

**Be Sure To Attend  
the May 17<sup>th</sup>  
Informational  
Meeting at Lion's  
Park at 6:00 p.m.**



**Application  
Must Be Received by May 31, 2023  
12:00 p.m.  
at City Offices  
139 S. Saginaw Street**

**NEIGHBORHOOD ENHANCEMENT PROGRAM  
APPLICATION**

Homeowner Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of Contact (circle one):                      EMAIL                      PHONE

Description of work to be completed:

	<u>labor/material</u>	<u>cost</u>
Example: New Front Door		\$650.00
Porch Railing		\$200.00
Contractor to Install		\$300.00

<u>labor/material</u>	<u>cost</u>
_____	_____
_____	_____
_____	_____

attach additional sheets if necessary

Total estimated project cost: \_\_\_\_\_

Total grant request: \_\_\_\_\_

Please also include the following **required attachments**:

- Pictures of the property including specific areas of repair
- Income Self-Certification Form
- Two contractor quotes (**DO NOT SIGN OFF ON QUOTE WITHOUT PRE-APPROVAL FOR GRANT**)
- If property is a land contract, an approval letter signed jointly by homeowner and land owner

By signing below I understand that my information may be reviewed by program staff including City of Montrose and MSHDA employees, that if awarded a grant my participation will be subject to the underwriting requirements of MSHDA including execution of a Homeowner and Contractor Agreement, and that any and all costs in excess of the stipulated grant award shall be my sole responsibility.

Homeowner signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Neighborhood Enhancement Program (NEP) Household Income

**Self-Certification Form Grantee Name:**

**Grant Number:**

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

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

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

### NEP Applicant Qualifications Checklist

- The applicant is the **owner** and **occupies** the **assisted** property.
- The applicant does **not** own any property that is **tax delinquent**.
- There is **current insurance** coverage on the property.
- The applicant does **not** own any property that is subject to any **citation of violation** of the state and/or local codes and ordinances.
- The applicant has **not** been the **prior owner** of any property transferred to the Treasurer or to a local government as a result of **tax foreclosure** proceedings.
- The applicant has a household income at or below 120% of the **County's** area median income (located below).

#### County (For Information Only – Do Not Mark)

Household Size	1	2	3	4	5	6	7	8
Income Limits 120% AMI	\$60,240	\$68,760	\$77,400	\$85,920	\$92,880	\$99,720	\$106,560	\$113,520

**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 REQUIRED BY THE GRANTEE.**

Under penalties of perjury, I declare that I have examined this certification statement, and to the best of my knowledge and belief, the supporting documentation provided and the household eligibility facts provided are consistent, true, correct, and complete.

I also understand and provide consent for MSHDA and/or its Subrecipient Agency to verify accuracy of the certified information and determine if it is in compliance with the program's requirements and policies.

If this application is approved, I will care for and maintain the property.

In addition, I understand that there is a formal on-line process to report fraud concerns: <https://www.michigan.gov/mshda/about/performance/how-to-report-fraud>

False Statements - Parties signing this certification form understand that making false statements or claims in connection with this award may result in criminal, civil, or administrative sanctions, including fines, imprisonment, civil damages and penalties, and/or any other remedy available by law.

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

**AUTHORIZATION TO RELEASE INFORMATION**

**To Michigan State Housing Development Authority and Housing Agency (HA):**

I/we, the individual/household member(s) below is/are a current tenant of the residence located at \_\_\_\_\_, \_\_\_\_\_ Michigan and is/are an applicant or participant in the \_\_\_\_\_ Neighborhood Housing Initiatives Division Program. This program is funded by the Michigan State Housing (MSHDA) and administered by \_\_\_\_\_ Housing Agency (HA). In order to be eligible for this Neighborhood Housing Initiatives Division Program, my household's income is collected along with other information in my/our program file including my/our address, household size, household member names and photographs. MSHDA and the HA are requesting consent to release this file information for marketing and program purposes. However, the information will not be otherwise disclosed or released outside of MSHDA or the HA, except as permitted or required by law. MSHDA and the HA will protect the file information in accordance with any applicable State privacy law.

Signatures:

Date:

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

\_\_\_\_\_

\_\_\_\_\_  
Spouse

\_\_\_\_\_

\_\_\_\_\_  
Other Family Member/Occupant over age 18

\_\_\_\_\_

\_\_\_\_\_  
Other Family Member/Occupant over age 18

\_\_\_\_\_

\_\_\_\_\_  
Other Family Member/Occupant over age 18

\_\_\_\_\_

\_\_\_\_\_  
Other Family Member/Occupant over age 18

\_\_\_\_\_