



## **Program Description and Benefits of the 0% INTEREST HOME REPAIR LOAN Program**

- U SNAP BAC is an approved Intake Center for the Loan Program
- Program contact: Jawana Jackson U SNAP BAC's Program Manager 313.640.1100 or [jawanaj@usnapbac.org](mailto:jawanaj@usnapbac.org)
- 0% Interest Home Repair Loans to Detroiters - **You Only Pay Back What You Borrow.**
- \$5,000 - \$25,000 available for homeowners to invest in and repair their homes.
- May increase property values, helping homeowner and strengthening the neighborhood.
- Promotes public health and safety (e.g. lead stabilization).

### **Who is Eligible?**

- Residents must own and occupy a single family or duplex home located in the City of Detroit for at least six months.
- Homeowner's insurance and property taxes must be current or have an approved payment plan with County Treasurer; **a quote is required if you do not have homeowner's insurance.**
- Residents may not currently be in bankruptcy. **To be eligible to apply, bankruptcy must be discharged for at least one year.**
- Residents with a reverse mortgage are not eligible to apply.
- Meet Income Eligibility Requirements or live in a HUD approved targeted neighborhood ([www.detroitshomeloans.org](http://www.detroitshomeloans.org) to see if you are in a targeted area). ***Income for residents in a HUD approved targeted neighborhood can exceed the limits listed below:***

Household Size	Income Limit
1 Person	\$ 50,150
2 People	\$ 57,300
3 People	\$ 64,450
4 People	\$ 71,600
5 People	\$ 77,350
6 People	\$ 83,100
7 People	\$ 88,800
8 or More	\$ 94,550

*\*Gross annual income limit is defined as the TOTAL income received by all members of the household before deductions. This information was provided by HUD, effective April 2020.*

### **How it Works**

- The 0% Interest Home Repair Loan Program works like a mortgage loan process. An application must be completed, giving personal financial information, like income, current debt, etc.
- Your credit history will be reviewed (**a credit score at or above 560 is required**) and underwriting ratios calculated (**45% debt-to-income ratio, 35% housing ratio & up to 150% loan-to-value**).

- Application is forwarded to a lender (One Detroit Credit Union or Opportunity Resource Fund), who will review and determine your qualification for the loan.
- If pre-approved for a 0% loan, the Construction Manager will perform two inspections of your property; (1) a Lead Inspection Risk Assessment; and (2) an inspection to determine home improvement needs/requirements.
- If pre-approved, you can select up to 6 contractors from the City's approved contractor pool to bid on the work. **If you want to use your own contractors, they must be pre-approved by the City of Detroit Housing & Revitalization Department.**
- The Construction Manager will review bids and select contractor with your input.
- Repair work will begin. The lender will pay the contractor directly on your behalf. **You will not receive a check.**
- You will be responsible for monthly payments based on what you have borrowed. Payments begin 75 days after your loan closing.
- A lien will be placed on your property if you are approved for a 0% loan.

### **What are the Homeowner Requirements and Responsibilities?**

- The application process requires your personal information:
  - Applicant and, if applicable, Co-Applicant Income
  - Income & Debt information
  - Proof of Homeownership/Occupancy
  - Proof of Current Property Taxes/Homeowners Insurance

### **What Repairs Qualify?**

Because public funding is subsidizing this loan program, eligible repairs include but are not limited to:

- Correcting health and safety hazards including: lead, asbestos and mold
- Electrical & plumbing repairs
- Furnace/HVAC replacement
- Roof replacement
- Door and window replacements

### **What will it cost me? The table below shows 0% monthly payments compared to 5%**

**MONTHLY MORTGAGE PAYMENT COMPARISON TABLE** \* Table below compares the monthly payment on a loan with a 0% interest rate vs. a 5% interest rate

*\*Calculated for a ten year repayment term; 5% interest listed for comparison information only*

Loan Amount	0% Interest Loan	5% Interest Loan	Savings over 10 Years
\$ 5,000	\$41.67	\$53.03	\$1,363
\$10,000	\$83.33	\$106.07	\$2,729
\$15,000	\$125.00	\$159.10	\$4,092
\$20,000	\$166.67	\$212.13	\$5,455
\$25,000	\$208.33	\$265.16	\$6,820



Date:

This is the LISC/City of Detroit 0% Interest Home Repair Loan program. In order for you to participate in this program and/or receive this service you will be asked to provide confidential information (such as name, address, telephone number, social security number, birthdate, bank records, driver's license, etc.)

