



## City of Battle Creek Community Development Homeowner Rehab Program

The **Homeowner Rehab Program** makes needed repairs of up to \$35,000 for the replacement of major home systems including roofs, siding, windows, furnaces, and other items to bring the entire home up to minimum housing code. If assistance is provided, all areas of a home have to meet minimum housing code. The investment in the homeowner-occupied housing is secured by a zero interest, no payment second mortgage due upon any sale of the property or if the home becomes a rental.

The Homeowner Rehab Program is available to homeowners who are income eligible in the target area in the Washington Heights area in North Central Neighborhood Planning Council 2, a map of the target area is on the back of this fact sheet. Applications are reviewed on a first-come, first served basis.

To qualify for assistance, household income must be at or below:

Household Size	1	2	3	4	5	6	7	8
2016 Income Limits	\$ 31,100	\$35,550	\$40,000	\$44,400	\$48,000	\$51,550	\$55,100	\$58,650

### Program requirements include:

- Homeowners must be legal residents of the United States.
- Homeowners must occupy the assisted property.
- Homeowners must be current on taxes, homeowner's insurance and their mortgage.
- Funding is zero payment, no interest, due on sale loan, secured by a five-to-ten year 2<sup>nd</sup> mortgage.
- Renters, lease purchase, mobile homes and land contracts are not eligible.

There are no fees to apply. A City representative would be happy to explain the programs and/or schedule a home visit.

**Contact: Helen Guzzo, Community Development Specialist**  
**Phone/Fax: 966-3364 or email: [hguzzo@battlecreekmi.gov](mailto:hguzzo@battlecreekmi.gov)**

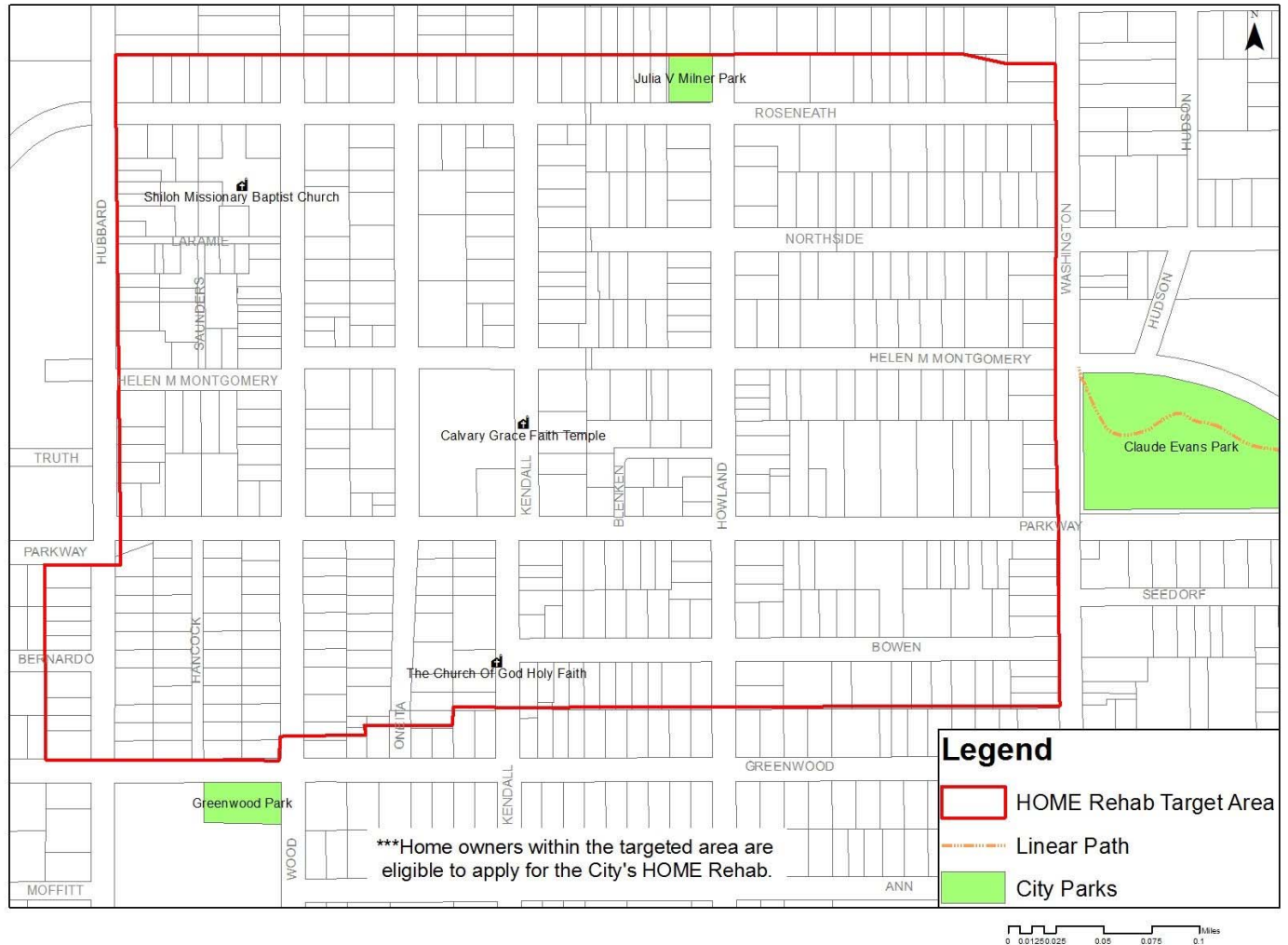
Download an application at [www.battlecreekmi.gov](http://www.battlecreekmi.gov) under Community Services/Community Development/Homeowner Rehab Program. **An application with supporting documentation must be submitted to apply for the program. Documents needed include:**

- Copy of Driver's License / Identification Card
- Proof of Homeownership (Copy of Deed)
- Proof of paid up-to-date property taxes
- Proof of Homeowner's Insurance (declaration page or policy)
- Proof of income for all household members  
(most recent tax return, W-2s, two months of paystubs and/or benefit statements)
- Two months of all bank statements

Once an application for the program is received, the City's Housing Rehab Coordinator conducts a housing inspection and prepares a rehab estimate. The City puts the estimate out to bid to private contractors. The homeowner works with the City to choose the contractor.

This program is administered by the City of Battle Creek Community Development through the Federal HOME Investment Partnership Program with funding through U.S. Department of Housing and Urban Development (HUD).

### HOME Rehab Target Area



#### North-South Streets

- Hubbard (between Greenwood & Roseneath)
- Hancock (between Greenwood & Parkway)
- Wood (between Greenwood & Roseneath)
- Oneita (between Greenwood & Roseneath)
- Kendall (between Greenwood & Roseneath)
- Howland (between Bowen & Roseneath)
- Washington (between Greenwood & Roseneath)

#### East-West Streets

- Roseneath (between Hubbard & Washington)
- Northside (end to Washington)
- Laramie Court (between Hubbard & Wood)
- Helen Montgomery (Hubbard & Washington)
- Bowen (between Kendall & Washington)
- Blenken Court



**City of Battle Creek**  
 Community Development Division  
 City Hall, Room 117  
 10 N. Division Street, Battle Creek, MI 49014  
 269-966-3364



**HOMEOWNER REHB  
 MINOR HOME REPAIR**

(Please circle which for which program you are applying)

Complete this application as completely as possible.

**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 #:	
<b>Marital Status:</b> (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 the property on 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:		

<b>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.</b>	
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**

<b>Is there anyone listed on the title to your property that does not live in the household?</b> If Yes, please list Name(s) and Relationship below.)				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>NAME</b>	<b>RELATIONSHIP</b>		
a.				
b.				
c.				
How many people live permanently in your household?				
How many bedrooms are in your home?				
<b>Household Income:</b> List all household members, their monthly gross income and source of income including: Social Security Number, Wages, Pensions, Child Support or Alimony, SSI, Disability, self-employment or 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.)				
	<b>NAME</b>	<b>AGE</b>	<b>MONTHLY GROSS INCOME</b>	<b>SOURCE OF INCOME</b>
a.				
b.				
c.				
d.				
e.				
Have you made all your monthly payments (housing payments, utilities, loans, credit cards) in a timely manner? If no, please explain:				<input type="checkbox"/> Yes <input type="checkbox"/> No

**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)	\$	Home Insurance	\$
Electricity	\$	Other Expenses	\$
Health Insurance	\$	Other Expenses	\$
Cell Phone	\$		\$
Property Taxes	\$		\$

**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.	\$	\$
Checking Account	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.

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**PART X: APPLICATION CHECKLIST**

With the completed application, please submit:

- \_\_\_\_\_ Completed application
- \_\_\_\_\_ Copy of Driver’s License / Identification Card
- \_\_\_\_\_ Proof of Homeownership (Copy of Deed)
- \_\_\_\_\_ Proof of paid up-to-date property taxes
- \_\_\_\_\_ Proof of Homeowner’s Insurance (declaration page or policy)
- \_\_\_\_\_ Proof of income for all household members  
(most recent tax return, W-2s, two months of paystubs and/or benefit statements)
- \_\_\_\_\_ Two months of all bank 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 Homeowner Rehab or Minor Home 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 and approval is recommended.
  
- ( ) 2. Review of this application and supporting documents indicated that the application does not meet all the requirements for the City's Housing Rehab programs and approval is not recommended.

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Signature of City Official and Title

Date

Explanation of Denial:

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## 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 49014

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 Housing Rehab Programs 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 City of Battle Creek Housing Rehab programs reserve 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. 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.

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Homeowner's Signature

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Date