

## LIVONIA HOUSING COMMISSION

**MADISON BJERTNESS**  
EXECUTIVE DIRECTOR

MEMBERS  
**CONNIE KUMPULA**  
**BRIAN SCOTT**  
**CARRIE LEACH**  
**DIANN KIRBY**



**MAUREEN MILLER BROSNAN**  
MAYOR

COMMUNITY DEVELOPMENT  
33780 LYNDON  
LIVONIA, MICHIGAN 48154  
(734) 421-6450  
(734) 261-0375 FAX

**The City of Livonia's Major Home Rehab and Minor Home Repair programs are outlined below. Please complete all the paperwork and staff will make a determination based on the work needed which program is applicable. If you have any questions, please contact (734) 421-6450 x2 or [cdbg@livonia.gov](mailto:cdbg@livonia.gov).**

### **MINOR HOME REPAIR PROGRAM**

The Livonia Housing Commission, through the Federal Community Development Block Grant, provides financial assistance in the form of a non-repayable grant for projects under \$10,000 to pay for Minor Home Repair improvements as stated on our eligible repair list. Qualified low-moderate income homeowner/occupants may apply for a Minor Home Repair grant once every 7 years.

Additionally, depending upon the condition of the property and the scope of the repairs required, the applicant may be determined ineligible for this grant. In these cases, a referral to the Major Home Rehabilitation Loan program may be made.

Improvements are limited to freestanding, single family dwellings. In the case of condominiums/duplexes/town homes, common areas of these units will be ineligible for repair. Repairs that are the legal responsibility of the owner-occupant will be completed. Rental units are ineligible for repair. All minor home repair improvements must remedy substandard condition and/or eliminate a safety hazard.

### **MAJOR HOME REHABILITATION LOAN PROGRAM**

The Livonia Housing Commission, through the Federal Community Development Block Grant, provides financial assistance in the form of 0% interest rate loans to low- and moderate-income homeowners for Major Home Rehabilitation to pay for improvements as stated on our eligible repair list. No monthly payments are required however, a lien will be recorded to secure the loan. The lien shall remain on the property until the borrower(s) sell the property or transfers title to the home, at which time the deferred loan shall be repaid in full. The lien will be discharged upon full repayment.



EQUAL HOUSING  
OPPORTUNITY

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**To qualify for the Major Home Rehab or Minor Home Repair Grant, all applicants must:**

- Provide all required documents and income information (listed on page 3)
- Not exceed current income guidelines established annually by the Dept. of Housing & Urban Development
- Not exceed Total Net Equity of \$50,000 in personal or real property excluding home and car
- Be current with property tax and water bill payments
- Be owner/occupant of the home requiring repairs for at least 1 year
- Provide a minimal administration fee for service, collected upon determination of eligibility
- Complete the following enclosed documents:

1. Family Composition Form
2. Authorization for Release of Information
3. Income & Asset Checklist (**one for each household member 18 years of age and older**)

***Please note: Additional information may be required to determine eligibility***

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## **ELIGIBLE REPAIR LIST MINOR HOME REPAIR**

All Minor Home Repair Improvements must remedy substandard conditions and/or eliminate a safety hazard. Please be advised that repairs are subject to the ability to retain qualified contractors.

### Examples of **ELIGIBLE** improvements (list subject to change):

**ACCESSIBILITY:** Installation of grab bars/handrails

**DRAINS:** Identify/repair faulty drains; cable sewer lines

**DETECTORS - SMOKE AND CARBON MONOXIDE:** Installation to code

**ELECTRICAL WIRING:** Inspect and correct electrical hazards

**HEATING SYSTEMS:** Install humidifier, thermostats

**INSULATION:** Installation of insulation

**INTERIOR WALLS:** Patch broken plaster/drywall, fill cracks

**LIGHTING:** Installation of exterior lights for security purposes

**MASONRY:** Repair or replace broken masonry; minor chimney repair

**PLUMBING:** Check for leaks, rusted pipes and repair or replace as determined necessary. Garbage disposals, hot water tanks, and toilets repaired or replaced as determined necessary

**ROOF:** Check/repair minor leaks, valleys, and flashing; secure or replace shingles

**SIDING:** Repairs only; No replacement

**STEPS:** Repair or replace broken boards/treads

**WINDOWS/DOORS:** Check all operations. Repair or replace broken glass/screens, exterior doors, storm doors. Install deadbolt locks.

