

BLUE WATER COMMUNITY ACTION
Home Rehab/Repair
3403 Lapeer Road, Port Huron, MI 48060

mgoodwin@bwcaa.org
(810) 982-8541

Dear St. Clair County Homeowner:

In response to your interest in the County's **Emergency Repair Loan Program** an application packet is enclosed. This application packet has important information about income limits, the repairs that are eligible, and the terms of this program. Please read it completely.

Emergency Repairs are those repairs that correct urgent problems within a home that pose an imminent health and/or safety hazard to the occupants. Emergency repairs include, but are not limited to failed well or septic, furnace repair and/or replacement, leaking or damaged roof that is or has caused hazards to the dwelling space of the home such as falling ceilings, standing water, or wall or floor damage and shall be limited to a maximum amount of \$15,000 per household.

Program applicants are encouraged to apply for State Emergency Relief (SER) through the *Michigan Department of Health and Human Services (MDHHS)*. An application can be submitted online through the MDHHS website, MI Bridges. You can also apply in person at the local St. Clair County DHHS office.

If you seem eligible and would like to apply for the program, please fill out all of the attached forms completely, and submit them *to Blue Water Community Action at 3403 Lapeer Road, Port Huron, MI 48060*

If you need help filling out the documents or gathering the required information, please contact us. We cannot complete your application for you, but we can help you understand what information you need and where to find it.

Contact the Weatherization Department at 810-455-6454 with questions about the application, for additional information and to set up an Appointment.

We look forward to assisting you.

Sincerely,

Marcie Goodwin
Weatherization Manager

“This institution is an equal opportunity provider.”



Blue Water Community Action - Home Rehab/Repair

3403 Lapeer Road, Port Huron, MI 48060

810-982-8541

Website: www.bwcaa.org

EMERGENCY REPAIR PROGRAM

The St. Clair County Weatherization Department administers the **Emergency Repair Program**. The program is funded with Community Development Block Grant (CDBG) funds. With this funding, St. Clair County is able to offer a limited number of *loans* to homeowners for emergency repairs to their homes. When the loans are paid back to the County, the money is recycled back into the loan fund to support other such loans. Emergency Repairs are those repairs that correct urgent problems within a home that pose an imminent health and/or safety hazard to the occupants.

FUNDING

The Emergency Repair Program is only for eligible homeowners in St. Clair County - excluding the City of Port Huron. The maximum loan is for \$15,000 for emergency repairs only. A mortgage lien will be filed against the borrower's property for the total amount invested into the emergency repairs. All applicants are encouraged to apply for State Emergency Relief (SER) funding from the Michigan Department of Health and Human Services (MDHHS).

ELIGIBILITY

1. The home must be a single-family residence in St. Clair County that you have owned and occupied at least one year.
2. The mortgage or land contract, homeowners insurance, and property taxes must be current.
3. The table below shows income limits based on household size. All income for those over 18 years of age residing in the home must be included. This includes, but is not limited to, income from wages, a business, investments, retirement, alimony, child support, Social Security, Social Security Disability Income, or public assistance. **Proof of all income is required.**

INCOME LIMITS (Chart Updated: 12-3-2018)

Persons in home	1	2	3	4	5	6	7
80% AMI	50,160	57,280	64,480	71,600	77,360	83,120	88,800

Your annual household income cannot exceed the amount listed for the number of persons living in the home to be eligible.

PROGRAM STANDARDS

A licensed contractor must complete all work through this program. Once your application is submitted, a Weatherization Department representative will inspect your property and determine what areas of your home may qualify for this program.

For more information contact the Blue Water Community Action Weatherization Department, 3403 Lapeer Road, Port Huron, MI 48060 Telephone: 810-982-8541.

BLUE WATER COMMUNITY ACTION WEATHERIZATION DEPARTMENT

Required Documents for Emergency Repair Program

Furnish the following documents with your application.

