



City of Battle Creek

Minor Home Repair Program

The Minor Home Repair Program is available to qualifying, low-income homeowners who need assistance with necessary, eligible home repairs. Approved applicants can receive up to \$5,000 of home repair assistance. The amount may be increased up to \$15,000 for a new roof.

Eligible repairs include:

Exterior	Interior
<ul style="list-style-type: none"> • Roof (house only – no garages) • Handrails & Guardrails • Steps & Ramps • Water/Sewer Service Lines • Electrical Service • Repair/replacement of damaged fencing 	<ul style="list-style-type: none"> • Furnace • Repair/replacement of Central A/C • Water Heater • Water & Sewer Pipes, Drains • Toilet • Faucet • Electrical Service Panel

You may qualify if:

- You own and live in the home for which you are seeking repair assistance and the home is within the city limit of Battle Creek
- You have owned and occupied the home for at least six months
- Your home is not being purchased on land contract terms
- Your property taxes are current or no more than one year late
- You have homeowner’s insurance and your policy is current
- You have not received assistance from this program in the past
- Your household income is at or below the amount listed for your household size:

Household Size	1	2	3	4	5	6	7	8
Income Limit	\$35,800	\$40,900	\$46,000	\$51,100	\$55,200	\$59,300	\$63,400	\$67,500

To apply, submit a completed application with copies of these documents:

- Applicant's driver's license or State-issued photo ID
- Recorded deed to the property
- Property Tax History Printout (if paid late, obtain printout from Calhoun County)
- Declaration page from the current homeowner's insurance policy
- Proof of income for all household members age 18 and over (federal tax returns, **two months** of paystubs, Social Security benefit statements, pension benefit statements, and/or other applicable proof)

Contact the City's Housing Rehab Coordinator to ask questions about the program or to schedule an appointment for turning in your application.

Contact: Scott Parker, Housing Rehab Coordinator
Phone: 269-966-3323 email: smparker@battlecreekmi.gov
Fax: 269-966-3555

What to expect after you apply:

1. City Staff will review your application
2. If your application meets program requirements, the Housing Rehab Coordinator will schedule an appointment with you to inspect your home
3. Contractors will be solicited for bids
4. If a responsive, cost reasonable bid is received, you will be given the opportunity to accept the bid and sign a contract
5. The contractor will coordinate with you to schedule and complete the repairs
6. Upon completion, the Housing Rehab Coordinator will perform a final inspection

The Minor Home Repair Program is administered by the City of Battle Creek with Community Development Block Grant (CDBG) funds from the Department of Housing and Urban Development (HUD).

On occasion, the City may deny applications that otherwise qualify due to factors such as: lack of program funds; substantial rehab needed beyond the scope of the program; costs exceeding program limits; title issues; extensive code compliance issues or violations; conditions that may pose health and safety risks to contractors/City staff; etc.

Applications are available at City Hall, 10 N. Division Street, Room 117 – Office of Inspections and Code Compliance or online at battlecreekmi.gov/185



City of Battle Creek
 Community Development - Housing Rehab
 10 N Division St
 Room 117
 Battle Creek, MI 49014
 269-966-3323



MINOR HOME REPAIR APPLICATION

PART I: GENERAL INFORMATION

Name of Applicant:		Date of Birth:	
Name of Co-Applicant:		Date of Birth:	
Address:		City: Battle Creek	Zip Code:
Home Phone #:	Cell Phone #:		Work Phone #:
Marital Status: (CHECK ONE) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes widowed, divorced, or single)			
Are you related to anyone employed by the City of Battle Creek?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name:
Relationship:		Position:	
How long have you lived at this address?			
How many bedrooms in your home?			
Are there any pets in the household?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Type & Number:	

The information below is required solely for determining compliance with Federal civil rights law. Your response will not affect consideration of your application.	
Ethnicity:	1. <input type="checkbox"/> Hispanic 2. <input type="checkbox"/> Non-Hispanic
Race of Applicant: (CHECK ONE)	1. <input type="checkbox"/> White not Hispanic 2. <input type="checkbox"/> Black / African American 3. <input type="checkbox"/> Asian 4. <input type="checkbox"/> American Indian or Alaskan Native 5. <input type="checkbox"/> Native Hawaiian or other Pacific Islander 6. <input type="checkbox"/> American Indian / Alaskan Native & White 7. <input type="checkbox"/> Black / African American & White 8. <input type="checkbox"/> Asian and White 9. <input type="checkbox"/> American Indian/Alaskan Native & Black/African American 10. <input type="checkbox"/> Other multi-racial

