City of Muskegon
Community & Neighborhood Services
Priority Home Repair Application

The Priority Home Repair Program is administered by the City of Muskegon with funding provided by the U.S. Department of Housing and Urban Development under the Community Development Block Grant Program. This program addresses necessary home improvement issues that threaten life, health, and/or safety of the homeowner(s).

The total household income must be at or below 80% of the Area Median Income (AMI). If your household income is between 51% - 80%, you will be required to pay a $60.00 application fee that is due once your application is approved. There will also be a non-depreciating lien placed on your home for the repairs that are completed for a period of five (5) years.

You must be able to answer yes to the following questions to continue with this application. If you answer no to any of them, you do not qualify for this program.

1. ______ Is your name on the Warranty Deed to the home?
2. ______ Is this your primary residence for at least one year?
3. ______ Do you have proof of Homeowner’s Insurance?
4. ______ Are your mortgage payments current?
5. ______ Are your property taxes current?

Please attach all verification document listed below with this application.

- Driver’s License(s) or State Issued ID(s) for everyone 18 years and older in household
- Birth Certificates(s) for all minor children (17 and younger) in household
- Proof of income for the past 3 months for everyone in household (paystubs, letters, etc)
- Bank Statements for the past 3 months for everyone in household
- Warranty Deed, Quit Claim Deed, or Land Contract
- If Land Contract, Land Contract Holder’s is required to sign a lien
- Homeowner’s Insurance Declaration Page
- Receipts showing property taxes are paid
- DTE Bill - for furnaces
- Current Mortgage Statement
**APPLICANT INFORMATION**

Today's Date

Last Name

First Name & MI

Street Address

City

State

Zip Code

Phone

Neighborhood

Marital Status

Email Address:

**HOUSEHOLD COMPOSITION**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Head</th>
<th>Sex M/F</th>
<th>Date of Birth</th>
<th>Race</th>
<th>Legally Disabled</th>
<th>Hispanic or Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Head of Household</td>
<td></td>
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</tbody>
</table>

Total Number of Persons Living in the Household

**RACE CATEGORIES (FOR ABOVE)**

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
6. Other

**NATURE OF REPAIR (CHOOSE ONLY ONE)**

- ( ) Furnace
- ( ) Boiler
- ( ) Water Heater
- ( ) Roof
- ( ) Electrical
- ( ) Sewer
- ( ) Plumbing
- ( ) Foundation

Has a Licensed Contractor been to your home?

Yes

No

If yes, please attach quote to application.

Below describe in detail reason for repair

Have you received assistance before?

YES

NO

If yes, how long has it been and what type of help did you receive?
### INCOME - List Each Household Member and their Income

<table>
<thead>
<tr>
<th>Name</th>
<th>Employer</th>
<th>Paid</th>
<th>Weekly</th>
<th>Bi-Weekly</th>
<th>Twice Monthly</th>
<th>Monthly</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Hours per Pay</td>
<td></td>
<td>Pay per Hour</td>
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<tr>
<td>Date of Ownership:</td>
<td>Move in Date:</td>
<td>Home Insurance Company:</td>
<td>Term of Policy (dates)</td>
<td>Are your Property Taxes Current?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Have you owned &amp; lived in your home for 1 year?</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td>Is your home built before 1978?</td>
<td>YES</td>
<td>NO</td>
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<td>Are you in or have filed for Bankruptcy?</td>
<td>YES</td>
<td>NO</td>
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<td>Have you been served a notice of foreclosure?</td>
<td>YES</td>
<td>NO</td>
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<td>Do you have a Reverse Mortgage?</td>
<td>YES</td>
<td>NO</td>
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</table>

### OWNER(S) DECLARATION

The applicant(s) certify that the information provided is true and accurate. The applicant(s) authorize the City of Muskegon to request any additional information needed for verification. Failure to give complete and accurate information will disqualify my application and remove me from any waiting list where applicable.

Homeowner's Signature ___________________________ Date __________

Homeowner's Signature ___________________________ Date __________