- 2021 & 2020 Federal Income Tax Return – COMPLETE RETURNS
- 2021 & 2020 W-2's or 1099's from all sources of income
- Most recent consecutive 2 month's check stubs showing current income and year to date totals
- Most current Mortgage or Land Contract Statement and payment history.
- Homeowners Insurance Policy Declaration Page showing limits of coverage and policy dates & Paid Receipt
- Social Security or SSDI - Yearly Statement or CURRENT statement from Social Security (if you or a household member is receiving this benefit)
- Pension Statement (if you or any household member is has one)
- 3 months of Bank Statements for all savings and checking accounts
- Verification of Mutual Funds, Investments, CDs, etc. (if you or any household member is has any)
- Program Application - *Attached*
- Family Composition - *Attached*
- Checklist – to be completed by all persons over 18 years of age – *Attached*
- Authorization to Release Information and Privacy Act Notice– *Attached*
- Declaration of Section 214 Status (citizenship) - *Attached*

SOURCES OF INCOME

Gross income includes the total of all regular or periodic income from all sources before deductions (such as taxes or garnishments) for all adult household members 18 years of age or older.

Gross income includes, but is not limited to, the following sources:

- Adoption Assistance Payments
- Alimony
- Annuities
- Armed Forces
- Military Pay
- Bonuses
- Business Income
- Child Support
- Commissions
- Death Benefits
- Dependent Income
- Disability Compensation
- Employment Wage's/Salaries, Tips and Earnings
- Severance Pay
- Fees or cash received for services rendered
- Gifts, Contributions and Inheritances
- Interest and Dividends
- Life Insurance Proceeds
- Pensions or other retirement payments
- Rental Income
- Self-employment or net income from a business or profession (use average net income from previous 2 years tax return)
Note: Losses are counted as -0-. (Losses cannot be used to offset other income.)
- Social Security – SS, SSI, SSDI and other social security benefits
- Temporary Assistance to Needy Families (TANF)
- Unemployment Benefits
- Veteran's Administration Benefits
- Worker's Compensation

Gross income does not include:

- ❖ SNAP/Food Stamps
- ❖ Educational Scholarships
- ❖ Foster Care Payments

IF YOU RECEIVE SOCIAL SECURITY INCOME

We must have a copy of your yearly or monthly benefit amount on an official Social Security Administration form to help us determine your income eligibility for our program.

If you receive Social Security benefits and you do not have your yearly statement from the Social Security Administration office, you will need to obtain one.

Once you receive this information, please provide a copy to go with your application package.

BLUE WATER COMMUNITY ACTION WEATHERIZATION DEPARTMENT

3403 Lapeer Road, Port Huron, MI 48060

810-982-8541

EMERGENCY REPAIR PROGRAM APPLICATION

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Home Information

Age of Home _____ Length of Residence _____ Is there a business in home _____

Part I – Credit History

1. Do you have any past due obligations owed to or insured by any agency in the Federal Government? Yes (), No ()

(If answer is “yes”, you are not eligible to apply for a FHA Title I (CDBG) loan until the existing debt has been brought current)

2. Do you have an application for FHA Title I loan pending at this time? Yes (), No ()

3. Are there any unsatisfied judgements against you? Yes (), No ()

4. In the last 3 years, have you been declared bankrupt? Yes (), No ()

5. Are you a party in a pending lawsuit? Yes (), No ()

6. Has your property been foreclosed upon in the last 7 years? Yes (), No ()

Please explain any “YES” answers to Question 2 through 6 below. Use additional sheets if necessary: _____

Part II – Debts

1. Have you made all your monthly payments (utilities, loans, credit cards) in a timely manner?
Yes _____ No _____ **Please explain if the answer is “NO”. Use additional sheets if needed.**

List ALL current financial obligations: child support or alimony, installment accounts, charge accounts, debts to banks, finance companies, and government agencies. *Use additional sheets if needed.*

Mortgage Company Or Land Contract– *List all mortgages your names is listed on.*

Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Loan Amount: \$ _____ Monthly Payment: \$ _____ SEV _____ (found on tax form)



Additional Creditor Names:

Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Reason for debt: _____

Current Balance: \$ _____ Monthly Payment Amount \$ _____ Date of Last Payment _____

Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Reason for debt: _____

Current Balance: \$ _____ Monthly Payment Amount \$ _____ Date of Last Payment _____

Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Reason for debt: _____

Current Balance: \$ _____ Monthly Payment Amount \$ _____ Date of Last Payment _____

Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Reason for debt: _____

Current Balance: \$ _____ Monthly Payment Amount \$ _____ Date of Last Payment _____

Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Reason for debt: _____

Current Balance: \$ _____ Monthly Payment Amount \$ _____ Date of Last Payment _____

Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Reason for debt: _____

Current Balance: \$ _____ Monthly Payment Amount \$ _____ Date of Last Payment _____

Use additional sheets if needed.

