

## MSHDA “MICH” New Construction Program

The MSHDA Investing in Community Housing (MICH) Program provides funding for new visitable or accessible homes in pre-selected neighborhoods within the City of Jackson. MICH activities are defined as actions undertaken to promote health or safety for single- family and multi- family residential properties. The intent is to have both an individual short- term benefit and immediate impact on the household itself and to also facilitate a long-term community benefit by improving existing housing stock resulting in increased area home values. The program is being designed to provide long-term housing security and housing supports to provide impacted and disproportionately impacted communities with services to address the negative economic impacts of the Covid-19 pandemic. The City of Jackson will construct a total of 4 visitable homes, and participating households will be selected via lottery. All applicants who income qualify and submit all required documents will be eligible for inclusion in the lottery. All new construction will occur on residentially zoned lots currently owned by the City of Jackson. Once fully constructed, the single family homes will be given to individuals or families that will occupy same as their primary residence. Applicants must meet certain income and asset requirements for consideration.

### Basic Eligibility Requirements (must meet all three)

- As of 2023, combined household income cannot exceed 60% of the Area Median Income (AMI):

Number of Persons in Household							
1	2	3	4	5	6	7	8
\$32,220	\$36,840	\$41,460	\$46,020	\$49,740	\$53,400	\$57,120	\$60,780

**AND**

- Must qualify for at least one of the benefits listed below (please check all that apply):
  - Temporary Assistance for Needy Families (TANF)
  - Supplemental Nutrition Assistance Program (SNAP)
  - Free and Reduced-Price Lunch (NSLP) and/or School Breakfast (SBP) programs
  - Medicare Part D Low-income Subsidies
  - Supplemental Security Income (SSI)
  - Head Start and/or Early Head Start
  - Special Supplemental Nutrition Program for Women
  - Infants, and Children (WIC), Section 8 Vouchers
  - Low-Income Home Energy Assistance Program (LIHEAP)
  - Pell Grants

**AND**

- Must have experienced a Covid-19 hardship , as listed below (please check all that apply):
  - Decrease in household income
  - Reduction in work hours
  - Layoff
  - Other
  - An increase in utility, food, childcare, and/or medical expenses

## Program Overview

Submit an application packet to the MICH Program Manager. City staff determines eligibility of applicant and potential project. The information you provide will be verified. If you qualify for assistance, a City of Jackson staff member will contact you for a phone / in-person consultation regarding your specific housing needs. Final program participants will be selected based on a points-based scoring system. In the event of a tie, participants will be selected based on a lottery. The scoring rubric will award points in certain key areas, including:

### **Employment status:**

2 full-time employed: 30 points

2 part-time employed: 15 points

\*10 points for each additional FT employed

1 full-time employed: 20 points

1 part-time employed: 10 points

\*5 points for each additional PT employed

### **Residency:**

Current City of Jackson resident: 20 points

### **Financial Need:**

0-30% AMI: 20 points

31-50% AMI: 15 points

51-60% AMI: 10 points

### **Disability:**

Disabled head of household: 20 points    Disabled significant other: 20 points    Disabled dependent: 10 points per dependent

## Checklist of Items to Submit with Your Application

- Completed Application** – all questions on the application must be answered. If a question does not apply to you, indicate that by writing **none** or **n/a**.
- Authorization for Release of Information** – signed by all adult household members.
- Proof of Income** – current federal and state income tax filing and most recent paystubs for one (1) month from each employed person over 18 years in the household.
- Check this box if you are not required to submit income tax returns annually.
- Government Assistance** – proof of government assistance, if any.
- Bank Statements** – most recent bank statements indicating savings and checking balances.
- Other Documentation** – copies of all other income/payment statements noted on your app.
- MSHDA Homebuyer Certification Form** – all questions must be answered

Copies can be made at our office if need be; simply bring the paperwork in. Please mail or drop off completed application to:

*City of Jackson, Community Development Department \* 161 W Michigan Ave, 3<sup>rd</sup> Floor \* Jackson, MI 49201  
Please contact Cory Mays at 517-768-6461 or [cmays@cityofjackson.org](mailto:cmays@cityofjackson.org) or more information.*

**MICH New Construction Program**

*Please call (517) 768-6434 if you need assistance completing this application.*

**Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Applicant Information**

Applicant Name
State ID or Driver’s License Number
Address
City/State/Zip
Home Phone Number
Work Phone Number
Cell Phone Number
Email Address

Co-Applicant Name (if applicable)
State ID or Driver’s License Number
Address
City/State/Zip
Home Phone Number
Work Phone Number
Cell Phone Number
Email Address

**Additional Details**

Please note, all homes constructed as part of this program will be 1-story (ranch designs), containing 3 bedrooms and 1 ½ bathrooms. Homes will be built on a slab, and will be built to the following visitability standards:

- Zero-step entrances into home on a paved surface no steeper than 1/12
- Minimum interior door width of 32”
- Wall reinforcement in bathroom walls and shower, with grab bars installed
- Accessible placement of electrical and heating controls
- Installation of lever door handles (interior and exterior doors)
- Low-lip shower
- Lower closet rods
- Toggle light switches
- Increased turning radii in full bathroom and kitchen
- First-floor laundry facilities

No changes/alterations will be made to these homes during construction. All selected owners/buyers WILL be responsible for all closing costs (closing/title fees, transfer tax, etc). While these four (4) homes are being given away free of charge, selected owners/buyers will be responsible for insurance, utilities, maintenance costs, and property taxes.