This confidential information will be used for the following purpose(s):

**-determining your eligibility for the 0% Interest Home Repair Loan Program.**

This confidential information may be shared for the following purpose(s):

**-with the participating lenders who will underwrite your 0% Interest Home Repair Loan Program including pulling your credit score, determining your ratios & requesting a title search.**

This confidential information may be shared with the following entities or organization(s):

**-City of Detroit**

**-Participating lending organizations (One Detroit Credit Union, Opportunity Resource Fund & Southwest Solutions)**

This confidential information will not be shared or disseminated except as indicated above, unless explicitly approved by you, the participant.

By providing this confidential information in connection with this program, to the City of Detroit 0% Interest Home Repair Loan Program, you are agreeing to the terms and conditions outlined above. If at any time, you want to receive a copy of or change or opt out of (no longer want to participate) this program, you can do so by following the instructions below.

LISC strives to preserve data privacy and security. Access to all confidential information is strictly monitored and limited to only those who have a business need to such confidential information.

If you would like to receive a copy or update your confidential information/or opt out of this program, please follow the directions below:

Requests for a copy of either your confidential information or to opt out of this program must be made in person at the intake center or financial institution where you receive your services. At the time you make your request, you will be asked to complete a form that will be forwarded to the appropriate parties at LISC. Once LISC receives your request, you should receive notification from LISC within thirty (30) days of receipt of such request.

For definitions of confidential information, please see back of this sheet.

**Personally Identifiable Information (PII):** Information that can be used to distinguish or trace an individual's identity, such as name, home address, telephone number, Social Security number (SSN), or biometric records (e.g., finger prints, DNA profile, voiceprints, etc.) alone, or when combined with other personal or identifying information that is linked or linkable to a specific individual, such as date of birth or mother's maiden name. Also known as "personal information."

**Protected Health Information (PHI):** A specific type of PII, as defined under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and associated amendments. PHI is a type of regulated personally identifiable information that relates to the past, present, or future physical or mental health of an individual, the provision of health care to an individual, or the payment for the provision of health care to the patient, and can be reasonably used to identify the individual. PHI includes a number of identifiers that are unique to an individual, including demographic, biometric and genetic information. All references to PII in this policy include PHI.

**Sensitive PII:** A subset of PII that if released would pose a higher risk of subsequent identity theft or personal harm. For example, an individual's SSN is sensitive PII. Sensitive PII also includes an individual's name, home address, or telephone number in combination with any of the following:

- Government-issued identification number, such as a SSN, driver's license number, or Taxpayer Identification Number;
- Date or place (e.g., zip code) of birth;
- Financial account information, such as bank or credit card information, account numbers and balances, PINs, passwords, and security codes/questions;
- Biometric records;
- Medical Information protected under the Health Insurance and Portability Accountability Act of 1996; and/or
- Background investigations including reports or databases.



**0% INTEREST**  
HOME REPAIR LOANS

# **Intake Application Forms**

**YOU BELIEVED IN DETROIT.**  
**DETROIT BELIEVES IN YOU.**

[www.DetroitHomeLoans.org](http://www.DetroitHomeLoans.org)



**0% INTEREST  
HOME REPAIR LOANS**

CITY OF DETROIT  
HOUSING & REVITALIZATION DEPARTMENT  
HOUSING SERVICES DIVISION  
**0% HOME REPAIR LOAN PACKET CHECKLIST**

Name:

Address of Residence:

<b>Item</b> <i>(To be completed by the Intake Center)</i>	<b>Check✓</b>
Copy of Current Driver's License or State ID, <b>AND</b> Passport, Birth certificate, enhanced driver's license, Certificate of Citizenship or Naturalization for client and co-client <b>for client and co-client</b> <i>(not required for other household members)</i>	
Recorded Warranty or Quit Claim Deed <i>(Must demonstrate ownership for at least 6 months, available at Wayne County Register of Deeds 400 Monroe Ave #700, Detroit, MI 48226)</i>	
Proof of Current Homeowner's Insurance	
Proof of Paid Property Taxes or Executed Payment Plan with 3 months paid receipts <i>(available at Wayne County Register of Deeds 400 Monroe Ave #700, Detroit, MI 48226)</i>	
Income Verification Checklist <i>(Copy required for all household members over 18)</i>	
Proof of Occupancy <i>(Current utility bill, insurance certificate, property tax homestead exemption)</i>	
Two (2) Most Recent Paystubs <b>for client and co-client</b>	
Income Tax Returns with Completed Schedules for the last two (2) years <b>for client and co-client</b> if filed separately.	
Two (2) Most Recent Savings and Checking Account Statements	
Signed intake application form <b>by client and co-client</b>	
Blood lead level test results for children ages six (6) years or younger living in the residence <i>(obtained from your physician or from the health department)</i>	
Proof approval was requested from the holder of any mortgage or land contract against the property. <i>(only applies if applicant has an existing mortgage or land contract)</i>	

**CALL TO SCHEDULE AN APPOINTMENT TO RETURN DOCUMENTS.**

**A list of Intake Centers to schedule an appointment can be found [www.detroitshomeloans.org](http://www.detroitshomeloans.org) or by calling 211.**

**INTAKE REPRESENTATIVE ONLY**



**0% INTEREST  
HOME REPAIR LOANS**

**CITY OF DETROIT  
HOUSING & REVITALIZATION DEPARTMENT  
HOUSING SERVICES DIVISION  
0% HOME REPAIR LOAN INTAKE & PROGRAM  
ELIGIBILITY FORM**

Please return a completed intake packet and all support documentation to a Neighborhood Intake Center. For a list of Intake Center locations, visit [www.detroitshomeloans.org](http://www.detroitshomeloans.org) or call 2-1-1.

COMPLETED INTAKE PACKETS WILL BE ACCEPTED BY APPOINTMENT ONLY. A \$150 closing fee will be charged on all approved loans. The closing fee is due at loan closing.

Notice of Non-Discrimination: The City of Detroit does not discriminate on the basis of race, color, creed, national origin, age, handicap, sex, or sexual orientation, and familial status. Complaints may be filed with the Detroit Human Rights Department, 2 Woodward, Suite 1240, Detroit, Michigan 48226.

**Section 1. CLIENT INFORMATION**

CLIENT	CO-CLIENT
Name:	Name:
Date of Birth:	Date of Birth:
Driver's License or State ID Number:	Driver's License or State ID Number:
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home/Cell Phone Number:	Home/Cell Phone Number:
Email Address:	Email Address:
Is this your first time applying for this program? <input type="checkbox"/> YES <input type="checkbox"/> NO, if no, what year did you apply? _____	Is this your first time applying for this program? <input type="checkbox"/> YES <input type="checkbox"/> NO, if no, what year did you apply? _____
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated
<input type="checkbox"/> Female Head of Household <b>Racial Group (You may voluntarily select one or more)</b> <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> White <b>Ethnic Group (You may voluntarily select one)</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Female Head of Household <b>Racial Group (You may voluntarily select one or more)</b> <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> White <b>Ethnic Group (You may voluntarily select one)</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>CONFLICT OF INTEREST</b> Are you or an immediate family member or a business associate now or any time in the past 12 months an employee, agent, consultant, elected, or appointed official of the City?  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>CONFLICT OF INTEREST</b> Are you or an immediate family member or a business associate now or any time in the past 12 months an employee, agent, consultant, elected, or appointed official of the City?  <input type="checkbox"/> YES <input type="checkbox"/> NO

## Section 2. PROPERTY OWNERSHIP INFORMATION

Address:

Street:

Detroit, MI (ZIP):

County: Wayne Country: U.S.

Property Tax ID:

Years Residing at Address:

**Property Type:**

☐ Single Family ☐ Condominium ☐ Duplex or 2-Family Flat

☐ Other (Explain) \_\_\_\_\_

## Section 3. HOUSEHOLD INFORMATION

List all persons residing in the home below.