### Examples of **INELIGIBLE** improvements:

**APPLIANCES:** No Repair or replacement

**CONCRETE:** No Repair or replacement of driveway, sidewalk, exterior porch

**GUTTER REPLACEMENT**

**PAINTING**

**TREE REMOVAL**

## **ELIGIBLE REPAIR LIST MAJOR HOME REPAIR**

### Examples of **ELIGIBLE** improvements (list subject to change):

- Correction of local housing code violations
- Lead-Based Paint hazard reduction
- Weatherization improvements (i.e. windows, insulation)
- Emergency Improvements as defined by CDBG
- Physical accessibility improvements
- Permanent general improvements

### Examples of **INELIGIBLE** improvements:

- New Construction
- Materials, fixtures, equipment that exceeds that customarily used in the neighborhood
- Appliances not required by local housing code
- Acquisition of land/property
- Refinancing of other debts
- Cost of materials for do-it-yourself projects
- Non-permanent general improvements (i.e. carpeting)

**PLEASE PROVIDE ALL OF THE FOLLOWING DOCUMENTATION:**

- Proof of Home Ownership** which is verified via the following:
  - a. Warranty Deed and/or subsequent Quit Claim Deed(s)
    - 1. Properly recorded deed bearing the stamp of the "Wayne County Register of Deeds"
  - b. Divorce Decrees or Death Certificates for any former co-owner listed on Deeds, where applicable
  - c. Land Contracts are not permitted
  - d. Homes held in a Trust are not permitted
  
- Proof of Current Homeowner's Insurance** the declaration page and proof of paid policy premium
  
- Current Copy of State I.D. or Driver's License (front and back)** for all household members age 18 and older
  
- Current Gas AND Electric statement** with applicant's name and address
  
- Proof of Total Gross Household Income & Assets** all income for each household member 18 years of age or older must be reported, documented, and verified. Please include:
  - Current Federal, State, Homestead tax claims including W-2's, 1099s (if Self-Employed **2 years** of tax documents are required)
  - Employment/Payroll statements for past 6 months
  - Unemployment Determination letter
  - Social Security, SSI, SSD Benefits statements for current year
  - Pension statements for current year
  - Child Support statement(s), 12 month history
  - Alimony decree statement
  - Direct support or gift income
  - Financial statements for all accounts for past 3 months
  
- School verification** for each household member 18 years of age or older, **where applicable**
  
- Property Taxes & Water Bills** must be paid to date

PROPOSED IMPROVEMENTS:

Is your home equipped with properly operating smoke detectors?.....Yes  No  Don't Know

Carbon Monoxide Detector?.....Yes  No  Don't Know

Have you or other family member ever been tested for Lead-based Paint poisoning?.....Yes  No  Don't Know

Have you ever been obligated on a home improvement loan which resulted in foreclosure, deed-in-lieu of foreclosure, or judgment?.....Yes  No

If yes, give property address: \_\_\_\_\_

Name & address of Lender: \_\_\_\_\_

As mandated by Federal regulation, all housing units built prior to 01-01-1978 are subject to inspection / risk assessment for the identification of lead-based paint.

I/we have received a copy of the EPA "Renovate Right" lead-based paint brochure.  Yes, Initial here \_\_\_\_\_

I/we certify that I/we am/are the owner(s) and occupant(s) of this property, and that the statements and information given in this application are true, accurate, and complete to the best of my/our knowledge and belief.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Other Adult

\_\_\_\_\_  
Date

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec. 1001, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.



## INCOME & ASSETS CHECKLIST (TWO-SIDED)

Please complete a separate form for each household member who is aged 18 years or older. Please complete **both** pages of this form. Use a separate sheet if necessary. **Be prepared to verify items checked yes.** Failure to comply could result in termination of benefits.

Name: \_\_\_\_\_ County: \_\_\_\_\_

Complete each item:

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I am a citizen of the United States. If No, have immigration documents.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I am self-employed. If yes, describe and list your company name/address:<br>_____<br>_____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I have _____ (enter #) of jobs and receive money / wages. List each job separately.<br><br>Employer: #1 _____<br>Street Address: _____<br>City, State, Zip: _____<br>Telephone: _____ Contact Person: _____<br>Hourly Pay Rate: \$_____ AVG Hours/Week: _____<br><br>Employer: #2 _____<br>Street Address: _____<br>City, State, Zip: _____<br>Telephone: _____ Contact Person: _____<br>Hourly Pay Rate: \$_____ AVG Hours/Week: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive unemployment benefits.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive regular or periodic payments from Workers' Compensation.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive regular or periodic payments from a Pension(s).   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Social Security.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Supplemental Security Income (SSI).   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Disability or Death benefits <b>other than Social Security</b> .  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Public Assistance <b>other than food stamps</b> (ADC, SFA, SDA, RAP, Step-Parent assistance).   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive military active duty pay.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Veteran's Administration benefits or GI Benefits.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive regular or periodic payments from a Trust, Annuity, or Retirement fund.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive regular or periodic payments from an Insurance Policy or Inheritance.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive regular or periodic payments from Lottery Winnings.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Alimony.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Child Support. CASE # _____   |
|                          |                          | Is Child Support paid directly to Social Services? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a family member who is seventeen (17) years of age or younger who has unearned income (i.e. Social Security).  |



