

BERRIEN COUNTY HOMEOWNER REHABILITATION LOAN PROGRAM PRE-APPLICATION

A. APPLICANT INFORMATION

Name _____	Home Phone _____
Property Address _____	Work Phone _____
Mailing Address _____	
City, State Zip _____	
	<u>CIRCLE</u>
1. Is the address above your permanent residence?	YES NO
2. Do you own (or buying) your home?	YES NO
3. Are your property taxes current?	YES NO
4. Are your mortgage payments current?	YES NO
5. Are your property insurance payments current?	YES NO
6. Have you ever received a MSHDA grant/loan before?	YES NO
7. What is the value of your home? \$ _____	

B. FAMILY COMPOSITION (LIST YOURSELF & OTHERS WHO LIVE IN YOUR HOME)

(Age, Sex, Race is requested solely for the purpose of determining compliance with Federal civil rights law and your response will not affect consideration of your application.)

NAME	RELATIONSHIP TO YOU	AGE	SEX M/F	RACE	SOCIAL SECURITY #
1.					
2.					
3.					
4.					
5.					
6.					

Name of Employer:	_____
Address of Employer:	_____
City, State, Zip:	_____
Work Phone:	_____

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Address of Employer:	_____
City, State, Zip:	_____
Work Phone:	_____

C. HOUSEHOLD INCOME INFORMATION

List all Sources of Income per month

Income Source	Applicant Amount (per month)	Spouse or Other Adult Amount
Employment	\$	\$
Self Employment	\$	\$
Severance Pay	\$	\$
Child Support	\$	\$
Social Security / SSI	\$	\$
Pension Income	\$	\$
Annuities	\$	\$
Rental Income	\$	\$
Others (Please list)	\$	\$

TOTAL HOUSEHOLD INCOME: \$ _____

Name of Mortgage Holder: _____
Address: _____
City, State, Zip: _____
Phone: _____
Mortgage Number: _____

What repairs do you need to your home?

REQUIRED DOCUMENTS: PLEASE ATTACH A COPY OF THE FOLLOWING TO THIS APPLICATION

- ___ Copy of the Deed to property to be rehabilitated (Warranty Deed)
- ___ Insurance Policy Cover Sheet
- ___ Information supporting proof of income (check stub, copy of W-2, last years taxes, SSI)

D. CERTIFICATION

I certify by signing this application that the information above is true and correct to the best of my knowledge. I realize that giving false information will result in disqualifying me from receiving assistance from the Berrien County Homeowner Rehabilitation Loan Program.

I hereby authorize Berrien County and Southwest Michigan Community Action Agency staff to enter my home to identify rehabilitation work items, to take photographs, and to inspect work in progress during regular business hours while the renovation work is occurring.

I hereby authorize Berrien County and Southwest Michigan Community Action Agency to contact any agencies, offices, groups, organizations or employers to obtain any information or materials deemed necessary to complete my application for homeowner rehabilitation.

Print Name

Signature of Applicant

Date

Print Name

Signature of Spouse/Co-Applicant

Date

COMPLETED APPLICATIONS MUST BE POSTMARKED BY JUNE 11, 2004.

COMPLETED APPLICATION CAN BE RETURNED OR MAILED TO:

**BERRIEN COUNTY PLANNING DEPT.
701 MAIN ST.
ST. JOSEPH, MI 49085**

**SMCAA
185 E. MAIN ST. SUITE 200
BENTON HARBOR, MI 49022**

Any questions, contact:

Katie McIlwee, Berrien County at 983-7111 x8257 or 765-9571
Judy Peterson, Southwest Community Action Agency 1-800-334-7670