*(All household members 18 years or older listed in this section must complete an income verification form. Income verification is used only for federal compliance. Only persons identified as Client(S) will be reviewed for the loan)*

Total Number of Person(s) in Household: \_\_\_\_\_

Total Number of Persons (s) Over 18 \_\_\_\_\_

Total Annual Household Income for persons 18+: \_\_\_\_\_

Last Name	First Name	Relationship	Date of Birth

## Section 4. EMPLOYMENT INFORMATION

### CLIENT

### CO-CLIENT

☐ Self-Employed

☐ Self-Employed

☐ Employed

☐ Employed

☐ Unemployed

☐ Unemployed

Number of Years \_\_\_\_\_ (at current employer)

Number of Years \_\_\_\_\_ (at current employer)

Describe Self-Employment (if applicable):

Describe Self-Employment (if applicable):

Number of Years:

Number of Years:

Name of Employer:

Name of Employer:

Address:

Address:

City, State Zip:

City, State Zip:

Phone Number:

Phone Number:

Position:

Position:

Monthly Income:

Monthly Income:



(For additional employment attach separate page)

### Section 5. MONTHLY GROSS INCOME DETERMINATION

Income Source	Monthly Income for CLIENT	Monthly Income for Co-CLIENT	Total CLIENT(s) Monthly Income
Salaries, Wages, & Other Compensation			\$
All dividend and interest income			\$
All capital gains minus capital losses			\$
Annuity and pension benefits			\$
Railroad retirement benefits			\$
Social Security and (SSI) benefits			\$
VA disability and pension benefits			\$
Alimony and child support			\$
Workers Compensation			\$
Unemployment Insurance			\$
Aid to Dependent Families			\$
Other Public Assistance			\$
Other Income (Specify) _____			\$
<b>TOTAL GROSS MONTHLY INCOME</b>			\$

### Section 6. BANK INFORMATION

CLIENT	CO-CLIENT
Name of Bank:	Name of Bank:
Address of Bank:	Address of Bank:
Account Balance:	Account Balance:
Name of Bank:	Name of Bank:
Address of Bank:	Address of Bank:
Account Balance:	Account Balance:
Name of Bank:	Name of Bank:
Address of Bank:	Address of Bank:
Account Balance:	Account Balance:

DECLARATIONS	CLIENT			CO-CLIENT		
	Yes	No	Yes	No	Yes	No
Are there outstanding judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you declared bankruptcy in the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any property foreclosed or given title or deed in lieu within 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you presently delinquent on any federal or state debt (student loan, income tax, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(If you have answered yes to any of the Declarations questions please provide explanation and any relevant information on separate sheet)

## Section 7. HOUSING PAYMENTS FOR PRIMARY RESIDENCE

Select One: ☐ Mortgage ☐ Land Contract ☐ None

Balance of Mortgage or First Lien:

Payments made to:

Mortgage Payment Amount (Monthly):

Second Mortgage Payment Amount (Monthly):

Taxes and Insurance Escrowed Amount: \_\_\_\_\_ or ☐ No Escrow

Are all real estate taxes current: ☐ Yes ☐ No

If Taxes and Insurance are not Escrowed, complete the following:

Property Taxes (total yearly amount, including summer and winter, divided by 12 months): \_\_\_\_\_

Homeowners Insurance (Annual premium divided by 12 months): \_\_\_\_\_

## Section 8a. LIABILITY INFORMATION FOR CLIENT

List all debts. If no outstanding debt, list three previous credit references (such as telephone, electricity, etc.) and include copies of recent billings.

Liability	Creditor's Name, Address and Loan Type	Original Amount of Debt	Present Balance	Monthly Payment
Child Support				
Car Payment				
Bankruptcy Payment				
Student Loan (not deferred)				
Credit Card #1				
Credit Card #2				
Loan on Life Insurance				
Loan on Retirement Fund				
Reverse Mortgage				
Home Equity Line of Credit				

### Section 8b. LIABILITY INFORMATION FOR CO-CLIENT

List all debts. If no outstanding debt, list three previous credit references (such as telephone, electricity, etc.) and include copies of recent billings.

Liability	Creditor's Name, Address and Loan Type	Original Amount of Debt	Present Balance	Monthly Payment
Child Support				
Car Payment				
Bankruptcy Payment				
Student Loan (not differed)				
Credit Card #1				
Credit Card #2				
Loan on Life Insurance				
Loan on Retirement Fund				
Reverse Mortgage				
Home Equity Line of Credit				

**IMPORTANT! READ THIS BEFORE SIGNING**

**CERTIFICATION BY CLIENT(S):** The CLIENT(s) (s) certifies that all information in this intake/application form and all information furnished in support of this intake/application form are given for the purpose of obtaining a loan. The CLIENT(s) further certifies that he/she is the owner of the property described in this intake/application form. All information is true and complete to the best of the CLIENT(s)'s knowledge and belief.