PART II: HOUSEHOLD INFORMATION

Is there anyone listed on the deed who does not live in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, list Name(s) and Relationship below	
NAME	RELATIONSHIP		
How many people live in your home, including yourself?			
How many bedrooms in your home?			
List the name and age of each person living in your home, including yourself.			
List monthly gross income and sources of income for each person.			
NAME	AGE	MONTHLY GROSS INCOME	SOURCE(S) OF INCOME
Have you made all your monthly payments (mortgage payments, utilities, loans, etc.) in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain	

PART III: PROPERTY INFORMATION

Are your property taxes current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your home insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you planning to sell your home within the next year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own your home on Land Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART IV: EMPLOYMENT

Occupation of Applicant:	Employer:			
Employer Address:	City:	State:	Zip Code:	Phone #:
Occupation of Co-Applicant:	Employer:			
Employer Address:	City:	State:	Zip Code:	Phone #:

PART V: CREDIT HISTORY

If you answer "Yes" to any question in this part, attach a written explanation.

Are there any financial judgments or liens against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you declared Bankruptcy within the last 36 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you lost any property through foreclosure, or given title or deed to anyone to avoid foreclosure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a co-signer on any note or loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART VI: EXPENSES

Estimate your average housing related expenses on a monthly or yearly basis. If you have a mortgage or land contract, include monthly payment info in Part VIII: Debts.

Gas/Heat	\$	Property Taxes	\$
Electricity	\$	Homeowner's Insurance	\$
Water/Sewer/Garbage	\$	Other	\$
Internet/Cable/Phone	\$	Other	\$

PART VII: ASSETS

List any assets you own, other than the home you live in. Attach page if you need additional space.

	Address	Market Value	Income Produced
1. Other Real Estate (rental properties, vacant properties, etc.)			
	Account Type	Balance/Value	Income Produced (annual interest, dividends, etc.)
2. Bank Accounts or Investment Accounts (e.g. Savings, Checking, Money Market, CD, etc.)			

PART VIII: DEBTS

List all current financial obligations: banks, mortgage companies, land contract holders, government agencies, child support or alimony, charge accounts, etc. Attach page if you need additional space.

Creditor	Year Account Opened	Amount Borrowed	Present Balance	Monthly Payments	Is this Debt Business Related?
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

PART IX: REPAIRS NEEDED

Briefly describe the repairs your home needs. Provide details on any Code Compliance Order to Repair.

PART X:

Owner Applicant Information Checklist

(With the completed application, please submit the following documents)

- _____ Application
- _____ Copy of Driver’s License / State-issued Photo ID
- _____ Copy of Recorded Deed
- _____ Proof of Paid Property Taxes (if paid late, obtain printout from Calhoun County)
- _____ Copy of Homeowner’s Insurance Declaration Page, Binder or Policy
- _____ Proof of Income for ALL Adult Members of Household (age 18 and older)
(copies of tax returns, two months of paystubs, benefit statements, etc.)

PART XI: CERTIFICATION/SIGNATURE

Note: the information provided in this application is subject to verification by the Department of Housing and Urban Development (HUD). HUD funds and monitors the City of Battle Creek’s Minor Home Repair Program and may select this application and related files for audit after completion of repairs. Providing false information will result in disqualification from the Minor Home Repair Program and may lead to punitive action per Title 18, Section 1001 of the U.S. Code.

I certify that the information provided in this application is true and correct to the best of my knowledge.

Applicant Signature

Date

Co-Applicant Signature

Date

FOR COMMUNITY DEVELOPMENT STAFF USE

Recommendation:

- () 1. Review of this application and supporting documentation indicates that the application meets all the requirements for the Minor Repair Program and approval is recommended.

- () 2. Review of this application and supporting documents indicates that the application does not meet all the requirements for the Minor Repair Program and approval is not recommended.

Signature of City Official and Title

Date

Explanation of Denial:

