the future who is not listed above?  
Please explain if you answer "Yes" to either question above.      \_\_\_ Yes \_\_\_ No
3. Is there a physically handicapped person living in the house?      \_\_\_ Yes \_\_\_ No

**PURCHASE AND MORTGAGE DATA**

Date Purchased: \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_ Down Payment \$ \_\_\_\_\_

1st Mortgage: Original Amount \$ \_\_\_\_\_ Terms \_\_\_\_\_% Years \_\_\_\_\_

Mortgage No.: \_\_\_\_\_ Present Mortgage Balance \$ \_\_\_\_\_

Mortgagor: \_\_\_\_\_ Mailing Address \_\_\_\_\_

2nd Mortgage: Original Amount \$ \_\_\_\_\_ Terms \_\_\_\_\_% Years \_\_\_\_\_

Mortgage No.: \_\_\_\_\_ Present Mortgage Balance \$ \_\_\_\_\_

Mortgagor: \_\_\_\_\_ Mailing Address \_\_\_\_\_

Land Contract: Original Amount \$ \_\_\_\_\_ Terms \_\_\_\_\_% Years \_\_\_\_\_

Name of Title Holder: \_\_\_\_\_

Mailing Address of Title Holder: \_\_\_\_\_

**ANNUAL INCOME**

| Source   | Applicant | Co-Applicant | Other Household Member 18 or Older | Total |
|--|-----------|--------------|------------------------------------|-------|
| Gross Salary, Overtime Earnings,<br>Commissions, Fees, Tips, and Bonuses   |           |              |                                    |       |
| Interest and/or Dividends  |           |              |                                    |       |
| Net Income from Business   |           |              |                                    |       |
| Net Rental Income  |           |              |                                    |       |
| Workers Compensation, Annuities,<br>Insurance Policies, Social Security, Pensions,<br>Retirement Funds, Disability Payments or<br>Death Benefits, etc., Received Periodially |           |              |                                    |       |
| Alimony, Child Support   |           |              |                                    |       |
| Public Assistance Payments   |           |              |                                    |       |
| Other Income   |           |              |                                    |       |
| <b>TOTAL</b>   |           |              |                                    |       |

**ASSETS**

| Type                           | Cash Value | Annual Income from Assets | Bank Name | Account No. |
|--------------------------------|------------|---------------------------|-----------|-------------|
| Checking Account(s)            |            |                           |           |             |
| Savings Account(s)             |            |                           |           |             |
| Credit Union Account(s)        |            |                           |           |             |
| Stocks, Bonds and Mutual Funds |            |                           |           |             |
| Life Insurance                 |            |                           |           |             |
| Other (i.e., rental property)  |            |                           |           |             |
| Home:                          |            |                           |           |             |
| Estimated Market Value         |            |                           |           |             |
| Mortgage Balance               |            |                           |           |             |

**PRESENT ANNUAL HOUSING EXPENSES**

|   | <b>AMOUNT</b> |
|---|---------------|
| Mortgage Payments:<br>\$ _____ X 12 =<br>(monthly payments) | \$ _____      |
| Homeowners' Insurance Premium (Annual)                      | \$ _____      |
| Annual Property Taxes                                       | \$ _____      |
| Special Assessment Taxes                                    | \$ _____      |
| Annual Utilities (Electric, Gas, Oil, Water)                | \$ _____      |
| Annual Home Maintenance                                     | \$ _____      |
| <b>TOTAL</b>  | \$ _____      |

Have you ever been obligated on a home purchase money loan or home improvement loan which resulted in foreclosure, deed in lieu of foreclosure or judgement?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever claimed bankruptcy or had any judgement or garnishment filed against you in the last 7 years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to either of the above, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What year was your house built?

\_\_\_\_\_

Have you occupied your house as your principal residence for one continuous calendar year?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are your mortgage payments current?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have your property taxes been paid in full within the last twelve months?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you related to any employees or elected official of the County of Macomb?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is his/her names/s and relationship?

\_\_\_\_\_

Briefly list all home improvements needed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How did you learn about the program? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If more space is needed to complete form, add additional pages.

**APPLICANT'S CERTIFICATION**

The applicant certifies that all the information in this application; and all information furnished in support of this application; for the purpose of obtaining home repair assistance; are true and complete to the best of the applicant's knowledge and belief. The applicant further certifies that he/she is the owner and occupant of the property contained in this application.

Furthermore, the applicant authorizes the County to make inquiries and verify any of the information from any sources named in this application.

Penalty for False or Fraudulent Statement: United State Code. 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 or fraudulent statement or entry shall be fined not more than \$10,000 or imprisoned not more than five years or both."

\_\_\_\_\_  
 Signature of Applicant Date

\_\_\_\_\_  
 Signature of Co-Applicant Date

**INFORMATION CONTAINED IN THIS APPLICATION WILL REMAIN CONFIDENTIAL**

- Please include with this application:**
- Copy of: 1) Land Contract, Mortgage or Deed (ex. Warranty, Quit Claim)  
 2) Contact information for all listed on Item #1  
 3) Current Mortgage Balance Information or Paid in Full Letter  
 4) Current Homeowner Insurance Certificate  
 5) Home Equity Loan Agreement  
 6) Last 2 years Federal and State Income Tax Forms including all Schedules & Signed for all person in household 18 yrs. and older  
 7) Verification of Current Income (2 Consecutive Recent Pay Stubs; Benefit Determination Letter - Social Security, SSI, Pension , ADC/Child support)  
 8) Birth Certificates ( under 18 yrs)  
 9) Divorce Decree, if Applicable  
 10) Death Certificate, if Applicable

**Return completed application with supportive information to:**

City of Roseville  
 Community and Economic  
 Development

29777 Gratiot Avenue  
 Roseville, MI 48066

Telephone: (586) 445-5423

Fax: (586) 774-8048

Email: [gpearson@roseville-mi.gov](mailto:gpearson@roseville-mi.gov)