#### Instructions for Completing the City of Beaverton MI Neighborhood Application

### 1. Complete the Application in Full

- o Ensure all sections of the application are filled out completely.
- Incomplete or partial applications will be returned and may delay processing.
- Applications are open until all funding has been exhausted.

### 2. Submission Options

- In-Person: Drop off your completed application at the City of Beaverton
   Office: Monday-Thursday 7:30am-5:30pm
   128 Saginaw St, Beaverton, MI 48612
- By Email: Submit your application via email to: ddadirector@beavertonmi.org
- By Mail: Send your application to:

City of Beaverton

ATTN: MI Neighborhood

**PO BOX 477, Beaverton, MI 48612** 

#### 3. Questions or Program Inquiries

For any questions related to the MI Neighborhood program, contact:

**Matt Lang** 

Email: ddadirector@beavertonmi.org

Phone: 989-272-3121

Thank you for your interest in the MI Neighborhood program!



Michigan State Housing Development Authority is committed to providing meaningful access. For accommodations, modifications, translation, interpretation, or other services, please contact <a href="MSHDA-NDD@MICHIGAN.GOV">MSHDA-NDD@MICHIGAN.GOV</a>

| 1.      | Full Name(s):                   |
|---------|---------------------------------|
| 2.      | Home Address:                   |
| 3.      | Mailing Address (if different): |
| 4.<br>- | Phone Number:                   |
| 5.      | Email Address:                  |

**Applicant Information:** 

# **Property & Applicant Information:**

government as a result of tax foreclosure

proceedings? []Yes []No

| 1.Address of the Property Needing<br>Rehabilitation (Must be in City of<br>Beaverton)             | 8. Are there any existing liens or judgments against the property?  [] Yes [] No - If yes, please explain:                                                                                                |  |  |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|                                                                                                   |                                                                                                                                                                                                           |  |  |
| 2. Type of Property (Check One):                                                                  | 9. Do you have insurance on this property? [] Yes [] No  * Properties occupied by Tennant's are not required to carry Renters insurance, the property owner must have insurance coverage on the property. |  |  |
| - [ ] Single-Family Home                                                                          |                                                                                                                                                                                                           |  |  |
| -[]Duplex                                                                                         |                                                                                                                                                                                                           |  |  |
| - [ ] Other (please describe):                                                                    | 10. Are all property taxes, and utilities paid and in good standing? [] Yes [] No 11. Do you agree to allow contractors on your property to prepare estimates or quotes for the proposed work?            |  |  |
| *Mobile homes are ineligible                                                                      |                                                                                                                                                                                                           |  |  |
| 3. Year Property was built:                                                                       |                                                                                                                                                                                                           |  |  |
| 4. Is this property owner occupied?                                                               |                                                                                                                                                                                                           |  |  |
| []Yes []No                                                                                        | []Yes[]No                                                                                                                                                                                                 |  |  |
| 5. If Tennant Occupied, do you have a signed lease agreement with current occupants? [] Yes [] No | 12. Do you agree to allow City of<br>Beaverton Staff on your property to obtain<br>photos and view property conditions?                                                                                   |  |  |
| Have you owned the property for 12+ months? [] Yes [] No                                          | []Yes []No                                                                                                                                                                                                |  |  |
| 6. Do you have a mortgage on this property? [] Yes [] No                                          |                                                                                                                                                                                                           |  |  |
| *Land Contracts ineligible per MSHDA                                                              |                                                                                                                                                                                                           |  |  |
| 7. Have you previously been the owner of a property that was transferred to a local               |                                                                                                                                                                                                           |  |  |

| 00                                 | ccupant Informati | on:                             |                          |                                        |                               |  |
|------------------------------------|-------------------|---------------------------------|--------------------------|----------------------------------------|-------------------------------|--|
|                                    | -                 |                                 | nt o                     | ccupied, complete #1-6 us              | sing information              |  |
| of                                 | current occupant  | s. <i>If vacant or unoccupi</i> | ed,                      | property is ineligible for             | this program.                 |  |
| 1. Full Name:                      |                   |                                 |                          | 3. Phone Number:                       |                               |  |
|                                    |                   |                                 |                          |                                        |                               |  |
| 2. Mailing Address (if different): |                   |                                 |                          | 4. Email Address:                      |                               |  |
|                                    |                   |                                 |                          |                                        |                               |  |
|                                    | 5. Household S    | ize (# of people who live       | the                      | re):                                   |                               |  |
|                                    | Adults Age 18+    | Dependent Under Age             | 18                       | Dependent Age 18+<br>Full-Time Student | Total<br>Household<br>Members |  |
|                                    |                   |                                 |                          |                                        |                               |  |
| 6.                                 |                   | usehold Income (total inc       | com                      | ne of all occupants, before            | taxes):                       |  |
| Household Members                  |                   |                                 | Maximum Household Income |                                        |                               |  |
| 2                                  |                   |                                 | \$66,850<br>\$76,400     |                                        |                               |  |
| 3                                  |                   |                                 | _                        | 85,950                                 |                               |  |
| 4                                  |                   |                                 | \$95,500                 |                                        |                               |  |
| 5                                  |                   |                                 | \$103,150                |                                        |                               |  |
| 6                                  |                   |                                 | \$110,800                |                                        |                               |  |
| 7                                  |                   |                                 | \$                       | 118,450                                |                               |  |