## INCOME & ASSETS CHECKLIST (TWO-SIDED)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	I receive Educational Grants or Scholarships.
<input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions or "gift money", including utility payments, from persons not living with me.
<input type="checkbox"/>	<input type="checkbox"/>	I receive income from rental of Real Estate or Personal Property.
<input type="checkbox"/>	<input type="checkbox"/>	I receive Income from Indian Trust Land.
<input type="checkbox"/>	<input type="checkbox"/>	I have a Savings Account(s). List name & address of all financial institutions:
		Name of Bank: #1 _____ #2 _____
		Street Address: _____
		City, State, Zip: _____
		Telephone: _____
		Account #'s: _____
		_____
<input type="checkbox"/>	<input type="checkbox"/>	I have a Checking Account(s). List name & address of all financial institutions:
		Name of Bank: #1 _____ #2 _____
		Street Address: _____
		City, State, Zip: _____
		Telephone: _____
		Account #'s: _____
		_____
<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA, Keogh, 401K, 403b, etc. account(s). List name & address of those financial institutions:
		_____
		_____
		_____
<input type="checkbox"/>	<input type="checkbox"/>	I have Treasury Bills, Stocks, Bonds and/or Mutual Funds.
<input type="checkbox"/>	<input type="checkbox"/>	I own Real Estate (other than the property of which I am owner/occupant).
<input type="checkbox"/>	<input type="checkbox"/>	I have income/assets from sources <b>other</b> than those listed above. Please list:
		_____
		_____

The above information is true, correct and complete to the best of my knowledge and I hereby authorize the Livonia Housing Commission to conduct inquiries for the purposes of verifying the statements made herein to process this application. I understand that providing false information will result in denial or termination of benefits.

**Warning:**

**Section 101 of the title 18 U.S.C. provides: "Whoever in any matter within jurisdiction of any department or agency of the United States knowingly and willfully falsifies a material fact, or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both".**

\_\_\_\_\_  
**(Applicant's signature)**

\_\_\_\_\_  
**(Date signed)**

# AUTHORIZATION FOR RELEASE OF INFORMATION AND PRIVACY ACT NOTICE

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.  
Failure to comply will result in denial of benefits.

The undersigned authorize the Livonia Housing Commission (LHC) and/or its contracted agent to contact any agencies, offices, groups, organizations, or employers to obtain, and agencies to release, information that is pertinent to eligibility, level of benefits, or continued participation in the CDBG, HOME and/or any other housing assistance programs, including authorization to obtain a consumers credit report.

This includes the Social Security Administration (SSA), Internal Revenue Service (IRS), U.S. Citizenship and Immigration Services (USCIS), and the State of Michigan Department of Human Services (DHS) programs. The LHC may use this Authorization and the information obtained with it, to administer and enforce program rules and policies.

The undersigned certify that the information given to the LHC on household members, income, net family assets, allowances, and deductions is accurate.

I understand that false statements or information are punishable by imprisonment for up to 10 years or by a fine of up to \$5,000 and grounds for termination of housing assistance under State and Federal Law.

**PRIVACY ACT NOTICE STATEMENT:** THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) IS REQUIRING THE COLLECTION OF THIS INFORMATION TO DETERMINE AN APPLICANT'S ELIGIBILITY AND THE AMOUNT OF ASSISTANCE NECESSARY. THIS INFORMATION WILL BE USED TO ESTABLISH LEVEL OF BENEFIT, TO PROTECT THE GOVERNMENT'S FINANCIAL INTEREST; AND TO VERIFY THE ACCURACY OF THE INFORMATION FURNISHED. IT MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, AND LOCAL AGENCIES WHEN RELEVANT, TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATORS, AND TO PROSECUTORS. FAILURE TO PROVIDE ANY INFORMATION MAY RESULT IN A DELAY OR REJECTION OF YOUR ELIGIBILITY APPROVAL. HUD IS AUTHORIZED TO ASK FOR THIS INFORMATION BY THE NATIONAL AFFORDABLE HOUSING ACT OF 1990.

I ACKNOWLEDGE THAT (1) A PHOTOCOPY OF THIS FORM IS AS VALID AS THE ORIGINAL, (2) I HAVE THE RIGHT TO COPY INFORMATION FROM THIS FILE AND TO REQUEST CORRECTION OF INFORMATION I BELIEVE INACCURATE.

ALL ADULT HOUSEHOLD MEMBERS WILL SIGN THIS FORM AND COOPERATE IN THIS PROCESS.

I agree that copies of this Authorization may be used for the purposes stated above. This consent will expire 15 months from the date signed.

Signature of Head of Household	Social Security Number	Date
Signature of Spouse (if applicable)	Social Security Number	Date
Other Adult Signature (if applicable)	Social Security Number	Date
Other Adult Signature (if applicable)	Social Security Number	Date