Homeowners Insurance:

Insurance Agent's Name: _____

Address: _____

City, State, Zip: _____

Insurance Company: _____

Policy #: _____

I (we) hereby request loan funds from the County of St. Clair Community Development Emergency Repair Program to correct urgent problems in my (our) home that pose an imminent health and/or safety hazard, in accordance with the program standards and guidelines.

I (we) understand that award of loan funds is made at the discretion of the St. Clair County Housing Program Administrator in accordance with the guidelines established by St. Clair County and the Michigan Economic Development Authority (MEDC).

I (we) agree to execute a mortgage lien against the property if we receive funds and agree to repay the deferred loan in full when the property is sold, transferred or otherwise conveyed, voluntarily or involuntarily, either while I (we) are living or by reason of my (our) death, or if the property shall cease to be my (our) principal place of residency, or if I (we) refinance the first mortgage or assume another mortgage that holds interest in the property.

I (we) understand St. Clair County will only subordinate its lien position to refinance the existing mortgage debt to improve the rate or term on an existing loan. Subordinations will not be not considered if cash equity is paid to the owner or used to pay debts other than the first mortgage.

I (we) authorize the release of financial or other personal information required by St. Clair County Housing Department, MEDC, or other agencies in regards to accounts, credit history, or other information from financial institutions, credit reporting or other agencies.

I (we) certify that the information submitted in this application is a true and correct statement made to the best of my (our) knowledge and belief.

I (we) understand that it may be a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code.

Date

Applicant Signature

Co-Applicant Signature

CHECKLIST

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

Complete a separate form for each household member who is age 18 or older, and be prepared to provide ORIGINAL verification (not photocopies) for items checked **YES**. Provide address, phone number, fax number, and additional information for **all yes** answers as requested. Complete in ink, initial any/all changes. Failure to comply could result in the denial/termination of assistance.

Household Member Name:	Head of Household:		
	Address:	City:	

Each item must be fully completed. Please print clearly using black or blue ink.

Section A – Income

	Yes	No	
A-1	<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed. If yes, describe _____.
A-2	<input type="checkbox"/>	<input type="checkbox"/>	I earned \$_____ in the last 12 months. I have _____ job(s) and receive money/wages. (List separately). Name of Employer: ¹⁾ _____ ²⁾ _____ Date of Hire: _____ Date of Termination: _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____ Contact Person: _____ Telephone: _____ Fax#: _____ List Pretax Deductions (HB programs only): _____
If more than two jobs provide additional information on a separate sheet.			
A-3	<input type="checkbox"/>	<input type="checkbox"/>	I receive tips. If yes, in the amount of \$_____ per week.
A-4	<input type="checkbox"/>	<input type="checkbox"/>	I am unemployed. If yes, I have been unemployed since _____ (date).
A-5	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment/subpay benefits since _____ (date). I <input type="checkbox"/> will <input type="checkbox"/> will not receive an extension.
A-6	<input type="checkbox"/>	<input type="checkbox"/>	I am disabled and have a new job or wage increase in the last 12 months. If yes, New job date: _____ Wage increase date: _____
A-7	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from Workers' Compensation. If yes, Amount \$_____
A-8	<input type="checkbox"/>	<input type="checkbox"/>	I receive military active duty allotments. If yes, Amount \$_____
A-9	<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration benefits. If yes, Amount \$_____ VA File # _____
A-10	<input type="checkbox"/>	<input type="checkbox"/>	I receive Social Security. If yes, Amount \$_____
A-11	<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI). Federal Amount \$_____ State Amount \$_____
A-12	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from retirement funds or pensions. If yes, how many? _____ Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Account #: _____ Amount: \$_____ per _____
If received from more than one source, provide additional information on a separate sheet.			
A-13	<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security . If yes, from how many sources? _____ (List each source separately. Provide additional information on separate sheet). Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Account #: _____

