

**Community Development Block Grant**  
**City of Rochester Hills - Minor Home Repair Program Application**

Street Address \_\_\_\_\_

Zip Code \_\_\_\_\_

**Applicant:**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Social Security Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

**Co-Applicant:**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work / Home Telephone Number

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Social Security Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

Total number of people living in the household

List the ages and names of any persons besides the applicant and co-applicant living in the home:

<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____
Age	Name	Age	Name	Age	Name	Age	Name

**Selected Client Characteristics:**

- White Alone       Black or African American Alone       Asian Alone
- American Indian and Alaska Native Alone       Native Hawaiian and Other Pacific Islander Alone
- Some other race alone       Two or more races

Is the head of the household female?    Yes       No

Is the head of the household Hispanic?    Yes       No

Number of severely disabled adults 18 and older living in household

Number of unrelated persons living in household

**Housing Information:**

Does the residence have a smoke detector?     Yes       No

Year house was built \_\_\_\_\_      Brief description of repair(s) requested \_\_\_\_\_

**Income tax filing status:**

- Single       Married       Married (filing jointly)
- Head of Household       Qualifying widow / widower

**Annual Family Income:**

List **Grand Total Combined** income received by all persons living in the household

\$ _____	Employment	\$ _____	Public Assistance
\$ _____	Social Security	\$ _____	Child Support
\$ _____	Pension	\$ _____	Other (i.e. - rental land contract)

**GRAND TOTAL Annual Family Income:** \$ \_\_\_\_\_

**Applicant Must Attach Copies of the Following:**

1. Proof of property ownership such as Home Title, Warranty Deed, Mortgage Contract.
2. Lead Based Paint Compliance Certification
3. Documentation of Income for all members of the household (18 years and older). Please include all of the items below that apply:
  - o Federal Income Tax Forms
  - o Homestead Property Tax Claim (MI-1040 CR);
  - o Public Assistance Budget Letter, if applicable;
  - o Verification of SSI benefits, if applicable. (To obtain verification, please call 1-800-829-1040 and request that verification of SSI benefits be mailed to you).

**Disclaimer and Release**

By signing and submitting this Application, the Applicant:

1. Acknowledges he/she understands the City of Rochester Hills’ role in the Minor Home Repair Program is as program administrator, that independent contractors will be engaged to perform the home repairs, and that the City does not guarantee or warranty the work performed or materials used by those contractors; and
2. Agrees, to the fullest extent permitted by law, to release and hold the City and its officials and employees harmless from any and all claims or demands for any damages, liability, loss or costs due to any type of injury, loss or damage arising from the acts or omissions of said contractors or relating to the administration or execution of this program.

**Applicant Certification:**

The applicant certifies that all information in this application, and all information furnished in support of this application, is for the purpose of obtaining funds toward the Residential Minor Home Repair Program to the above mentioned property and these statements are true to the best of the applicant’s knowledge and belief.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Penalty For False or Fraudulent Statement:** U.S.C. Title 18, Sec. 1001, provides: “Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes and false, fictitious or fraudulent statements or representations, or makes or uses and false writing, or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years, or both.”

**Financial Privacy Notice:** By the Right to Financial Privacy Act of 1978, Rochester Hills / Oakland County Community Development has a right of access to financial records held by any financial institution in connection with the consideration or administration of the Residential Minor Home Repair Program financial assistance for which you have applied. Financial records involving your transactions will be available without further notice or authorization but will not be disclosed or released to another government agency or department without your consent except as required or permitted by law.