

Homeowner Rehabilitation Assistance (HRA) Program Information for Residential Property Owners

The City of Jackson receives grant funds from the U.S. Department of Housing and Urban Development annually, a portion of which is set aside for Homeowner Rehabilitation Assistance. Completing an application does not guarantee work will be done to your home as our ability is dependent upon whether you qualify and if funds are available. Below is an outline of eligibility and other requirements.

Basic Eligibility Requirements:

- Own a property in the City of Jackson with clear and marketable title and used as your primary residence.
- Combined household income cannot exceed 80% of the Area Median Income (AMI):

Number of Persons in Household							
1	2	3	4	5	6	7	8
\$37,200	\$42,500	\$47,800	\$53,100	\$57,350	\$61,600	\$65,850	\$70,100

- Be current on all property taxes, special assessments, water utility billings, etc.
- Be current on mortgage, if any, and homeowners insurance.

Program Overview

- Submit an application packet to the HRA Program Manager. City staff determines eligibility of applicant and potential project. The information you provide will be verified.
- If you qualify for assistance, a Housing Rehabilitation Specialist will contact you to make an appointment to inspect your home.
- After the inspection is completed, the Housing Rehabilitation Specialist will prepare work specifications and a cost estimate. If sufficient funds are available, your project will be advertised for bid. The Housing Rehabilitation Specialist will contact you to make an appointment for contractors to inspect your home and submit bids.
- You will be required to execute a mortgage and mortgage note to the City of Jackson for the full amount of the non-lead rehabilitation project costs; however no interest will be charged on the loan. The loan includes a repayable component and a deferred (forgiven) component.

The repayable amount is based on your income level and calculated utilizing the applicable percentage from the table below and the total non-lead project costs. This loan is repayable monthly for a maximum term of ten (10) years.

Repayable Loan Determination

Area Median Income	Loan Amount
0% to 30%	5% of the total non-lead project costs with a minimum payment of \$15 per month
over 30% to 50%	10% of the total non-lead project costs with a minimum payment of \$25 per month
over 50% to 80%	15% of the total non-lead project costs with a minimum payment of \$50 per month

The remaining balance of the total non-lead project costs (total non-lead project costs less the total expected payments to be received) will be forgiven at a rate of 1/20th annually provided you remain current on your monthly payments and meet all other provisions of the program.

- A final contract review will take place at your home with you, the contractor, and the Housing Rehabilitation Specialist at which time the contractor will schedule start and end dates for the work to be completed.
- After the final contract review, a loan closing will be held at City Hall and you will sign the construction contract and mortgage documents. All work on your property will be inspected and approved by the Housing Rehabilitation Specialist.

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 Homeowner’s Insurance** – provide a copy of your current Homeowner’s Insurance Policy Declarations Page.
- 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.
- Property Taxes** – paid receipts for most recent summer and winter property taxes.
- Utilities** – most recent gas, electric, and water utility billings.
- 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 or payment statements noted on your application.

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
 Dept. of Neighborhood & Economic Operations
 161 W Michigan Ave, 3rd Floor
 Jackson, MI 49201

Contact Shannon at 517-768-6407 or swilliams@cityofjackson.org or more information.



Neighborhood & Economic Operations

161 W. Michigan Ave. • Jackson, MI 49201
 Phone: (517) 788-4060, (517) 788-4012 • Facsimile: (866) 971-2151

Homeowner Rehabilitation Assistance Program

Please call (517) 768-6407 if you need assistance completing this application.

Project Address: _____

Date: _____

Owner Information

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

Co-Owner 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

Repairs Requested

Please list repairs you want us to consider.

1. Does this property currently have working: Water Electricity Heat
2. Does this property have any current roof leaks? Yes No

Emergency

Eligible emergency hazardous repairs include furnaces, boilers, electrical, plumbing, roof, and other building systems

Other Repairs Needed

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/yyyy)	Race (see table below)	Hispanic or Latino? Y / N	Social Security Number
	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	
1	White
2	Black/African American
3	American Indian/Alaska Native
4	Asian
5	Native Hawaiian/Other Pacific Islander

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

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"/> \$37,200 <input type="checkbox"/> \$42,500 <input type="checkbox"/> \$47,800 <input type="checkbox"/> \$53,100 <input type="checkbox"/> Exceeds \$70,100	<input type="checkbox"/> \$57,350 <input type="checkbox"/> \$61,600 <input type="checkbox"/> \$65,850 <input type="checkbox"/> \$70,100
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Eligibility

	Yes	No
3. Have you filed for bankruptcy within the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you been served with a foreclosure notice within the last 7 years?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you applied for or closed on a loan to refinance your mortgage in the last 90 days?	<input type="checkbox"/>	<input type="checkbox"/>
6. 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"/>
7. How long have you lived at this home? _____ Years _____ Months		
8. 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

Applicant Information	Yes	No
I am employed (gross earnings = before taxes) <input type="checkbox"/> <input type="checkbox"/> Gross Annual Earnings: \$ _____ Employer: _____ Contact: _____ Address: _____ Phone: _____		
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 \$ _____		

Co-Applicant Information	Yes	No
I am employed (gross earnings = before taxes) <input type="checkbox"/> <input type="checkbox"/> Gross Annual Earnings: \$ _____ Employer: _____ Contact: _____ Address: _____ Phone: _____		
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: \$ _____		
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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:			

Savings/Checking		<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"/>

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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
Mortgage/Land Contract		
Homeowner Property Insurance		
Property Taxes / Special Assessments		
Utilities (water, gas, electric, garbage service)		
Home Improvement Loan		
Credit Cards (list each)		
Other (explain)		

How did you hear about our program? _____

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 – Owner _____
 Printed Name: _____

Date: _____

Signature – Co-Owner _____
 Printed Name: _____

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.

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

The undersigned authorizes the City of Jackson’s Homeowner Rehabilitation Assistance (HRA) 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 HRA 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 HRA 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 HRA 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 HRA Program. Any false statement or representation made with the intent of fraudulently obtaining HRA Program assistance constitutes a felony punishable by fine and/or imprisonment.

Privacy Act Notice Statement:

The Department of Housing and Urban Development (HUD) 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