

**CITY OF BIG RAPIDS EAST SIDE HOME NEIGHBORHOOD IMPROVEMENT PROJECT  
MSHDA NEIGHBORHOOD ENHANCEMENT PROGRAM**

**226 N. MICHIGAN AVENUE**

**BIG RAPIDS, MI 49307**

**231-592-4036**

**cplautz@cityofbr.org**



**PART I: GENERAL INFORMATION**

<b>Name of Applicant:</b>			<b>Date of Birth:</b>	
<b>Name of Co-Applicant:</b>			<b>Date of Birth:</b>	
<b>Address:</b>	<b>City:</b> BIG RAPIDS	<b>State:</b> MI	<b>County:</b> MECOSTA	<b>Zip Code:</b> 49307
<b>Home Phone #:</b>	<b>Work Phone #:</b>		<b>Mobile Phone #:</b>	
<b>Marital Status:</b> (CHECK ONE) <input type="checkbox"/> <b>Married</b> <input type="checkbox"/> <b>Separated</b> <input type="checkbox"/> <b>Unmarried</b> (includes widowed, divorced, or single)				
<b>E-mail Address:</b>				
<b>Contact Person:</b> (person to contact in your absence)		<b>Home Phone #:</b>	<b>Work Phone #:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Relationship:</b>
<b>How long have you lived at this address?</b>				
<b>Year house was built?</b>				
<b>Is this a Land Contract?</b> (CHECK ONE)		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		

The information below is required solely for the purpose of determining compliance with Federal civil rights law and your response will not affect consideration of your application.

<b>Gender of Applicant:</b> (CHECK ONE)	1. <input type="checkbox"/> <b>Male</b> 2. <input type="checkbox"/> <b>Female</b>
<b>Race/Ethnicity of Applicant:</b> (CHECK ONE)	1. <input type="checkbox"/> <b>White not Hispanic</b> 2. <input type="checkbox"/> <b>Black not Hispanic</b> 3. <input type="checkbox"/> <b>Hispanic</b> 4. <input type="checkbox"/> <b>American Indian or Alaskan Native</b> 5. <input type="checkbox"/> <b>Asian or Pacific Islander</b>

Please indicate below the exterior repairs your home is in need of (YOU MAY CHECK MORE THAN ONE BOX):

- Replace roof
- Replace siding
- Replace windows and/or doors
- Replace porch/deck
- Landscaping up to \$1,000

- Replace sidewalks/walkways
- Other, please describe:

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## PART II: HOUSEHOLD INFORMATION

List all household members, their monthly gross income and source of income including: Social Security, Wages, Pensions, DHHS Cash Assistance, Child Support or Alimony, SSI, General Assistance, self-employment, farm income, and rental income: (For self-employed persons, farm and rental property income, use the appropriate line for "adjusted gross income" from the 1040 IRS Income Tax Return.)

	NAME	AGE	MONTHLY GROSS INCOME	SOURCE OF INCOME
1.				
2.				
3.				
4.				
5.				

Have you ever received a Loan/Home Repairs through a City/County Rehab Program? (CHECK ONE)

- Yes
- No

(If "Yes" please explain below.)

Are your property taxes current? (CHECK ONE)

- Yes
- No

Are you current on your mortgage? (CHECK ONE)

- Yes
- No

Name of mortgage company: \_\_\_\_\_

Is your home insured? (CHECK ONE)

- Yes
- No

Please list the name of your home insurance company.

## PART III: CERTIFICATION

I certify that the information stated above is true and correct to the best of my knowledge. I understand that giving false information may result in disqualification from the City of Big Rapids Neighborhood Enhancement Program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

## Neighborhood Enhancement Program (NEP) Household Income Self Certification Form

**Grantee Name City of Big Rapids**

**Grant Number HDF-2019-871-NEP**

Applicant Name \_\_\_\_\_

Home Address \_\_\_\_\_

Project Description \_\_\_\_\_

<b>NEP Applicant Qualifications Checklist</b>	
<input type="checkbox"/>	The applicant is the <b>owner</b> and <b>occupies</b> the <b>assisted</b> property.
<input type="checkbox"/>	The applicant does <b>not</b> own any property that is <b>tax delinquent</b> .
<input type="checkbox"/>	The applicant does <b>not</b> own any property that is subject to any <b>citation</b> of <b>violation</b> of the state and/or local codes and ordinances.
<input type="checkbox"/>	The applicant has <b>not</b> been the <b>prior owner</b> of any property transferred to the Treasurer or to a local government as a result of <b>tax foreclosure</b> proceedings.
<input type="checkbox"/>	The applicant has a household income at or below 120% of the <b>County's</b> median income (located below).

City of Big Rapids	<b>Mecosta (For Information Only – Do Not Mark)</b>							
Household Size	1	2	3	4	5	6	7	8
Income Limits 120% AMI	\$49,320	\$56,400	\$63,480	\$70,440	\$76,080	\$81,720	\$87,360	\$93,000

**BY MY SIGNATURE BELOW, I CERTIFY THAT MY INDIVIDUAL INCOME OR HOUSEHOLD INCOME 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 ARE TRUE AND COMPLETE TO THE BEST OF MY BELIEF AND KNOWLEDGE. I UNDERSTAND THAT THE NONPROFIT STAFF WILL REVIEW THIS REQUEST AND DETERMINE IF IT IS IN COMPLIANCE WITH AGENCY POLICIES, HUD REGULATIONS AND PRIORITIES, AND THE NEIGHBORHOOD ENHANCEMENT PROGRAM. IF THIS APPLICATION IS APPROVED, I WILL CARE FOR AND MAINTAIN THE PROPERTY.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_