

ARENAC COUNTY HOME IMPROVEMENT PROGRAM

120 N. Grove
PO Box 637
Standish, MI 48658

Telephone 989 846-6651
Fax 989 343-1071
TDD 1-800-649-3777

This application packet is for the Property Improvement Program (PIP). The program is designed to assist low and moderate-income families to obtain financing for home improvements at an interest rate from 4% to 8%, depending on the family's gross household income.

To qualify, the applicant must have or provide:

- Own a one to four unit home and live in one of the units
- Have a gross annual family income of \$72,250 or less
- Have lived in the home for at least 60 days
- **Proof of ownership**, whether you are buying your home or that it is free and clear
- **Proof of income from all household members**, such as 30 days pays stub
- **Provide 2 years income taxes with all W-2 forms and/or 1099's**
- **Proof that property taxes have been paid to date**
- **Proof of homeowner's insurance on home**

The home must be at least 20 years old, or in need of health, safety or energy related improvements or modifications for handicap access improvements. All improvements are to be permanent.

If you meet the above eligibility requirements and wish to submit your application, please contact this office at one of the telephone numbers above to schedule an appointment.



An Equal Opportunity Lender
Complaints of discrimination should be sent to: Fair Housing Enforcement Center, US Dept of Housing
and Urban Development, Ralph H. Metcalfe Federal Building, 77 West Jackson Blvd., Room 2101,
Chicago, Ill 60604-3507 (312) 353-6236 1-800-765-9372



This form is issued under authority of Act 346 P.A. 1966. Execution of this form is required. Failure to execute this form may result in your inability to participate in the home improvement program operated by the Michigan State Housing Development Authority.

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY
735 E. MICHIGAN AVENUE, PO BOX 30044
LANSING, MICHIGAN 48909

**PROPERTY IMPROVEMENT PROGRAM
LOAN APPLICATION**

EQUAL HOUSING LENDER

This application is submitted to obtain credit under the provisions of Title 1 of the National Housing Act (PL 479. 48 Stat., USC 1701 et seq.) and the Michigan State Housing Development Authority (MSHDA) Act (PA 346 1966, as amended). Only "DIRECT LOANS" may be submitted.

Privacy Act Notice – The information requested in this form is to be used by the Department of Housing and Urban Development (HUD) in the accounting of Title 1 loans and in the monitoring of Title 1 funds. It will not be disclosed or released outside of HUD, MSHDA, and the Lending institution that will provide the funds except as required and permitted by law. You do not have to give us this information, but, if you do not provide the information necessary to make an evaluation of credit worthiness, your application may be delayed or rejected. The Department of HUD is authorized to ask for this information by Title 1. Section 2 of the National Housing Act (48 Stat., 1246, 12 USC 1701 et seq.).

General Information – Applicants are required to provide their social security number. The answers to questions relating to marital status, race, and sex are voluntary and are requested solely for the purpose of determining compliance with Federal Civil Rights law, and your response will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in nondiscriminatory manner.

- Yes No 1. Do you have any past due obligations, including student loans, owed to or insured by any agency of the Federal Government? *If "Yes", you are not eligible to apply until the existing debt has been brought current).*
- Yes No 2. Have you filed or declared bankruptcy in the past two years? *If "Yes", you are not eligible to apply.*
- Yes No 3. Do you have any other application for a FHA Title 1 insured loan pending at this time?
- Yes No 4. Do you have any unsatisfied collections or judgments? *If "Yes", applicant will have to pay any balances in full prior to MSHDA's approval of this loan request.*
- Yes No 5. Have you filed or declared bankruptcy in the past five years?
- Yes No 6. Are you a party in a pending lawsuit?
- Yes No 7. Is your property currently in foreclosure?

Explain any "Yes" answers (items 3 through 7) on a separate sheet.

Please complete and submit to Lender/Agent along with the following items:

- PIP Loan Application (H-1)
- Proof of Homeownership ~ Copy of recorded Warranty Deed or Land Contract
- Proof of State Equalized Value (SEV) ~ Copy of Property Tax Statement
- Property Tax Statement ~ Copy of Paid Property Taxes
- Copy of Hazard Insurance Policy ~ Copy of Homeowners Insurance Policy
- Income Verification ~ Copies of most recent one month's pay stubs
- Income Tax Return ~ Copy of most recent Federal AND Michigan income tax returns with all schedules. If self-employed, provide two years.
- Credit References ~ If no outstanding debt, provide copies of recent billings from credit references (telephone, electricity, etc.)
- Contractor's Estimate or Materials List
- Contractor's Worksheet (H-3) ~ Worksheet is attached and is to be completed by the contractor.

