WATCH MUSK Egon

Priority Home Repair & Residential Façade

City of Muskegon Community & Neighborhood Services

Application Checklist

□ Complete Application

 Warranty deed, Quit Claim Deed or Land Contract

 Homeowners Insurance Declaration Page

 Birth Certificates for all children 17 and under

□ DTE Bill (for furnace)

For All Household Members 18+ Provide:

□ Last 2 months of paystubs/ income statements/award letters

□ Driver's Licenses or IDs

 $\hfill\square$ Last 2 months of bank statements

City of Muskegon Community & Neighborhood Services 933 Terrace Street Muskegon, MI 49440 Phone: (231) 724-6717 Fax: (231) 726-2501 Email: CNSMail@shorelinecity.com

https://muskegon-mi.gov/city-services/ development-services/communityneighborhood-services/

WHO QUALIFIES?

Eligible homeowners in the City of Muskegon at or below 80% of Area Median Income whose home is in need of repair or replacement of a roof, foundation, furnace, water heater, plumbing/sewer, electrical, emergency repair, and/or siding. Property must meet program standards. Homes are eligible for residential façade if the exterior siding is composed of wood, imitation brick, slate, or chipboard and has extensive damage.

HOW MUCH ASSISTANCE IS PROVIDED?

After approval, the full cost of labor and materials to replace or repair the needed area of the home. Assistance is only available once every 6 years.

HOW IS ASSISTANCE PROVIDED?

A payment is made directly to the licensed contractor providing the service. A fiveyear non-diminishing lien will be placed on the property at project completion, the lien is forgiven after five years.

APPLICANT MUST...

- Submit a complete application with all required documents
- Have a household income at or below 80% area median income
- Be the owner occupant of the single-family dwelling, or have a recorded land contract with written approval from the land contract holder
- Pay application fee for program upon approval:

Residential Façade \$60-\$500 Priority Repair \$0-\$60

Please note, there are waitlists for these programs, and approved homes are served on a first-come first-served basis.

Applicant Name: Address:						
Phone Number:						CO
Marital Status:						
	_	Home Repair			ada	
Which program(s) are you apply		nome Kepan		Residential Faça	aue	
Nature of Repair (Check only one	e): 🗆 Furnace 🗌 Boile	er 🗌 Water	Heater	□ Electrical	Plumbi	ing/Sewer
\Box Foundation \Box Roof						
Please provide a detailed descrip	tion of need for repair:					
If applying for siding—current Si	ding Material: 🗌 Wood	Imitat	ion Brick	□Slate	Chipb	oard
Please list all members of your h	ousehold below:				_	
Name	Relationship to	Date of	Sex	Legally	Race	Hispanic or
	Applicant	Birth		Disabled?		Latino?
	Self					
Race Categories: (AI/AN) Americ	an Indian or Alaska Nativ	ve (A) Asian	(B) Blac	ek or African Am	ierican	
(N) Native Hawaiian or Pacific Is	alander (W) White (O)	Other				
Homeownership Informat	tion					
Date of Ownership:		Move-in Date	e:			
Home Insurance Company:				_ Policy Term:		
Are your Property Taxes Curre	ent? 🗆 Yes 🗆 No	Are you in c	or have yo	ou filed for bar	nkruptcy?	$P \square Yes \square N$
Have you owned and lived in y	our home for one year?	? 🗆 Yes 🛛	No			
Was your home built before 19	78? 🗆 Yes 🗆 No	Do you l	nave a rev	verse mortgage	e? □ Ye	es 🗆 No
	of foreclosure? \Box Ye	es 🗆 No	Is your	home in a floo	dplain?	\Box Yes \Box No
Have you been served a notice	anno anta frame tha aba	cklist on the r	everse si	de? 🗆 Ye	s 🗆 N	0
Have you been served a notice Have you included all of the do	ocuments from the cheo					

Applicant Signature:_

_ Date:_

Please submit completed application and supporting documentation to: Community and Neighborhood Services

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