\$126,100

\*Must be below maximum to be eligible

1. Please describe the type of rehabilitation or improvements you are seeking for your

# **Project Information**

| property (check all that apply): <i>Project costs i</i><br>of \$40,000                                                                               | must be a minimum of \$1,000 and a maximum |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| -[] Roofing Repairs/Replacement                                                                                                                      | - [ ] Energy Efficiency Upgrades           |
| -[] Windows/Doors Replacement                                                                                                                        | - [ ] Hazardous Tree/Shrub Removal         |
| -[] Siding Repairs/Replacement                                                                                                                       | - [] Other (please describe):              |
| -[] Driveway Repairs/Accessibility<br>Improvements                                                                                                   |                                            |
| -[] Porch/Entryway Repairs                                                                                                                           |                                            |
| *Project work to be completed by licensed,                                                                                                           | , insured, and qualified contractors       |
| 2. Briefly describe why you are seeking assist                                                                                                       | ance with these improvements:              |
| -                                                                                                                                                    |                                            |
|                                                                                                                                                      |                                            |
|                                                                                                                                                      |                                            |
|                                                                                                                                                      |                                            |
|                                                                                                                                                      |                                            |
| 3. Do you understand that Michigan State Hoo<br>year non-prorated, forgivable lien in the full ar<br>on properties that receive over \$10,000 in fun |                                            |
| 4. Have you received any funding from Michig property rehabilitation in the past?[]Yes []                                                            |                                            |
| If yes, when and what were funds used for?                                                                                                           |                                            |
|                                                                                                                                                      |                                            |

| Additi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Additional Documentation:                                                                                                                                |                                       |                                                                                                                                                                                        |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | e attach the following documents to pplication:                                                                                                          |                                       |                                                                                                                                                                                        |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Proof of income (most recent tax return.) Of current occupant(s).  Proof of property ownership (Property Deed)  Copy of Property Insurance  Declarations |                                       | or non-owner-occupied units, the indlord must provide proof of wnership for prior twelve months and provide a six-month ecupancy history.  In gned lease agreement if Tennant ecupied. |  |  |  |  |
| Certification & Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                          |                                       |                                                                                                                                                                                        |  |  |  |  |
| I certify that the information provided in this application is true and complete to the best my knowledge. I understand that the City of Beaverton may request additional documentation to verify my eligibility for the program. I also understand that this application is no guarantee of funding. Funds cannot be reimbursed for activities alread started or completed. Any activity conducted prior to formal execution of a grant agreement are ineligible and non-reimbursable.  Applicant Signature (Property Owner) |                                                                                                                                                          |                                       |                                                                                                                                                                                        |  |  |  |  |
| For City Staff Us                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | e Only:                                                                                                                                                  | If incon                              | nplete:                                                                                                                                                                                |  |  |  |  |
| Date Received:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          | Resubmitted to City:                  |                                                                                                                                                                                        |  |  |  |  |
| Time Received:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          | Date:                                 |                                                                                                                                                                                        |  |  |  |  |
| Application Stat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | rus:                                                                                                                                                     | Time:                                 |                                                                                                                                                                                        |  |  |  |  |
| -[]Complete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                          | Second Review By:                     |                                                                                                                                                                                        |  |  |  |  |
| -[]Incomplete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Requested Information:                                                                                                                                   | Application Status:                   |                                                                                                                                                                                        |  |  |  |  |
| Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                          | -[]Complete                           |                                                                                                                                                                                        |  |  |  |  |
| Initial Review By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | r:                                                                                                                                                       | -[] Incomplete Requested Information: |                                                                                                                                                                                        |  |  |  |  |