If any of the information originally provided by the CLIENT(s) changes following the CLIENT(s)'s submission of such information (including, but not limited to, substantial changes in the income of the CLIENT(s) or the CLIENT(s)'s household, changes in the number or identity of members of the household residing at the house), the CLIENT(s) is required to immediately notify the City. If the CLIENT(s) fails to notify the City of such substantial changes, the City may, in its sole discretion, immediately terminate the CLIENT(s)'s participation in the Loan Program without liability.

**INCOME AND CREDIT VERIFICATION:** The CLIENT(s) authorizes the City / Lender to make inquiries to verify the accuracy of the statements made and to determine the creditworthiness of the client. The CLIENT(s) authorize the City/Lender to obtain a consumer credit report through a credit reporting company chosen by the City/Lender. The CLIENT(s) understand and agree that the City/Lender intended to use this consumer credit report for purposes of evaluating my/our financial readiness to secure a Zero Percent Home Repair Loan. The CLIENT(s) understand that this credit report will be retained on file at the City/Lender offices and that the information will not be disclosed to anyone without my prior written consent.

**RELEASE OF INFORMATION:** The CLIENT(s) gives permission to the Community Intake Center to release the Home Repair Loan Intake & Program Eligibility Form and supporting documentation to the City/LISC Detroit/Lender for the purposes of: 1) Obtaining a credit report in my name. 2) Verifying my income, asset and employment information. 3) Verifying any and all other information necessary to establish the CLIENT(s) eligibility to receive assistance through the Detroit 0% Home Repair Loan Program. The CLIENT(s) understand that information obtained will remain confidential and will be used solely for the purpose of determining eligibility to receive home repair assistance.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT:** U.S.C. Title 18, Sec. 1001, provides: "Whosoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or make any false, contain any false, fictitious or fraudulent statements or representation, makes or uses any false writing response or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both." The undersigned certifies under penalty of law that all statements made in this intake/application form and supporting documents are true and accurate, correct and complete. If any of the information provided by the CLIENT(s) is untrue, inaccurate or incomplete, regardless of when this is discovered by the City, the City may, in its sole discretion, immediately terminate the CLIENT(s)'s participation in the Loan Program without liability.

If, at any time following the City's approval of the CLIENT(s)'s participation in the Loan Program, the City discovers that it erroneously (for any reason, including a mistake made by the City) determined that the CLIENT(s) was ineligible, the City may, in its sole discretion, immediately terminate the CLIENT(s)'s participation in the Zero Percent Home Repair Loan Program without liability.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Client's Signature

\_\_\_\_\_  
Date

**LOAN REPRESENTATIVE ONLY**

**APPROVAL OF CLIENT:** The undersigned has examined the intake/application form for the Zero Percent Home Repair Loan Program described herein, including supporting documents, and finds that the intake/application form *DOES* meet the requirements pertaining to the Zero Percent Home Repair Loan Program.

\_\_\_\_\_  
Authorized Loan Officer Signature

\_\_\_\_\_  
Date

**DENIAL OF CLIENT:** The undersigned has examined the intake/application form for the Zero Percent Home Repair Loan Program described herein, including supporting documents, and finds that the intake/application form *DOES NOT* meet the requirements pertaining to the Zero Percent Home Repair Loan Program.

\_\_\_\_\_  
Authorized Loan Officer Signature

\_\_\_\_\_  
Date



**0% INTEREST  
HOME REPAIR LOANS**

**CITY OF DETROIT  
HOUSING & REVITALIZATION DEPARTMENT HOUSING  
SERVICES DIVISION  
0% HOME REPAIR HOUSEHOLD INCOME  
VERIFICATION FORM**

(Please make sure all relevant boxes are checked. This information is needed to complete your intake/application form. **Each household member who is age 18 or older must complete a separate form.** Please provide documentation of income and all assets such as two current paystubs, copy of government assistance award letter, most recent Profit and Loss projection and income tax return for self-employment, and copies of most recent asset statements.)