CHECKLIST (continued)

	Yes	No		
A-14	<input type="checkbox"/>	<input type="checkbox"/>	I receive Food Assistance Program benefits from the Department of Human Services (DHS). DHS Caseworker Name: _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____	Amount: \$ _____ DHS Case #: _____ Telephone: _____ Fax #: _____
A-15	<input type="checkbox"/>	<input type="checkbox"/>	I receive a CASH Public Assistance grant (FIP, SDA, RAP). DHS Caseworker Name: _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____	DHS Case #: _____ Telephone: _____ Fax #: _____
A-16	<input type="checkbox"/>	<input type="checkbox"/>	I receive Medicaid. NOTE: Not Adult Medical Program (formerly State Medical Program)	
A-17	<input type="checkbox"/>	<input type="checkbox"/>	I receive child support. If yes, from how many persons do you receive support? _____ If yes, is child support paid directly to Department of Human Services (DHS)? Yes No If not paid directly to DHS: Friend of the Court Name: _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____ Amount: \$ _____ per _____	From how many Friend of the Court(s) do you receive support? _____ Contact Person: _____ Telephone: _____ Fax#: _____ PIN#: _____
A-18	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony. If yes, from how many persons do you receive alimony? _____ If yes, is alimony paid directly to Department of Human Services (DHS)? Yes No If not paid directly to DHS: Friend of the Court Name: _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____ Amount: \$ _____ per _____	From how many Friend of the Court(s) do you receive alimony? _____ Contact Person: _____ Telephone: _____ Fax#: _____ PIN#: _____
A-19	<input type="checkbox"/>	<input type="checkbox"/>	I receive adoption assistance payments. If yes, how many sources? _____ Source Name: _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____ Amount: \$ _____ per _____	Contact Person: _____ Telephone: _____ Fax#: _____
A-20	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from a trust, annuity or inheritance. If yes, how many sources? _____ Source Name: _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____ Amount: \$ _____ per _____	Contact Person: _____ Telephone: _____ Fax#: _____ Account #: _____
A-21	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from insurance policies. If yes, how many sources? _____ Source Name: _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____ Amount: \$ _____ per _____	Contact Person: _____ Telephone: _____ Fax#: _____ Account #: _____

If received from more than one source provide additional information on a separate sheet.

CHECKLIST (continued)

A-22 **Yes** **No** I receive periodic payments from lottery winnings.

Source Name: _____ Contact Person: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax#: _____
 E-mail address: _____

Amount: \$ _____ per _____

If received from more than one source, provide additional information on a separate sheet.

A-23 I am a full-time student.

Name of School: _____ Contact Person: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax#: _____
 E-mail address: _____ Number of Credit Hours Enrolled: _____

If attending more than one school, provide additional information on a separate sheet.

A-24 I receive **CASH** contributions or gifts including rent, groceries, car payments, or utility payments on an ongoing basis from persons not living with me. If yes, from how many sources? _____ (List each source separately)

Source Name: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax#: _____

If received from more than one source provide additional information on a separate sheet.

To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household -

A-25 **Yes** **No** I have a family member(s) age 17 or under who has **unearned** income (examples: Social Security, SSI).

List their names and type(s) of income:

Name	Type	Amount	Name	Type	Amount

A-26 I have a family member(s) age 17 or under who has **earned** income (list each job separately).

Name	Amount	Name	Amount

Section B – Assets

B-1 **Yes** **No** I have the following accounts Savings Checking Retirement account provided by Employer
 [check which one(s)]: IRA's or Keogh Other _____

How many banks, credit unions, savings and loans, etc. do you have accounts with? _____ (List each separately)

Name of bank: 1) _____ 2) _____
 Street Address: _____
 City, State, ZIP: _____
 E-mail address: _____
 Contact Person: _____
 Telephone: _____
 Fax#: _____
 Account Number: _____

If more than two financial institutions, provide additional information on a separate sheet.