## Household Composition

Complete the chart below for all persons who live in the household. Also include children who are subject to shared custody agreements and reside in the household at least 50% of the time.

Name	Relationship to Head	Sex M / F	Birth Date (mm/dd/yr)	Race (see table below)	Hispanic or Latino? Y / N	Social Security Number	Disability Y / N
	Head of Household		/ /				
			/ /				
			/ /				
			/ /				
			/ /				
			/ /				

**Race Table** – enter the corresponding number of each person listed above under the Race column to complete the chart

Single Race Persons	
<b>1</b>	White
<b>2</b>	Black/African American
<b>3</b>	American Indian/Alaska Native
<b>4</b>	Asian
<b>5</b>	Native Hawaiian/Other Pacific Islander

Multi-Race Persons	
<b>6</b>	American Indian/Alaska Native <i>and</i> White
<b>7</b>	Asian <i>and</i> White
<b>8</b>	Black/African American <i>and</i> White
<b>9</b>	American Indian/Alaska Native <i>and</i> Black/African American
<b>10</b>	Other Multi-Racial

A **disability** is defined as a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes one’s ability to live independently, or is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

**Marital Status:** Head of Household is     Married     Single     Widowed     Divorced     Separated

My total household income (total income of all persons over 18 years old living in home) is at or below:

- |  |  |
|--|--|
| <input type="checkbox"/> \$32,220 (1 person)<br><input type="checkbox"/> \$36,840 (2 people)<br><input type="checkbox"/> \$41,460 (3 people)<br><input type="checkbox"/> \$46,020 (4 people) | <input type="checkbox"/> \$49,740 (5 people)<br><input type="checkbox"/> \$53,400 (6 people)<br><input type="checkbox"/> \$57,120 (7 people)<br><input type="checkbox"/> \$60,780 (8 people) |
|--|--|

### Eligibility

	Yes	No
1. Have you filed for bankruptcy within the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been served with a foreclosure notice within the last 7 years?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you applied for or signed for any other loan secured by your property in the last 90 days?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you or an immediate family member or business associate now, or have been within the past 12 months, an employee, agent, consultant, or elected or appointed official for the City of Jackson?	<input type="checkbox"/>	<input type="checkbox"/>

## Income Verification

<b>Applicant Information</b>	<b>Yes</b>	<b>No</b>
I am employed (gross earnings = before taxes) <input type="checkbox"/> <input type="checkbox"/> Gross Annual Earnings: \$ _____ <b>Employer:</b> _____ <b>Contact:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____		
I receive tips Annual Earnings \$ _____ <input type="checkbox"/> <input type="checkbox"/>		
I am self-employed Annual Earnings \$ _____ <input type="checkbox"/> <input type="checkbox"/>		
I am currently unemployed and have been since _____ <input type="checkbox"/> <input type="checkbox"/>		
I receive unemployment benefits of \$ _____ per week <input type="checkbox"/> <input type="checkbox"/>		
I receive payments from (check all that apply): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Military Active Duty <input type="checkbox"/> Veteran's Administration <input type="checkbox"/> Retirement/Pension Funds <input type="checkbox"/> Disability/Death Benefits (other than Soc Security) Annual Earnings: \$ _____		
I receive income from sources not mentioned above (i.e., insurance or trust payments, gambling winnings, jury duty pay, awards, etc.). Please explain: _____ _____		
I currently have investments: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stocks Amount \$ _____ <input type="checkbox"/> Bonds Amount \$ _____ <input type="checkbox"/> Other Amount \$ _____		

<b>Co-Applicant Information</b>	<b>Yes</b>	<b>No</b>
I am employed (gross earnings = before taxes) <input type="checkbox"/> <input type="checkbox"/> Gross Annual Earnings: \$ _____ <b>Employer:</b> _____ <b>Contact:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____		
I receive tips Annual Earnings \$ _____ <input type="checkbox"/> <input type="checkbox"/>		
I am self-employed Annual Earnings \$ _____ <input type="checkbox"/> <input type="checkbox"/>		
I am currently unemployed and have been since _____ <input type="checkbox"/> <input type="checkbox"/>		
I receive unemployment benefits of \$ _____ per week <input type="checkbox"/> <input type="checkbox"/>		
I receive payments from (check all that apply): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Military Active Duty <input type="checkbox"/> Veteran's Administration <input type="checkbox"/> Retirement/Pension Funds <input type="checkbox"/> Disability/Death Benefits (other than Soc Security) Annual Earnings: \$ _____		
I receive income from sources not mentioned above (i.e., insurance or trust payments, gambling winnings, jury duty pay, awards, etc.). Please explain: _____ _____		
I currently have investments: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stocks Amount \$ _____ <input type="checkbox"/> Bonds Amount \$ _____ <input type="checkbox"/> Other Amount \$ _____		