Name:

Address of Residence:

**INCOME INFORMATION**

	Yes	No	Annual Income	
1				Income from employment.
2				Income from self-employment.
3				Periodic payments from Worker's Compensation.
4				Veteran's Administration or GI benefits
5				Disability or Death benefits.
6				Social Security or Supplemental Social Security (SSI)
7				Public Assistance (other than Medicaid & Food Stamps).
8				Unemployment Benefits.
9				Child Support and/or Alimony.
10				Periodic payments from Trusts, Annuities or Inheritance.
11				Periodic payments for Retirement funds or Pensions.
12				Income from interest or dividends.
13				Income from Rental of Real Estate or Personal Property.
14				Other: _____
<b>TOTAL:</b>				

**ASSETS**

	Yes	No	Total Value	Annual Income	
1					Retirement Account or Keogh Account(s).
2					Real Estate, Land Contracts or mobile homes.
3					Trust Account(s).
4					Savings Account or Checking Account.
5					Time Certification or Treasury Bills.
6					Certificate(s) of Deposit.
7					Stock(s).
8					Bond(s).
9					Other: _____
<b>TOTAL:</b>					

I certify that the information provided above is true.

Printed Name

Signature

Date

Reviewed by: \_\_\_\_\_

On: \_\_\_\_\_



**0% INTEREST  
HOME REPAIR LOANS**

**CITY OF DETROIT  
HOUSING & REVITALIZATION DEPARTMENT HOUSING  
SERVICES DIVISION  
0% HOME REPAIR HOUSEHOLD INCOME  
VERIFICATION FORM**

(Please make sure all relevant boxes are checked. This information is needed to complete your intake/application form. **Each household member who is age 18 or older must complete a separate form.** Please provide documentation of income and all assets such as two current paystubs, copy of government assistance award letter, most recent Profit and Loss projection and income tax return for self-employment, and copies of most recent asset statements.)

Name:

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7				Public Assistance (other than Medicaid & Food Stamps).
8				Unemployment Benefits.
9				Child Support and/or Alimony.
10				Periodic payments from Trusts, Annuities or Inheritance.
11				Periodic payments for Retirement funds or Pensions.
12				Income from interest or dividends.
13				Income from Rental of Real Estate or Personal Property.
14				Other: _____
<b>TOTAL:</b>				

**ASSETS**

	Yes	No	Total Value	Annual Income	
1					Retirement Account or Keogh Account(s).
2					Real Estate, Land Contracts or mobile homes.
3					Trust Account(s).
4					Savings Account or Checking Account.
5					Time Certification or Treasury Bills.
6					Certificate(s) of Deposit.
7					Stock(s).
8					Bond(s).
9					Other: _____
<b>TOTAL:</b>					

I certify that the information provided above is true.

Printed Name

Signature

Date

Reviewed by: \_\_\_\_\_

On: \_\_\_\_\_

**To submit your intake forms, call the nearest intake center to set an appointment. You must bring your completed forms and all required documentation to submit your forms.**

## **Northwest**

Cody Rouge Community Action Alliance.....19321 Chicago West | 313-397-9280  
New Hope Community Development .....19487 Evergreen | 313-255-6275  
Wayne Metro Community Action Agency.....18100 Meyers | 313-388-9799

## **Eastside**

Jefferson East, Inc. ....14628 E. Jefferson Avenue | 313-331-7939  
L. SNAP BAC.....14901 East Warren Ave | 313-640-1100  
Wayne Metro Community Action Agency...19258 Kelly, Harper Wds | 313-388-9799

## **Central Woodward**

Central Detroit Christian CDC.....8840 2nd Avenue | 313-873-0064  
Detroit Non-Profit Housing Corp.....2990 West Grand Boulevard | 313-972-1111  
Goodwill Industries of Greater Detroit.....7700 2nd Ave, 5th fl. | 313-557-4828  
Operation ABLE.....4750 Woodward Ave, Suite 207 | 313-832-0922  
Wayne Metro Community Action Agency...7310 Woodward, 8th fl. | 313-388-9799

## **Southwest**

Bridging Communities.....6900 McGraw Ave | 313-361-6377  
Southwest Economic Solutions.....2835 Bagley, Ste 800 | 313-841-9641  
SER Metro Detroit.....9215 Michigan Ave | 313-846-2240, ext. 4248

**BROUGHT TO YOU BY:**



[www.DetroitHomeLoans.org](http://www.DetroitHomeLoans.org)