B-2 I own additional real estate. Describe: _____

B-3 I have a land contract(s). Describe: _____

CHECKLIST (continued)

- Yes** **No**
- B-4 I own a mobile home. Describe: _____
- B-5 I receive income from rental of real estate or personal property. Describe: _____
- B-6 I receive income from Indian Trust Land. Describe: _____
- B-7 I have personal property held for investment purposes (gems, jewelry, coin or stamp collections, etc.) Describe: _____
- B-8 I have Treasury Bills, Stocks or Bonds. Check which one(s): Treasury Bills Stocks Bonds
 How many do you have? _____ (List each separately)
 Name of each source: 1) _____ 2) _____
 Street Address: _____
 City, State, ZIP: _____
 E-mail address: _____
 Contact Person: _____
 Telephone: _____
 Fax#: _____
 Account #: _____
- If more than two, provide additional information on a separate sheet.
- B-9 I have a life insurance policy **with a cash surrender value**.
 Source Name: _____ Policy #: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax#: _____
- If received from more than one source provide additional information on a separate sheet.
- B-10 I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years.
 List items: _____ Sale amount \$ _____
- B-11 I have income/assets from sources **other** than those listed above. Describe: _____
- Source Name: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax#: _____
- If received from more than one source, provide additional information on a separate sheet.

To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household -

Yes **No**

B-12 I have a family member(s) age 17 or under who has assets (example: savings accounts, bonds, etc.).

Name	Type	Amount	Name	Type	Amount

How many banks, credit unions, savings and loans, etc. do you have accounts with? _____ (List each separately)

Name of bank: 1) _____ 2) _____
 Street Address: _____
 City, State, ZIP: _____
 E-mail address: _____
 Contact Person: _____
 Telephone: _____
 Fax#: _____
 Account Number: _____

If more than two financial institutions, provide additional information on a separate sheet.

CHECKLIST

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Complete a separate form for each household member who is age 18 or older, and be prepared to provide ORIGINAL verification (not photocopies) for items checked **YES**. Provide address, phone number, fax number, and additional information for **all yes** answers as requested. Complete in ink, initial any/all changes. Failure to comply could result in the denial/termination of assistance.

Household Member Name:	Head of Household:		
	Address:	City:	

Each item must be fully completed. Please print clearly using black or blue ink.

Section A – Income

	Yes	No	
A-1	<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed. If yes, describe _____.
A-2	<input type="checkbox"/>	<input type="checkbox"/>	I earned \$_____ in the last 12 months. I have _____ job(s) and receive money/wages. (List separately). Name of Employer: ¹⁾ _____ ²⁾ _____ Date of Hire: _____ Date of Termination: _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____ Contact Person: _____ Telephone: _____ Fax#: _____ List Pretax Deductions (HB programs only): _____
If more than two jobs provide additional information on a separate sheet.			
A-3	<input type="checkbox"/>	<input type="checkbox"/>	I receive tips. If yes, in the amount of \$_____ per week.
A-4	<input type="checkbox"/>	<input type="checkbox"/>	I am unemployed. If yes, I have been unemployed since _____ (date).
A-5	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment/subpay benefits since _____ (date). I <input type="checkbox"/> will <input type="checkbox"/> will not receive an extension.
A-6	<input type="checkbox"/>	<input type="checkbox"/>	I am disabled and have a new job or wage increase in the last 12 months. If yes, New job date: _____ Wage increase date: _____
A-7	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from Workers' Compensation. If yes, Amount \$_____
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CHECKLIST (continued)

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CHECKLIST (continued)

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Source Name: _____ Contact Person: _____
 Street Address: _____ Telephone: _____
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 E-mail address: _____

Amount: \$ _____ per _____

If received from more than one source, provide additional information on a separate sheet.

A-23 I am a full-time student.

Name of School: _____ Contact Person: _____
 Street Address: _____ Telephone: _____
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List their names and type(s) of income:

Name	Type	Amount	Name	Type	Amount

A-26 I have a family member(s) age 17 or under who has **earned** income (list each job separately).

