

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

Name	Relationship to Head	Sex M/F	Date of Birth	Race	Legally Disabled	Hispanic or Latino
	Head of Household					

Total Number of Persons Living in the Household

RACE CATEGORIES (FOR ABOVE)

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

NATURE OF REPAIR (CHOOSE ONLY ONE)

<input type="checkbox"/> Furnace <input type="checkbox"/> Boiler <input type="checkbox"/> Water Heater <input type="checkbox"/> Roof <input type="checkbox"/> Electrical <input type="checkbox"/> Sewer <input type="checkbox"/> Plumbing <input type="checkbox"/> Foundation	Has a Licenced 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

Name				
Employer				
Paid	Weekly	Bi-Weekly	Twice Monthly	Monthly
Hours per Pay	Pay per Hour			
Name				
Employer				
Paid	Weekly	Bi-Weekly	Twice Monthly	Monthly
Hours per Pay	Pay per Hour			
Name				
Employer				
Paid	Weekly	Bi-Weekly	Twice Monthly	Monthly
Hours per Pay	Pay per Hour			
Name				
Employer				
Paid	Weekly	Bi-Weekly	Twice Monthly	Monthly
Hours per Pay	Pay per Hour			

OWNERSHIP

Date of Ownership:		Move in Date:	
Home Insurance Company:			
Term of Policy (dates)			
Are your Property Taxes Current?	YES	NO	
Have you owned & lived in your home for 1 year?	YES	NO	
Is your home built before 1978?	YES	NO	
Are you in or have filed for Bankruptcy?	YES	NO	
Have you been served a notice of foreclosure?	YES	NO	
Do you have a Reverse Mortgage?	YES	NO	

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 were applicable.

Homeowner's Signature

Date

Homeowner's Signature

Date