

Date Received In Office

City of Auburn Hills CDBG (Community Development Block Grant)
Minor Home & Mobile Home Repair Grant Program Application

PRINT ALL INFORMATION & COMPLETE ALL SECTIONS

Last Name First Name

Complete Address Lot # Year House Built

Mailing Address if different Email:

Year Purchased Home If less than one year what was the purchase price \$

Day Phone Alternate Phone

Have you used this program in the past? Yes / No Year

How did you hear about the program?

Is this home for sale, in foreclosure or will be for sale within the next year? Yes No

Working Smoke Detectors in Home? Yes No Working CO Detectors in Home? Yes No

How many residing at this residence?

List all household members including applicant:

Applicant's Name Age Name Age

Name Age Name Age

Name Age Name Age

Describe repairs needed:

Horizontal lines for describing repairs needed.

Note: Must meet income guidelines. Total household income includes all adults age 18 and over earning income. For households 5 members or more please call for guidelines.

Table with 2 columns: Persons per Household, Maximum Household Income. Rows for 1, 2, 3, 4 persons.

Effective 5-2020

[Type here]

Annual Household Income of All Members

List GRAND TOTAL COMBINED

\$ \_\_\_\_\_ Employment                      \$ \_\_\_\_\_ Public Assistance  
\$ \_\_\_\_\_ Social Security                      \$ \_\_\_\_\_ Child Support  
\$ \_\_\_\_\_ Pension                                      \$ \_\_\_\_\_ Other  
GRAND TOTAL OF ANNUAL FAMILY INCOME \$ \_\_\_\_\_

The following HEAD OF HOUSEHOLD information is collected for statistical reporting only.

SINGLE RACE

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Hawaiian / Other Pacific Islander

MULTI- RACE

Complete for Head of Household Only

- Black/African American & White
- Asian
- American Indian/Alaskan Native & White
- American Indian/Alaskan Native & Black
- Other Multi-Racial

HISPANIC

Complete for Head of Household Only

- Yes
- No

**NOTE: THERE IS A \$5,000.00 LIFETIME REPAIR CAP PER HOUSE. SUBJECT TO CHANGE DEPENDING ON AVAILABILITY OF FUNDS.** Selection of repairs will be based on greatest need as determined by program administrator.

I/We \_\_\_\_\_, being the owner(s) and residing at the property listed as my principal residence, apply for Minor Home Repair Grant funds under the Federal HUD program.

I / We \_\_\_\_\_, agree to provide proof of household members, total household income, verification of home ownership and current homeowners insurance.

I/We release the City of Auburn Hills, Oakland County, and all of said entities' officers, employees, representatives, agents and contractors, including, but not limited to, all of said entities' individuals involved, from any and all rights, claims, demands, actions, causes of actions and/or lawsuits, including attorney's fees and costs, for any and all injuries, loss or damages suffered by myself, my child and/or family members and visitors as a result of the Minor Home Repair program services rendered.

I/We agree to allow access to the residential address on this application to City of Auburn Hills Building Officials, Inspectors, Program Administrators, contractors and sub-contractors at their request for purposes of this grant. Failure to do so could result in termination of contracts.

[Type here]

I/We agree and understand that once approved for the service and the contract has been signed, the project will be managed and supervised by the City of Auburn Hills. Neither the homeowner nor the contractors are permitted to make decisions on eliminations, alteration, and modification of project work according to the contract without written authorization from the City of Auburn Hills Administrator or Building Officials. Failure to comply will result in termination of contract. The City of Auburn Hills or Oakland County will be not responsible for any unauthorized work.

This agreement is being completed in connection with the receipt of city assistance. I/we understand project officials will verify information on this form

## Affidavit

**APPLICANTS CERTIFICATION:** This applicant certifies that all information in this application, and all information furnished in support of this application is for the purpose of obtaining funds for the improvement of the above mentioned property, and that these statements are true to the best of my knowledge and belief.

**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 any false, fictitious or fraudulent statements or representations, or makes or uses any false writing, or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be subject to penalty of law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

MAIL COMPLETED APPLICATION AND COPIES OF DOCUMENTATION TO

City of Auburn Hills Senior Services  
Minor Home Repair Program-Senior Services Department  
1827 N. Squirrel  
Auburn Hills, MI 48326

**PLEASE NOTE: COMPLETION OF APPLICATION DOES NOT GUARANTEE APPROVAL. THE CITY OF AUBURN HILLS RESERVES THE RIGHT TO DENY APPLICATIONS IF IT IS DEEMED IN THE BEST INTEREST OF THE CITY.**

\\AH-FILE3\Groups\All\CDBG\CDBG\Minor Home & Mobile Home\Application Packet\MHR Application Updated 7-11-19\MHR 2019 application word documents\MHR Application updated 7-11-19.doc. UPDATED 1-25-2020 Updated 6-16-2020

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