

# Household Income & Eligibility Self Certification Form - Owner

HOPE Village **Revitalization**  
a community development corporation

## Hope Village Neighborhood Enhancement Program 2021 Minor Home Repair Program



Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

I prefer to be contacted by: Phone  Email  No Preference

### Applicant Qualification Checklist:

- I am the homeowner and occupant of the property and have been such for at least the prior six (6) months **OR**
- I am the renter of the property and have been such for at least the prior six (6) months (if a renter, a copy of a signed, written lease agreement will be required, and the landlord must sign off on participation if the project is selected for funding)
- The property is located in the Hope Village service area as outlined in the Hope Village Minor Home Repair Program Guidelines
- I do not own any property that is tax delinquent.
- There is current insurance on the property.
- Utilities are turned on at the property.
- I do not own any property that is subject to any citation or violation of the state and/or local codes and ordinances.
- I have not been the prior owner of any property transferred to the Treasurer or to a local government as a result of tax foreclosure proceedings.
- The total of all household income earned by our household is at or below 120% of the area median income (see chart).

| Household Size | 1        | 2        | 3        | 4        | 5         | 6         | 7         | 8         |
|----------------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|
| Income Limit   | \$67,200 | \$76,800 | \$86,400 | \$96,000 | \$103,680 | \$111,360 | \$118,500 | \$126,720 |

**This program can fund repairs/replacement for a limited set of repairs. Please select the repairs that your home needs, and use the space below to provide a description of the problems you are experiencing with the items selected, including whether the repairs will improve accessibility, eliminate a hazardous condition, or address blight.**

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Porch       | <input type="checkbox"/> Soffits/Eaves/Fascia |
| <input type="checkbox"/> Front Steps | <input type="checkbox"/> Siding               |
| <input type="checkbox"/> Railings    | <input type="checkbox"/> Exterior Painting    |
| <input type="checkbox"/> Gutters     | <input type="checkbox"/> Private Walkways     |

**Explanation:**

**How many years have you lived in this property:**

- Less than 10
- 10 – 20
- Over 20

**How visible will the repairs be from the street?**

- Not visible
- Somewhat visible
- Very visible

**Provide any additional information you would like to be considered:**

**Income Declaration:**

By my signature below, I certify that the total income of all individuals residing in my home is approximately \$\_\_\_\_\_ annually and \_\_\_\_\_ number of persons reside in my home. I further certify that I am able to document my annual income with paystubs or other evidence.

**I certify all the information on this application and all information provided in support of this application is true and complete to the best of my belief and knowledge. I have reviewed the Program Guidelines. I understand that HOPE Village Revitalization will review this request and determine if it is in compliance with the program guidelines and policies, MSHDA regulations and priorities, and the Neighborhood Enhancement Program. Applicants will be selected through the process described in the guidelines. If this application is approved, I will care for and maintain the property.**

**Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_**

## **Submission Information & Deadlines:**

This application form and the Program Guidelines & Info Sheet are available online at [www.hopevillagecdc.org](http://www.hopevillagecdc.org). Printed copies may be requested by emailing Julie Rice at [julie.rice@hopevillagecdc.org](mailto:julie.rice@hopevillagecdc.org) or calling 313.403.6232.

Return this form via email to Julie Rice at [julie.rice@hopevillagecdc.org](mailto:julie.rice@hopevillagecdc.org) or by mail to HOPE Village Revitalization at 14030 La Salle Blvd. Detroit, MI 48238.

Round 1 Applications are **due by July 25, 2021**. Applicants who would like to participate in a pre-application informational call are invited to join a call on either Tuesday July 13 or Monday July 19 at 6:00 p.m. Call in to (312) 626 6799 and use meeting code 313 4036 230, passcode 48238. You can also join by zoom at <https://bit.ly/HVRZoom>

Receipt of applications will be acknowledged by phone or email (via your preferred form of contact) within one week of submission. HVR staff may contact you if further information or clarification is required.

Qualifying applications will be reviewed in early August. Successful applicants will be notified thereafter. If funds remain available after Round 1 is complete, the application process may reopen.