OFFICERS:
ROBERT TARVIS, JR, PRESIDENT
LORI WEIR, CLERK
DEBRA AUBIN, TREASURER
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TRUSTEES:
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PHONE (906) 337-1713 . FAX (906) 337-5964 . EMAIL: manager@villageofcalumet.com
MEGAN HASELDEN, VILLAGE MANAGER

APPLICATION FOR CDBG PROGRAM

PART I - GENERAL INFORMATION

Name of Applicant			Social Security #	Date of Birth
Name of Co-Applicant			Social Security #	Date of Birth
Address	City	State **MI**	County/Township	Zip Code
Home Phone #	Work Phone #		Mobile Phone #	
Marital Status ☐ Married ☐ Separated ☐ Unmarried (includes widowed, divorced, or single)				
Contact Person (in your absence)	Mobile Phone #		Work Phone #	
Address	City	State	Zip Code	Relationship

How long have you lived at this address?	
Year house was built?	
Is this a Land Contract?	☐ Yes ☐ No
Have you ever purchased a home?	☐ Yes ☐ No

PART II - HOUSEHOLD INFORMATION

☐ Yes ☐ No	Is there anyone listed on the title to your property **who does <u>not</u> live in the household?** If Yes, please list Name(s) and Relationship below.

	NAME	RELATIONSHIP
1.		
2.		
3.		
How many people live permanently in your household?		

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LIST ALL HOUSEHOLD MEMBERS, their annual gross income and source of income including Social Security Number, Wages, Pensions, DHS, Child Support or Alimony, SSI, General Assistance, self-employment, farm income, and rental income (For self-employed persons, farm, and rental property income, use the appropriate line for "adjusted gross income" from the 1040 IRS Income Tax Return.)

	NAME	AGE	ANNUAL GROSS INCOME	SOURCE OF INCOME
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

☐ Yes ☐ No	Have you received any assistance or loan from MSHDA's Neighborhood Housing Initiatives Division (NHID) within the past 5 years? If yes, provide names of program(s) and amount? NHID has a $75,000 maximum per address.

FOR HOMEOWNER OCCUPIED REHABILITION (HMR) ONLY	
From your last property tax statement (answer the following):	
What is the estimated market value of your home?	**$**
What are your yearly property taxes?	**$**
Are your property taxes current?	☐ Yes ☐ No
Is your home insured?	☐ Yes ☐ No
Please list the name of your home insurance company.	
List homeowner improvement project items you are requesting to be completed.	

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PART III - CERTIFICATION

Conflict of Interest – The Unit of Local Government cannot provide assistance to an employee, an employee's immediate family member, or any individual associated with the CDBG program. Exceptions may be possible, on a case-by-case basis, if a Conflict of Interest Disclosure is submitted outlining why participation is warranted, and MSHDA legal approves the disclosure request.

I certify that the information stated above is true and correct to the best of my knowledge. I understand that giving false information will result in disqualifying me from assistance in the Homeowner Occupied Rehabilitation (HMR) Program.

_____ _____

Applicant Signature Date

_____ _____

Co-Applicant Signature Date