

# EMERGENCY REPAIR PROGRAM FOR ELDERLY RESIDENTS

## PRIDE IN PORT HURON



- Available for elderly, single family households whose principal residence is located within the City limits who meet program requirements.

Definition: **ELDERLY PERSON HOUSEHOLD** – A household composed of one or more persons at least one of whom is 62 years of age or more at the time of initial application.

**Please make an appointment when ready to return application!**

### CONTACT:

Community Development/Emergency Repair Program  
Municipal Office Center  
100 McMorran 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% 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:

<b>Number of Persons in Household</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>Income Limits</b>	\$42,750	\$48,850	\$54,950	\$61,050	\$65,950	\$70,850

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 \$5,000.00 for a one-time use.

The homeowner must contribute if the total amounts of improvements exceed \$5,000.00

### **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 (3) bids (after application is accepted) in a timely manner, preferably local contractors within the City Limits unless otherwise noted).

**Allowable Repairs include:** roof, water & sewer lines, electrical, plumbing, furnaces, porch repair, handicapped accessibility ramp, grab bars in bathroom, windows, and sidewalks.

## **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
- ▶ 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

#### **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			
<b>TOTAL:</b>			

**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:  Mortgage     Land Contract     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):	\$
<b>TOTAL MONTHLY OBLIGATIONS</b>	\$

**THIS SECTION APPLIES TO ALL APPLICANTS:**

I/We certify that the above statements are true, accurate, and complete to the best of my/our knowledge and belief. This application shall remain the property of the Community Development Office of the City of Port Huron. This application will be considered current for six (6) months from the date below, after that time the application may be removed from the file due to lack of activity.

I/We hereby consent to and authorize the Community Development staff and/or inspectors of the City of Port Huron, or HUD, after giving reasonable notice, to enter the improved property to determine that the improvements specified in this application have been completed.

I/We understand that the selection of a contractor and the acceptance of the materials used and the work performed is my/our responsibility, and neither the City of Port Huron nor HUD guarantees the quality of workmanship of the property improvements.

I/We understand that it may be a federal crime, punishable by fine or improvement 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.

**Please check this box now if you do not wish to participate in the programs.**

**ETHNICITY** (select *only one*):

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino:** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**RACE** (select *all that apply*):

- American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands Thailand, and Vietnam.
- Black or African American:** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White:** A person having origin of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

For City of Port Huron: The undersigned has reviewed and/or assisted the applicant(s) with this application:

\_\_\_\_\_  
Interviewer's Printed Name

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Date

## 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.)

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.

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Signed:

Date: