



City of Battle Creek
 Office of Community Development
 Housing Rehabilitation Division
 City Hall, Room 117
 10 N. Division Street, Battle Creek, MI 49014
 269-966-3323



HOMEOWNER REHAB APPLICATION

(Please complete this application to the best of your ability.)

PART I: GENERAL INFORMATION

Name of Applicant:	Date of Birth:		
Name of Co-Applicant:	Date of Birth:		
Address:	City: Battle Creek	State: MI	Zip Code:
Home Phone #:	Work Phone #:	Cell 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?			
Year house was built?			
Is this a Land Contract? (CHECK ONE)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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 the purpose of determining compliance with Federal civil rights law and 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 title to your property that does not live in the household? (CHECK ONE)		<input type="checkbox"/> Yes <input type="checkbox"/> No	(If (Yes) please list Name(s) and Relationship below.)	
	NAME	RELATIONSHIP		
a.				
b.				
c.				
How many people live permanently in your household?				
How many bedrooms are in your home?				
List all household members, their monthly 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	MONTHLY GROSS INCOME	SOURCE OF INCOME
a.				
b.				
c.				
d.				
e.				
Have you made all your monthly payments (housing payments, utilities, loans, credit cards) in a timely manner? (CHECK ONE)			<input type="checkbox"/> Yes <input type="checkbox"/> No	(If "No" please explain below.)

PART III: PROPERTY INFORMATION

What is the estimated market value of your home?		
What are your yearly property taxes?		
Are your property taxes current? (CHECK ONE)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your home insured? (CHECK ONE)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list the name of your home insurance company.		

PART IV: EMPLOYMENT

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

PART V: CREDIT HISTORY

Please answer the questions listed below. If you answer "Yes" to any question, please 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

Please list household expenses. If more space is needed, please attach another sheet.

Heat (gas, oil, etc.)	\$	Insurance	\$
Property Taxes	\$	Other Expenses	\$
Health Insurance	\$	Other Expenses	\$
Electricity	\$		\$
Cell Phone	\$		\$

PART VII: ASSETS

Please list your assets. If more space is needed, please attach a written description.

	Address	Market Value	\$ Income Produced
1. Other Real Estate Owned		\$	\$
	Account Type	Market Value	
2. Savings, Cash Accounts, or Investments	a.	\$	
	b.	\$	

PART VIII: DEBTS

Please list all current financial obligations, child support or alimony, installment account, charge accounts, debts to banks, finance companies, mortgage companies, land contract holders and government agencies.

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

PART IX: REPAIRS NEEDED

Briefly describe the minor repair(s) needed. Give 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 / Identification Card
- _____ Proof of Homeownership (Copy of Deed, Liber and Page)
- _____ Proof of Paid Property Taxes
- _____ Proof of Homeowner’s Insurance (*Declaration Page, Binder or Policy*)
- _____ Proof of Income for all Members of Household
(W-2s, two months of paystubs, tax returns or benefit statements).

PART XI: CERTIFICATION/SIGNATURE

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 from the City of Battle Creek’s Minor Home Repair Program.

I certify that the property to be assisted is not up for sale and is my primary residence.

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:



City of Battle Creek

Appeals Process

The City of Battle Creek's Community Development Division, through the Community Development Block Grant, HOME Investment Partnership Program and Neighborhood Stabilization Program, offers and funds numerous programs and services throughout each program year. Said program must comply with applicable Federal and State regulatory requirements. With such a variety of programs and services, disputes and complaints may arise between parties providing and receiving those services. Below is the process by which the City will review a client complaint in the event that the City is notified in writing of a complaint.

1. Complaints or concerns must be provided to the City's Community Development Division in writing and should clearly define the issue in question. The complaint or concern is to be sent to the Community Development Manager at:

City of Battle Creek
Community Development Division
City Hall, Room 117
10 N. Division Street
Battle Creek, MI 49016

2. The Community Development Manager may consult with other Community Development staff and/or the Director of Community Services regarding the complaint. Based on this consultation, the Community Development Manager will issue a response to the complainant. Effort will be made to provide this response within 15 business days of the receipt of the written complaint and this initial response may, or may not, represent the final resolution to the complaint.
3. The Community Development Manager, upon review of the complaint and with input from staff and the Director of Community Services, may determine that additional review and investigation should be conducted on the specific issues, actions and decisions which caused the complaint to be filed.
4. At his/her discretion, the Community Development Manager may consult with the US Department of Housing and Urban Development Field Office Representatives and/or the Michigan State Housing Development Authority regarding the complaint to determine necessary and appropriate actions or response.
5. The Community Development Manager will notify all parties involved of the complaint resolution decision and recommended, or required, actions, if any, to be taken.
6. The Community Development Manager's complaint resolution decision will be final.



City of Battle Creek Walk Away Guidelines

The policy of the City of Battle Creek's Minor Home Repair Program is to provide services when those services may be delivered effectively and safely, without undue hazards to staff and contractors. The following list includes general conditions which may lead to the denial or withdrawal of services to a specific property. While the list is comprehensive, it is impossible to list all the conditions that might lead to the withdrawal of services, therefore, the Minor Repair Program reserves the right to determine, on a case by case basis, when and if services will be denied or withdrawn.

Health and Safety

City staff and contractors must be able to perform their duties at a home without undue threats to their health or safety. Conditions which may constitute undue threats may include, but are not limited to, the following:

- Verbal or physical abuse directed toward a staff member or contractor.
- An overt threat of violence to any staff or contractor while services are being provided.
- Presence of unrestrained animals that may cause a threat to any staff or contractors.
- Electrical or plumbing hazards that cannot be resolved prior to, or as part of, required repairs.
- Environmental hazards such as carbon monoxide, gas leaks, friable asbestos, or other hazardous materials, including excessive mold and/or moisture problems which cannot be resolved by utilizing normal methods.
- Evidence of substantial, persistent infestations of rodents, insects or other vermin.
- The presence and/or use of any controlled substance, or paraphernalia, in the dwelling unit during the time period in which services are being performed.
- The presence of animal feces in any area of the dwelling unit where program staff and/or contractors must perform their duties.
- Excessive garbage built up in and around the dwelling unit which limits staff or contractors access to the dwelling and encourages rodent infestation.
- Maintenance and housekeeping practices that are negligent to the point of limiting the access of staff or contractors to the dwelling, or creating a work-limiting working environment

Cost Effectiveness

Repair work should be cost effective to address health and safety issues, and/or to correct Code Compliance findings. Situations or conditions which limit the cost effectiveness of any work may include, but are not limited to, the following:

- Structurally unsound dwellings
- Housing units in which the cost of repairs exceeds maximum program limits and guidelines
- Uncooperative homeowners, where homeowners refuse to allow reasonable access necessary to permit services to be performed.

Notification and Appeal

Homeowners will be informed in writing when services are denied or withdrawn. The written notice will include the reason for the denial or withdrawal of services, and will include instructions for appeal of the denial, or the steps the homeowner must take to allow the program to proceed with services.

Homeowner's Signature

Date



CITY OF BATTLE CREEK HOMEOWNER REHABILITATION PROGRAM

Homeowner Acknowledgments And Participation Agreement

The applicant of Housing Rehabilitation services hereby acknowledges that:

1. The Program requires that all homes receiving assistance will receive the level of lead hazard remediation and clearance testing as determined by U.S. Housing and Urban Development Department guidelines regarding monetary levels of assistance provided.
2. Necessary lead evaluations will be conducted on the property by the City's Inspection Division or authorized representative. Results of said evaluations must be disclosed by the current owner, regardless of whether work is completed, to potential future purchasers or tenants. Results of all lead evaluations and completed lead related work, will be included in the City Building Inspections Department's registry of known lead safe or unsafe housing conditions.
3. As a result of any required lead hazard reduction work, areas of the home will be closed off and access to these areas will not be permitted and/or temporary relocation of the occupants may be necessary.

The homeowner agrees, if required, to vacate the property and will provide the contractor with a set of keys for entry. The homeowner is aware that all entry locks will be changed at commencement of the work. The homeowner will take all clothing and personal belongings necessary for this temporary relocation and, because of potential health hazard for the workers and owner/occupants, agrees not to enter the home, or otherwise disturb the work site, while the rehabilitation work is underway and until the home passes a lead clearance test. This includes evenings and hours when work is not in progress.

If the unit is occupied while work is in progress, specific work areas will be closed off 24 hours a day until work is completed, and the owner/occupants must agree not to enter, or disturb in any way, the areas closed off.

4. The owner(s) and/or occupant(s) will prepare the area in and around the property so that lead hazard reduction work described in the Specifications can be done easily. Preparation of the area could include but not limited to: **removal of all moveable items for the work areas (e.g. furniture, valuables, small appliances, personal items, etc.), move all pets** to an area away from the work site during working hours and make the property available to the lead supervisor and workers daily during regular working hours (7:00 a.m. to 6:00 p.m., Monday thru Friday).
5. Before the home can be re-occupied, the home must pass a lead clearance test.
6. The owner(s) agree to continue to pay the monthly mortgage, utilities and any other items they routinely pay while the work is in progress.
7. The need for ongoing maintenance after completion of rehabilitation has been discussed.
8. The City of Battle Creek may end this Agreement if the owner(s) fail to meet any obligations under this agreement, or otherwise obstructs the progress of the project and reserves the right to recover payment for work completed.

HOMEOWNER SIGNATURE

DATE

HOMEOWNER SIGNATURE

DATE