PROPERTY INFORMATION	
Address of Property to be Improved	
Street	
City	
State	
Zip Code	
County	
Property Tax ID #	
Property is Located in a	<input type="checkbox"/> City Tp <input type="checkbox"/> wnship <input type="checkbox"/> Village
Enter Township or Village Name	
Property Type	<input type="checkbox"/> Single Family <input type="checkbox"/> Manufactured/Mobile Home (where Borrower owns underlying land) <input type="checkbox"/> Manufactured/Mobile Home (where Borrower does not own underlying land) <input type="checkbox"/> Condominium <input type="checkbox"/> Multi-Unit Building. List number of units: _____ (Buildings containing over 11 units not eligible.)
Is Property Currently Vacant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Is or Will Be Occupied by	<input type="checkbox"/> Owner <input type="checkbox"/> Renter
Year Dwelling Built	
State Equalized Value (Attach copy of Property Tax Statement)	\$ _____

BORROWER AND CO-BORROWER INFORMATION			
BORROWER		CO-BORROWER	
First Name		First Name	
Middle Initial		Middle Initial	
Last Name		Last Name	
Birth Date		Birth Date	
Social Security #		Social Security #	
Years at Current Address		Years at Current Address	
Home/Cell Phone #		Home/Cell Phone #	
Email Address		Email Address	
<input type="checkbox"/> Check if Current Address is same as Property Address		<input type="checkbox"/> Check if Current Address is same as Property Address	
Street		Street	
City		City	
State		State	
Zip Code		Zip Code	
County		County	
Former Address (if less than 2 years at current address)		Former Address (if less than 2 years at current address)	
Street		Street	
City		City	
State		State	
Zip Code		Zip Code	
Years at Former Address _____		Years at Former Address _____	
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Living with parents/relatives <input type="checkbox"/> Living in a shelter <input type="checkbox"/> Homeless		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Living with parents/relatives <input type="checkbox"/> Living in a shelter <input type="checkbox"/> Homeless	

Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced, widowed)		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced, widowed)	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnicity <input type="checkbox"/> (11) White <input type="checkbox"/> (12) Black / African American <input type="checkbox"/> (13) Asian <input type="checkbox"/> (14) American Indian / Alaska Native <input type="checkbox"/> (15) native Hawaiian / Pacific Islander <input type="checkbox"/> (16) American Indian / Alaska Native AND White <input type="checkbox"/> (17) Asian AND White <input type="checkbox"/> (18) Black / African American AND White <input type="checkbox"/> (19) American Indian/Alaska Native AND Black/African American <input type="checkbox"/> (20) Other Multi-Racial		Ethnicity <input type="checkbox"/> (11) White <input type="checkbox"/> (12) Black / African American <input type="checkbox"/> (13) Asian <input type="checkbox"/> (14) American Indian / Alaska Native <input type="checkbox"/> (15) native Hawaiian / Pacific Islander <input type="checkbox"/> (16) American Indian / Alaska Native AND White <input type="checkbox"/> (17) Asian AND White <input type="checkbox"/> (18) Black / African American AND White <input type="checkbox"/> (19) American Indian/Alaska Native AND Black/African American <input type="checkbox"/> (20) Other Multi-Racial	
Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Number in Household (including you) _____ Ages (separated by commas)		Total Number in Household (including you) _____ Ages (separated by commas)	
Total Number in Household (including yourself)		Total Number in Household (including yourself)	
Ages of Household Members		Ages of Household Members	
Name of Nearest Relative Not Living With You		Name of Nearest Relative Not Living With You	
Address		Address	
City		City	
State		State	
Zip Code		Zip Code	
Relationship		Relationship	
Phone #		Phone #	
Employment Information <input type="checkbox"/> Self-Employed <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed		Employment Information <input type="checkbox"/> Self-Employed <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	
Number of Years _____ (required if self-employed)		Number of Years _____ (required if self-employed)	
Describe Self-Employment (if applicable)		Describe Self-Employment (if applicable)	
Name of Employer		Name of Employer	
Address		Address	
City		City	
State		State	
Zip Code		Zip Code	
Phone #		Phone #	
Position		Position	
If Employed In Current Position for Less than One Year, complete the following		If Employed In Current Position for Less than One Year, complete the following	
Previous Employer		Previous Employer	
City, State, Zip		City, State, Zip	
Phone #		Phone #	
Date From		Date From	
Date To		Date To	
Monthly Income	\$	Monthly Income	\$