Name	Amount	Name	Amount

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CHECKLIST (continued)

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- B-5 I receive income from rental of real estate or personal property. Describe: _____
- B-6 I receive income from Indian Trust Land. Describe: _____
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 How many do you have? _____ (List each separately)
 Name of each source: 1) _____ 2) _____
 Street Address: _____
 City, State, ZIP: _____
 E-mail address: _____
 Contact Person: _____
 Telephone: _____
 Fax#: _____
 Account #: _____
- If more than two, provide additional information on a separate sheet.
- B-9 I have a life insurance policy **with a cash surrender value**.
 Source Name: _____ Policy #: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax#: _____
- If received from more than one source provide additional information on a separate sheet.
- B-10 I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years.
 List items: _____ Sale amount \$ _____
- B-11 I have income/assets from sources **other** than those listed above. Describe: _____
- Source Name: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax#: _____
- If received from more than one source, provide additional information on a separate sheet.

To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household -

Yes **No**

B-12 I have a family member(s) age 17 or under who has assets (example: savings accounts, bonds, etc.).

Name	Type	Amount	Name	Type	Amount

How many banks, credit unions, savings and loans, etc. do you have accounts with? _____ (List each separately)

Name of bank: 1) _____ 2) _____
 Street Address: _____
 City, State, ZIP: _____
 E-mail address: _____
 Contact Person: _____
 Telephone: _____
 Fax#: _____
 Account Number: _____

If more than two financial institutions, provide additional information on a separate sheet.

CHECKLIST (continued)

Please return to:

**Blue Water Community Action
Home Rehab/Repair
3403 Lapeer Road
Port Huron, MI 48060**

Certification:

I certify the house will be my principle residence and I will not obtain duplicate federal housing assistance while receiving assistance from St. Clair County. I will not live anywhere without notifying St. Clair County immediately in writing. I will not sublease my assisted residence.

I hereby attest that I have reviewed this entire form and information has been accurately reported. I understand that providing false information will result in denial or termination of benefits.

Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION AND PRIVACY ACT NOTICE

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.
Failure to comply will result in denial of benefits.

The undersigned authorize St. Clair County and/or its contracted agent to contact any agencies, offices, groups, organizations, or employers to obtain, and agencies to release, information that is pertinent to eligibility, level of benefits, or continued participation in the St. Clair County CDBG Emergency Repair Program, including authorization to obtain a consumers credit report.

This includes the Social Security Administration (SSA), U.S. Citizenship and Immigration Services (USCIS), and the State of Michigan Department of Health and Human Services (DHHS) programs. St. Clair County may use this Authorization and the information obtained with it, to administer and enforce program rules and policies.

The undersigned certify that the information given to St. Clair County on household members, income, net family assets, allowances, and deductions is accurate.

I understand that false statements or information are punishable by imprisonment for up to 10 years or by a fine of up to \$5,000 and grounds for termination of housing assistance under State and Federal Law.

PRIVACY ACT NOTICE STATEMENT: THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) IS REQUIRING THE COLLECTION OF THIS INFORMATION TO DETERMINE AN APPLICANT'S ELIGIBILITY AND THE AMOUNT OF ASSISTANCE NECESSARY. THIS INFORMATION WILL BE USED TO ESTABLISH LEVEL OF BENEFIT, TO PROTECT THE GOVERNMENT'S FINANCIAL INTEREST; AND TO VERIFY THE ACCURACY OF THE INFORMATION FURNISHED. IT MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, AND LOCAL AGENCIES WHEN RELEVANT, TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATORS, AND TO PROSECUTORS. FAILURE TO PROVIDE ANY INFORMATION MAY RESULT IN A DELAY OR REJECTION OF YOUR ELIGIBILITY APPROVAL. HUD IS AUTHORIZED TO ASK FOR THIS INFORMATION BY THE NATIONAL AFFORDABLE HOUSING ACT OF 1990.

