

# City of Muskegon Community Neighborhood Services



## HOME REPAIR REQUEST FORM

To be eligible your home must fall within the service area defined for each program.

You must own your home, have lived in the home for more than 12 months, be current on property taxes, have homeowner's insurance, house must be a single family residence and you cannot own more than one property. The property must be your permanent residence. Your household income must fall under 80% of the Area Median Income.

All requested repairs must meet the health and safety threshold to be eligible. No cosmetic repairs are allowed.

Some of our programs require a non-diminishing lien on the property and will be forgiven at the end of that time period.

Some of our programs require a co-pay. This ranges from \$60 to \$500 and is based on household income level.

Details pertaining to your needed repair and program requirements will be provided when application is approved.

**APPLICANT NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **NEIGHBORHOOD:** \_\_\_\_\_

**MARITAL STATUS:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

### Nature of Repair Needed:

- |   |  |                  |
|---|--|------------------|
| <input type="checkbox"/> Furnace or Boiler  | Is your furnace currently working ?      | ____ Yes ____ No |
| <input type="checkbox"/> Water Heater       | Is your water heater currently working   | ____ Yes ____ No |
| <input type="checkbox"/> Plumbing/Sewer     | Is your sewer backing up into your home? | ____ Yes ____ No |
| <input type="checkbox"/> Roof               | Is your roof leaking?                    | ____ Yes ____ No |
| <input type="checkbox"/> Electrical Repairs |  |                  |
| <input type="checkbox"/> Foundation         |  |                  |
| <input type="checkbox"/> Siding             | What material is your existing siding?   | _____            |
| <input type="checkbox"/> Other, Please List | _____                                    |                  |

| Household Member Information-<br>Name | Relationship to<br>Applicant | Date of<br>Birth | Sex | Legally<br>Disabled? | Race | Hispanic or<br>Latino? |
|---------------------------------------|------------------------------|------------------|-----|----------------------|------|------------------------|
|                                       | Self                         |                  |     |                      |      |                        |
|                                       |                              |                  |     |                      |      |                        |
|                                       |                              |                  |     |                      |      |                        |
|                                       |                              |                  |     |                      |      |                        |
| *                                     |                              |                  |     |                      |      |                        |

Race Categories: (AI/AN) American Indian or Alaska Native (A) Asian (B) Black or African American

(N) Native Hawaiian or Pacific Islander (W) White (O) Other

**\*Use an additional sheet for any additional household members.**

Do you own your home? \_\_\_\_ Yes \_\_\_\_ No      Date of Ownership? \_\_\_\_\_

Do you own more than one property? \_\_\_\_ Yes \_\_\_\_ No

Are your property taxes current? \_\_\_\_ Yes \_\_\_\_ No      Do you have homeowner's insurance? \_\_\_\_ Yes \_\_\_\_ No

Are you in or have you filed for bankruptcy? \_\_\_\_ Yes \_\_\_\_ No      If yes, what year? \_\_\_\_\_

Was your home built before 1978? \_\_\_\_ Yes \_\_\_\_ No      Do you have a reverse mortgage? \_\_\_\_ Yes \_\_\_\_ No

Have you been served a notice of foreclosure? \_\_\_\_ Yes \_\_\_\_ No

Is there a Medicaid eligible child 19 years or younger who lives in the home full time? \_\_\_\_ Yes \_\_\_\_ No

**Thank you for completing the Home Repair Request Form. Completed application and supporting documentation can be submitted in person to Community and Neighborhood Services at**

**933 Terrace Street, Muskegon, MI 49440 Room 205**

**By signing below you certify that the information provided is true and accurate. You authorize the City of Muskegon to request any additional information needed for verification. Failure to give complete and accurate information will disqualify your application and remove you from any waiting list where applicable.**

**Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**With this application you must submit the items from the below list. We cannot accept partial or incomplete application packets.**

- ☐ **Complete and Signed application**
- ☐ **Copy of Deed**
- ☐ **Copy of Homeowner's Insurance Policy Declaration Pages**
- ☐ If you own your home through a land contract, please provide a Copy of Land Contract and letter of permission for repairs from land contract holder
- ☐ **Copy of ID for each household member**
  - Occupants 18 and over; Provide a copy of Drivers License or State ID
  - Occupants under 18; Provide a copy of birth certificate
- ☐ **2 months Income Information for all sources of income for all household members**
  - Sources of income include, but are not limited to: Pay Stubs, Wage information for self-employed persons, Social Security, pension, annuity, child support, alimony, disability, gambling winnings, regular gifts from non-household members. For a list of all income sources and verification paperwork requirements see FAQ's on our website <https://muskegon-mi.gov/city-services/development-services/community-neighborhood-services/>
- ☐ **2 months bank statements for all persons 18 and over for all bank accounts**
  - We require actual bank statements. We cannot accept a transaction history, screen shots of bank activity, etc