Previous Employer		Previous Employer	
City, State, Zip		City, State, Zip	
Phone #		Phone #	
Date From		Date From	
Date To		Date To	
Monthly Income	\$	Monthly Income	\$
Previous Employer		Previous Employer	
City, State, Zip		City, State, Zip	
Phone #		Phone #	
Date From		Date From	
Date To		Date To	
Monthly Income	\$	Monthly Income	\$

INCOME DETERMINATION

GROSS MONTHLY INCOME			
	Borrower	Co-Borrower	Total
Wages or Salary	\$	\$	\$
Social Security	\$	\$	\$
Interest Income from Taxes	\$	\$	\$
Pension	\$	\$	\$
Rental Income	\$	\$	\$
Self-Employment	\$	\$	\$
Other Income	\$	\$	\$
TOTAL	\$	\$	\$
Describe Any Other Income for All Adult Household Members 18 Years or Older			Monthly Income
			\$
			\$
			\$

Bank Information	
Bank Account #	
Bank's Name	
Address	
City	
State	
Zip Code	
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No

OUTSTANDING DEBTS

Select one	<input type="checkbox"/> Mortgage <input type="checkbox"/> Land Contract <input type="checkbox"/> None
Balance of Mortgage or First Lien	\$
Payments Made to:	
Mortgage Payment Amount (monthly)	
Taxes and Insurance Escrowed	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Taxes and Insurance are Not Escrowed, complete the following:	
Property Taxes (total yearly amount, including summer and winter, divided by 12 months)	\$
Homeowners Insurance (annual premium divided by 12 months)	\$

THIS SECTION IS TO BE COMPLETED WITH THE LENDER AND/OR AGENT

Estimated Cost of Improvements	\$
Less CDBG	\$
Less HOME	\$
Less Other Funds	\$
Total Improvements Costs for PIP Loan	\$
Plus Origination Fee (2% of Improvements, minimum \$100)	\$
Plus Underwriting / Loan Processing Fee \$100 on loans below \$7,500, unless lien is required \$200 on all loans \$7,500 and above	\$
Plus Inspection Fee of \$100 (may be paid out-of-pocket by Borrower)	\$
TOTAL LOAN AMOUNT REQUESTED	\$
Term (in months)	
Estimated Monthly Payment	\$

IMPORTANT! READ THIS BEFORE SIGNING

I/we certify that the above statements are true, accurate, and complete to the best of my/our knowledge and belief, and further certify, for owner occupied units only, that I/we have disclosed in this application the total income(s) of all adults who now are, or are reasonably expected to be, within 60 days of my/our receiving the loan applied for, member of the household. This application shall remain the property of the lending institution to which it is submitted and/or MSHDA. Verification may be obtained from any source including but not limited to those named in this application.

I/we hereby consent to and authorize the lending institution, community agency, MSHDA, or HUD, after giving reasonable notice, to enter the improved property to determine that the improvements specified in this application have been completed. Additionally, I/we consent to keep all receipts for work completed with this loan for a period of three years and make these receipts available to the lender, community agency, MSHDA or HUD. I/we understand that community agency, MSHDA, or HUD does not guarantee the quality or workmanship of the improvements.

I/we understand that it may be a federal crime punishable by fine or imprisonment, or both, to knowingly make and false statements concerning any of the above facts as applicable under the provisions of the United States Criminal code.

I/we have received a copy of the MSHDA Property Improvement Program "Working With Home Improvement Contractors" brochure.

Borrower initial here: _____
Co-Borrower initial here: _____

✓ _____
Borrower's Signature Date

✓ _____
Co-Borrower's Signature Date

The undersigned has reviewed and/or assisted the Borrower(s) with this Application in a face-to-face or telephone interview

Interviewer's Name Date Participating Lender/Community Agent's Organization