



MI-Neighborhood Application

MSHDA – MI-Neighborhood

Application #

Basic Applicant Information

First Name (as shown on ID card): _____

Middle Initial / Middle Name (As shown on ID card): _____

Last Name (As shown on ID card): _____

Phone Number: _____

Email: _____

Address _____ City _____

State _____ Zip Code _____

Household Information

1. Total number of people in the household: _____
2. Number of dependent adults (18 or older) who are full time students: _____
3. Number of dependents (minors) in household: _____
4. Combined gross annual income: _____
5. Area Median Income (AMI) Category (*please refer to the guide below*)
 - Low Income (<60% AMI)
 - Moderate Income (61-80% AMI)
 - Middle Income (81-120% AMI)

Income Limits for Calhoun County

Household Size	60% AMI	80% AMI	120% AMI
1 Person	\$33,480	\$44,640	\$66,960
2 Persons	\$38,220	\$50,960	\$76,440
3 Persons	\$43,020	\$57,360	\$86,040
4 Persons	\$47,760	\$63,680	\$95,520
5 Persons	\$51,600	\$68,800	\$103,200
6 Persons	\$55,440	\$73,920	\$110,880
7 Persons	\$59,280	\$79,040	\$118,560
8 Persons	\$63,060	\$63,060	\$126,120



Please reference 04/01/2024 Income and Rent Limits document for more information about Calhoun County AMI information. [MSHDA AMI Income and Rent Limits](#)

Property Information

1. Do you own and occupy this property as your primary residence? Yes No
2. Year home was built: _____
3. Is the property currently insured? Yes No
4. Are property taxes current? Yes No
5. Is there a mortgage on the property? Yes No
6. If yes, are payments current? Yes No
7. Proposed Rehabilitation Work (check all that apply):
 - Energy Efficiency
 - Accessibility Improvements
 - Minor Home Repair
 - Exterior Rehabilitation
 - Substantial Rehabilitation
8. Please describe the specific improvements you are requesting:

Utility Services

Are all utility services currently turned on and operable? Yes No

Foundation

Is your home affixed to a permanent foundation? Yes No

Foreclosure Status

Is your property currently subject to any foreclosure proceedings, court-ordered receivership, or nuisance abatement? Yes No

Reverse Mortgage

Do you have a reverse mortgage on the property? Yes No (Note: Properties with reverse mortgages are not eligible for MI Neighborhood assistance)

Previous MSHDA Assistance

Have you received assistance through other MSHDA programs in the past 5 years?

Yes No

If yes, please explain: _____



Lead-Based Paint and Asbestos Disclosure

Is your home built before 1978? Yes No

If yes, do you acknowledge that lead-based paint testing may be required? Yes No

Do you agree to allow asbestos testing if deemed necessary? Yes No

Energy Efficiency Assessment

Do you consent to an energy audit of your home? Yes No

Accessibility Needs

Do you or any household members have accessibility needs? Yes No

If yes, please describe:

Property Condition

1. Is the property currently occupied and not red-tagged? Yes No

2. Is the property free from immediate health and safety hazards? Yes No

Code Compliance

Are there any outstanding code violations on your property? Yes No

If yes, please explain: _____

Conflict of Interest Disclosure

Are you or any household members employed by or closely related to employees of the AEDC or MSHDA?

Yes No

If yes, please explain: _____

Demographic Information (optional)

This information is collected to certify that the application process is open and fair.

Ethnicity:

Hispanic/Latino

Not Hispanic/Latino

Do not wish to provide

Gender:

Male

Female

Non-Binary

Do not wish to provide

Disability Status:

Disabled

Not Disabled

Do not wish to provide

Race (check all that apply):

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Other/Multiracial

Do not wish to provide

Acknowledgements

- 1. Authorization for Release of Information:** I/We authorize the AEDC and MSHDA to share my/our application information for program administration purposes.
Signature(s): _____ Date: _____
- 2. Landlord Certification (for rental properties only):** I agree not to raise rents for at least 12 months after rehabilitation is complete. I will only rent to income-eligible tenants as defined by program guidelines.
Signature: _____ Date: _____
- 3. Photo/Video Release:** I consent to before and after photos/videos of rehabilitation work for program documentation.
Signature: _____ Date: _____
- 4. Income Self-Certification:** Under penalties of perjury, I declare that I have examined this certification statement, and to the best of my knowledge and belief, the information provided is true, correct, and complete.
Signature: _____ Date: _____
- 5. Lien Acknowledgment:** I understand that if I receive over \$10,000 in assistance, a five-year, non-prorated, forgivable lien will be placed on my property. This lien will be fully forgiven after 5 years if I comply with all program requirements.
Initials: _____
- 6. Procurement and Contractor Selection:** I understand that all work must be completed by licensed and insured contractors selected through a compliant procurement process.
Initials: _____
- 7. Record Retention Acknowledgement:** I understand that my application and related documents will be retained until December 31, 2031, and may be subject to monitoring by MSHDA.
Initials: _____
- 8. Inspection Consent:** I authorize the Albion Economic Development Corporation (AEDC) and its representatives, including MSHDA staff if applicable, to conduct necessary inspections of my property for the purposes of assessing rehabilitation needs, verifying work completion, and ensuring program compliance.
Initials: _____
- 9. Fair Housing and Non-Discrimination Acknowledgment:** I/We acknowledge that this program does not discriminate based on race, color, national origin, religion, sex, familial status, or disability.
Initials: _____
- 10. Homeowner Certification (to be signed if application is approved):** I certify that I will occupy this property as my primary residence for at least 5 years after rehabilitation. I agree to maintain homeowner's



insurance and keep property taxes current. I understand a lien may be placed on my property for assistance exceeding \$10,000.

Signature: _____ Date: _____

Certification

I/We certify that the information provided in this application is true and correct to the best of my/our knowledge. I/We authorize the Albion Economic Development Corporation to verify any information provided in this application. I/We understand that false or misleading information may result in the rejection of this application.

I/We acknowledge that if approved:

- A home inspection will be required before work begins
- All rehabilitation work must be completed by licensed and insured contractors
- A lien may be placed on the property for assistance exceeding \$10,000
- I/We will be required to maintain homeowner's insurance and keep property taxes current

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____



Required Documentation Checklist

1. Proof of Income
2. Proof of Homeownership
3. Property Tax Bill / Proof of up to date taxes or repayment plan
4. Proof of Homeowners Insurance
5. Government Issued ID
6. Signed Copy of Self-Certification Form
7. Proof of Insurance

For Rental Properties Only, please provide:

1. Copy of current rental agreement
2. Proof of Ownership for the past 12 months
3. Six-month occupancy history