Applicant Information		Yes	No
I receive benefits (other than Medicaid) from the Dept. of Human Services (DHS)		<input type="checkbox"/>	<input type="checkbox"/>
Check all DHS Benefits Received that apply:			
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) Amount \$ _____			
<input type="checkbox"/> Cash Assistance Amount \$ _____			
Bills and amounts paid for you directly to providers by DHS or others:			
_____			
_____			
_____			
<b>Savings/Checking</b>		<input type="checkbox"/>	<input type="checkbox"/>
Bank _____			
Address _____			
Account # _____			
Amount in Savings: _____			
Amount in Checking: _____			
I own additional real estate – list address(es):		<input type="checkbox"/>	<input type="checkbox"/>
_____			
_____			

Co-Applicant Information		Yes	No
I receive benefits (other than Medicaid) from the Dept. of Human Services (DHS)		<input type="checkbox"/>	<input type="checkbox"/>
Check all DHS Benefits Received that apply:			
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) Amount \$ _____			
<input type="checkbox"/> Cash Assistance Amount \$ _____			
Bills and amounts paid for you directly to providers by DHS or others:			
_____			
_____			
_____			
<b>Savings/Checking</b>		<input type="checkbox"/>	<input type="checkbox"/>
Bank _____			
Address _____			
Account # _____			
Amount in Savings: _____			
Amount in Checking: _____			
I own additional real estate – list address(es):		<input type="checkbox"/>	<input type="checkbox"/>
_____			
_____			

Please list employment and income of all other household members over the age of 18 years:

Name	Employer	Gross Annual Income

**Outstanding Loans and Credit Accounts**

List all outstanding loans and credit accounts; provide copy of most recent statement.

Name of Creditor	Total Amount Owed	Monthly Payment
<b>Mortgage/Land Contract</b>		
<b>Homeowner Property Insurance</b>		
<b>Property Taxes / Special Assessments</b>		
<b>Utilities (water, gas, electric, garbage service)</b>		
<b>Credit Cards (list each)</b>		
<b>Other (explain)</b>		

*The City of Jackson does not discriminate against any individual or group because of their actual or perceived race, color, religion, national origin, sex, age, height, weight, marital status, physical or mental disability, family status, sexual orientation, or gender identity.*

**Certification/Signatures**

I/we certify that the responses contained herein are accurate to the best of my/our information, knowledge, and belief. I/we agree to report any changes in circumstances immediately.

Date: \_\_\_\_\_ Signature – Applicant \_\_\_\_\_ Printed Name \_\_\_\_\_

Date: \_\_\_\_\_ Signature – Applicant \_\_\_\_\_ Printed Name \_\_\_\_\_

**Authorization for Release of Information  
 And Privacy Act Notice**

The undersigned authorizes the City of Jackson’s MICH New Construction Program and/or its contracted agent to contact any agencies, offices, groups, organizations, or employers to obtain, and for agencies to release, information that is pertinent to eligibility, level of benefits, or continued participation in the MICH Program, including authorization to obtain a consumers credit report.

This includes the Social Security Administration (SSA), employer, banking establishment, and the State of Michigan Department of Human Services (DHS) programs. The MICH Program may use this Authorization and information obtained through it to administer and enforce program rules and policies.

The undersigned certify(ies) that the information provided to the MICH Program on household members, income, and age is accurate. Providing false information is grounds for denial of assistance and/or termination from the City of Jackson MICH Program. Any false statement or representation made with the intent of fraudulently obtaining MICH Program assistance constitutes a felony punishable by fine and/or imprisonment.

**Privacy Act Notice Statement:**

The Michigan State Housing Development Authority (MSHDA) requires the collection of this information to determine and document an applicant’s eligibility and the amount of assistance necessary. This information will be used to establish level of benefit, protect the government’s financial interest, and verify the accuracy of the information furnished. It may be released to appropriate federal, state, and local agencies when relevant; to civil, criminal; or regulatory investigators and prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval.

**I acknowledge that: 1) a photocopy of this form is as valid as the original; 2) I have the right to review the file and information received using this form (with a person of my choosing to accompany me); and 3) I have the right to copy information from this file and to request correction of information I believe is inaccurate.**

All adult household members will sign this form and cooperate in this process. **I agree that copies of this Authorization may be used for the purposes stated above. This consent will expire 18 months from the date signed.**

Signature – Head of Household	Social Security Number	Date
Signature – Spouse	Social Security Number	Date
Signature – Other Adult (if applicable)	Social Security Number	Date
Signature – Other Adult (if applicable)	Social Security Number	Date
Signature – Other Adult (if applicable)	Social Security Number	Date