



2020 APPLICATION

ELDERLY EMERGENCY REPAIR PROGRAM

- Available for elderly (62 years of age or older), single family households whose principal residence is located within the City limits who meet program requirements.

Please make an appointment when application is complete and all required documents have been gathered.

CONTACT:

Community Development/Emergency Repair Program
Municipal Office Center
100 McMorrان Boulevard
Port Huron, MI 48060
(810) 984-9736



GENERAL REQUIREMENTS FOR EMERGENCY REPAIR GRANTS

Applicants will be assisted on a first-come, first serve basis according to the date of the application and their ability to meet all of the program requirements. The Emergency Repair grant is available to a limited number of applicants. Bring all required documents upon returning the application.

General Program Description:

The program provides elderly homeowners with emergency assistance from the City (referred to as a deferred payment loan, although no repayment is required if program requirements are adhered to).

Applicants must qualify at 80 percent or below the median income based on the upcoming 12 months. This regulation has been established for our area by the Department of Housing and Urban Development. Homes must be single-family homes.

Your combined income must be below:

Updated: 06/30/2020

Number of Persons in Household	1	2	3	4	5	6
Income Limits	\$44,000	\$50,250	\$56,550	\$62,800	\$67,850	\$72,850

Homeowners must have owned the property for at least thirty (30) days prior to submitting the application and it must be their primary residence.

Homeowners receiving the ERP grant will be required to live in the residence for a five year period. During that time, it must remain their primary residence. If the home is rented out, or sold within the five-year period, you will be subject to the City of Port Huron’s recapture policy.

Grant Amount:

The ERP grant is limited up to \$10,000.00 for a one-time use.

The homeowner must contribute if the total amounts of improvements exceed \$10,000.00.

Eligible Property:

Any property that has already received any other type of grant monies or benefits from the City of Port Huron Rehabilitation Programs will not be eligible to participate.

All property taxes and water bills must be paid to date and all mortgage payments must be current.

The property must be a single-family, owner-occupied residence. The property must be strictly residential.

Inspection:

Each potential participating property must undergo an “Initial Inspection” to determine necessary emergency repairs. From this inspection, a list of possible concerns on the property will be given to the applicant. If there are not any major problems discovered, the applicant will not qualify for the ERP grant. If the home is too far gone and the grant dollars would not be enough to cover the expenses and the homeowner does not have other resources for funding, then the application may be denied.

Contracting:

Work must be completed by a licensed and insured contractor. (The homeowner will be responsible for submission of three bids (after application is accepted) in a timely manner, preferably local contractors within the City Limits unless otherwise noted). If the emergency is considered to be a safety hazard or harmful to homeowners well-being, submission of three bids may be waived by City administration.

Allowable Repairs include: roof, water and sewer lines, electrical, plumbing, furnaces, porch repair, handicapped accessibility ramp, grab bars in bathroom, windows, and any other emergency as deemed necessary to City administration.

CHECK LIST OF REQUIRED DOCUMENTATION

The following checklist specifies the items required to review and properly evaluate your application. Failure to provide the required documentation will lead to delays in the processing of your application. **Please call the Community Development Office at 984-9736 to schedule an appointment to return your application.**

- ▶ Complete all areas of the attached application

Please provide copies of the following items with you when returning your application:

Proof of Income: (for everyone age 18 and older that resides in the household)

- ▶ Paycheck stubs for the past 30 days from all sources of income
 - Sources of income could include:
 - Wages, salaries, tips, etc.
 - Business income
 - Interest and dividend income
 - Retirement and insurance income
 - Armed forces income
 - Welfare assistance (TANF) payments
 - Unemployment income (bank statements may be required)
- ▶ A signed copy of your past two (2) years income tax returns (state & federal) and W-2's
- ▶ 1099 form for pension income and verification of most recent check received
- ▶ Social Security benefit letter and verification of most recent check received
- ▶ Child Support/alimony verification and most recent check received

Proof of Identity:

- ▶ Drivers license or state identification card
- ▶ Social Security card
- ▶ If minor children live in the household, their birth certificate and social security card

Proof of Ownership:

- ▶ A recorded warranty deed or recorded land contract
 - If the home is being purchased under a land contract agreement, the seller(s) must give written consent as to improvements to the home. Consent forms are available from the Community Development office.
 - Copy of most recent mortgage statement, if applicable.