I ACKNOWLEDGE THAT (1) A PHOTOCOPY OF THIS FORM IS AS VALID AS THE ORIGINAL, (2) I HAVE THE RIGHT TO REVIEW THE FILE AND THE INFORMATION RECEIVED USING THIS FORM (WITH A PERSON OF MY CHOOSING TO ACCOMPANY ME), (3) I HAVE THE RIGHT TO COPY INFORMATION FROM THIS FILE AND TO REQUEST CORRECTION OF INFORMATION I BELIEVE INACCURATE.

ALL ADULT HOUSEHOLD MEMBERS WILL SIGN THIS FORM AND COOPERATE IN THIS PROCESS.

I agree that copies of this Authorization may be used for the purposes stated above. This consent will expire 15 months from the date signed.

Signature of Head of Household	Social Security Number	Date
Signature of Spouse	Social Security Number	Date
Other Adult Signature (if applicable)	Social Security Number	Date
Other Adult Signature (if applicable)	Social Security Number	Date
Other Adult Signature (if applicable)	Social Security Number	Date

Return completed form to:

Blue Water Community Action
Home Rehab/Repair
3403 Lapeer Road
Port Huron, MI 48060

DECLARATION OF SECTION 214 STATUS

This form is required by P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937. Failure to file could affect benefits.

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Read the Declaration statement carefully then sign and return to the address below. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (check the appropriate box, check only one):

1. I am a citizen by birth, a naturalized citizen or a national of the United States; or
2. I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (i.e. copy of Driver's license, birth certificate, state identification), see instruction #1; or
3. I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach U.S. Citizenship and Immigration Services (USCIS) (formerly INS) document(s) evidencing eligible immigration status and signed verification consent form.
 - a. Immigrant status under § 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA), see instruction #2; or
 - b. Permanent residence under §249 of INA, see instruction #3; or
 - c. Refugee, asylum, or conditional entry status under §207, 208, or 203 of the INA, see instruction #4; or
 - d. Parole status under §212(d)(5) of the INA, see instruction #5; or
 - e. Threat to life or freedom under §243(h) of the INA, see instruction #6; or
 - f. Amnesty under §245A of the INA, see instruction #7.

NOTE: For family members with different citizenship status, complete a separate form for each citizenship status.

List all Family Members:

Parent or Guardian must sign their own name for family member(s) under 18 years of age. (DO NOT sign child's name)

First, Middle Initial, Last Name (Head of Household)	Signature of Head of Household	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date

Return completed form to
Blue Water Community Action
Home Rehab/Repair
3403 Lapeer Road
Port Huron, MI 48060

(see page 2 for footnotes and instructions)

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

1. **Eligible immigration status and 62 years of age or older.** For non-citizens who are 62 years of age or older or who will be 62 years of age or older **and** receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
2. **Immigrant status under section 101(a)(15) or 101(a)(20) of Immigration and Nationality Act (INA).** A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the INA, as an immigrant, as defined by section 101(a)(15) of the INA {8 U.S.C. 1101(a)(20) and 1101(a)(15)} respectively [*immigrant status*]. This category includes a non-citizen admitted under section 210 or 210A of the INA {8 U.S.C. 1160 or 1161}, [*special agricultural worker status*], who has been granted lawful temporary resident status.
3. **Permanent residence under section 249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA {8 U.S.C. 1259} [*amnesty granted under INA 249*].
4. **Refugee, asylum, or conditional entry status under section 207, 208, or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to the admission under section 207 of the INA {8 U.S.C. 1157} [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA {8 U.S.C. 1158} [*asylum status*]; or because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
5. **Parole status under section 212(d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General's withholding deportation under section 212(d)(5) of the INA {8 U.S.C. 1182(d)(5)} [*parole status*].
6. **Threat to life or freedom under section 243(h) of INA.** A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under section 243(h) of the INA {8 U.S.C. 1253(h)} [*threat to life or freedom*].
7. **Amnesty under section 245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under section 245A of the INA {8 U.S.C.1255a} [*amnesty granted under INA 245A*].

Instructions to Grantee: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), Grantee must enter INS/SAVE Verification Number and date that it was obtained. Grantee signature is not required.

Instructions to Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" in the appropriate boxes. Attach USCIS document(s) evidencing eligible immigration status. Sign and date.