

Neighborhood Enhancement Program (NEP) Household Income Self Certification Form

Grantee Name: City of Durand

Grant Number HDF-2019-660-NEP

Applicant Name _____

Home Address _____

Project Description _____

NEP Applicant Qualifications Checklist	
<input type="checkbox"/>	The applicant is the owner and occupies the assisted property.
<input type="checkbox"/>	The applicant does not own any property that is tax delinquent .
<input type="checkbox"/>	The applicant does not own any property that is subject to any citation of violation of the state and/or local codes and ordinances.
<input type="checkbox"/>	The applicant has not been the prior owner of any property transferred to the Treasurer or to a local government as a result of tax foreclosure proceedings.
<input type="checkbox"/>	The applicant has a household income at or below 120% of the Shiawassee County median income (located below).

CITY OF DURAND	Shiawassee County (For Information Only – Do Not Mark)							
Household Size	1	2	3	4	5	6	7	8
Income Limits 120% AMI	\$47,400	\$54,150	\$60,900	\$67,700	\$73,100	\$78,500	\$83,900	\$89,350

BY MY SIGNATURE BELOW, I CERTIFY THAT MY INDIVIDUAL INCOME OR HOUSEHOLD INCOME IS APPROXIMATELY \$_____ ANNUALLY AND _____ NUMBER OF PERSONS RESIDE IN MY HOME. I FURTHER CERTIFY THAT I AM ABLE TO DOCUMENT MY ANNUAL INCOME WITH PAYSTUBS, OR OTHER EVIDENCE.

I CERTIFY ALL THE INFORMATION ON THIS APPLICATION AND ALL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY BELIEF AND KNOWLEDGE. I UNDERSTAND THAT THE AGENCY STAFF WILL REVIEW THIS REQUEST AND DETERMINE IF IT IS IN COMPLIANCE WITH AGENCY POLICIES, HUD REGULATIONS AND PRIORITIES, AND THE NEIGHBORHOOD ENHANCEMENT PROGRAM. IF THIS APPLICATION IS APPROVED, I WILL CARE FOR AND MAINTAIN THE PROPERTY.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Sample Land Contract Property Letter

NOTE - ONLY COMPLETE IF PROPERTY IS SUBJECT TO LAND CONTRACT

DATE: _____

TO: Colleen O'Toole, City Manager

FROM: _____

RE: Neighborhood Blight Elimination Program

ADDRESS: _____

The property listed above is the subject of a land contract. Therefore, all parties are required to sign off and approve of working being undertaken at this address per the requirements of participation in the Neighborhood Blight Elimination Program through the City of Durand and Michigan State Housing Development Authority.

This document is designed to seek approval of the scope of work as outlined below: _____

The cost for this work is anticipated to be \$_____. The Homeowner is requesting funds through the City of Durand for \$_____. Any costs in excess of the requested amount will be financed by Homeowner / Landowner (select one).

We understand that this work may not commence until the Homeowner receives formal Notice to Proceed from the City of Durand. We further assert the property listed above has current liability insurance, taxes are current, and the property and its owners will remain in good standing for the duration of the project.

By signing below we attest the information provided here is accurate and approve the work identified above.

_____ Date: _____

Homeowner Signature

_____ Date: _____

Property Owner/Land Contract Holder Signature