Proof of homeowner hazard insurance:

- ▶ A current copy of homeowner insurance policy's declaration page
- ▶ Must sign an insurance agreement with the City (attached)

Release of income verification:

- ▶ Forms are to be signed and dated by all adult household members who receive income

APPLICATION

APPLICANT			
Name:	Phone:	Birth date:	Social Security Number:
Address (Street, City, State, Zip):		Own or Rent?	# of years at this address:
Former address, if less than two (2) years at present address (Street, City, State, Zip):		Own or Rent?	# of years at this address:
Marital Status (check one) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes single, divorced, widow/widower)		Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female	# of people in household, including you:
Employer Name:	Position:		# of years employed there:
Employer Address (Street, City, State, Zip)			Phone:
If self-employed, name of company:*			
Name of relative not living with you:		Relationship:	
Address (Street, City, State, Zip):			Phone:
CO-APPLICANT			
Name:	Phone:	Birth date:	Social Security Number:
Address (Street, City, State, Zip):		Own or Rent?	# of years at this address:
Former address, if less than two (2) years at present address (Street, City, State, Zip):		Own or Rent?	# of years at this address:
Marital Status (check one) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes single, divorced, widow/widower)		Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female	# of people in household, including you:
Employer Name:	Position:		# of years employed there:
Employer Address (Street, City, State, Zip)			Phone:
If self-employed, name of company:*			
Name of relative not living with you:		Relationship:	
Address (Street, City, State, Zip):			Phone:

*For self-employed persons, please submit two years of company tax returns, a Profit and Loss Statement, and a Balance Sheet for the current period.

GROSS MONTHLY INCOME:			
Source of Income	Applicant	Co-Applicant	Total
Employment	\$	\$	\$
Social Security			
Pension			
Child Support - Paid By:			
Unemployment			
Other Income			
TOTAL:			
OTHER INCOME			
Describe All Other Income (A = Applicant; C = Co-Applicant)		A or C	Monthly Income
FORMER EMPLOYMENT			
If employed in current position for less than two years, complete the following:			
Previous Employer	Employed From ____/____ to ____/____		Monthly Income:
Address (Street, City, State, Zip):			Phone:
OTHER INFORMATION			
Check One: <input type="checkbox"/> Mortgage <input type="checkbox"/> Land Contract <input type="checkbox"/> None			
Payments made to:			
Monthly payment amount:			\$
If not included in mortgage or land contract payment, enter the following:			
Property taxes (total yearly amount, including summer and winter taxes, divided by 12 months):			\$
Homeowners Insurance (annual premium divided by 12 months):			\$
Monthly child care (if applicable):			\$
TOTAL MONTHLY OBLIGATIONS			\$

INSURANCE AGREEMENT

I hereby agree to place the City as a “loss Payee” on my property insurance policy per the application requirements and guidelines of the City of Port Huron Emergency Repair Program Grants.

I understand this is to secure investment in my property by the City of Port Huron in the event the property referenced below is damaged or destroyed while still under a mortgage loan obligation.

Property Owner’s Signature

Property Address

Date

Insurance Carrier

Carrier Address

Policy Number

RELEASE OF INFORMATION FORMS

(To be signed and dated by *all* household members who receive income)

I hereby authorize _____
(employer, agency, etc.)

to release any information pertaining to my employment, income, and/or case as may be required by the City of Port Huron's Community Development Office with the assurance that all information obtained will be held in strict confidence to be used only in determining eligibility.

Signed: _____ Date: _____

I hereby authorize _____
(employer, agency, etc.)

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Signed: _____ Date: _____