



1809 Durand St., Saginaw, MI 48602  
Ph: 989-921-0569 • Fax: 989-754-1654

## **NEIGHBORHOOD IMPACT PROGRAM (NIP) CHECKLIST**

**PROVIDE COPIES OF ALL REQUESTED DOCUMENTATION.**

**APPLICATION MUST BE COMPLETE AND YOU MUST HAVE ALL REQUESTED DOCUMENTS WHEN YOU ARRIVE OR YOU WILL HAVE TO RESCHEDULE YOUR APPOINTMENT**

**A non-refundable processing fee of \$145 applies; if your application is rejected for any reason, all funds will be returned minus the processing fee.**

- A. Completed NIP Application**
- B. Verification of Earnings**
  - **SSI Determination Letter**
  - **Retirement Income (4 consecutive stubs)**
- C. Homeowner's Insurance Declaration page**
- D. Pay Stubs (4 consecutive pay stubs)**
- E. Income Tax Returns with W2's (past 2 years)**
- F. Estimate from a licensed Contractor**
- G. Cashier's check/money order in the amount of processing fee**
- H. Driver's License**
- I. Social Security Card**
- J. Warranty Deed**
- K. Verification that Property Taxes are current**
- L. Open checking/savings account at Chemical Bank**
- M. Before and After Photos**

**– A \$.10 charge applies to all copies we have to make.**

## **Program Description**

The neighborhood Impact Program (NIP) provides rehabilitation assistance to low-or-moderate income homeowners. NIP matches other funds to increase a homebuyer's total source of funds to rehabilitate a home.

## **Recipients Requirements**

Recipients of NIP funds must meet all of the following requirements:

- Cannot receive, for the same property, more than one FHLBI grant of any kind or more than one grant from any Federal Home Loan Bank, unless prior grants have been repaid or retention period has expired.
- Have household income that is equal to or less than 80% of the area median income (AMI) adjusted for family size as published annually by HUD.
- Be owner-occupants of the home to be rehabilitated (must be primary residence).
- Duplexes are eligible as long as the homeowner occupies one-half as the primary residence and 75% of the projected income generated from the other is included in the NIP income qualification process.
- All individuals in title to the property for which subsidy is being provided must sign retention documents described above.
- Provide all documentation to the member bank as required for participation in the program.
- Provide an estimate from a licensed contractor for eligible repairs. (Work can only be done by a licensed contractor).
- Current homeowner's Insurance.
- Home Maintenance & Repairs class attendance may be required.

## **Eligible Improvements**

Only the following types of repairs are permitted: Roof, gutters, windows siding HVAC (heater, air conditioner, water heater), exterior paint, exterior doors, insulation, furnaces, handicap accessibility, plumbing and electrical work for habitability or code compliance, health and safety hazards.

## **Ineligible Improvement**

Room additions, basement refinishes, detached garages, fences, appliance, driveways and sidewalks, awning and shutters, screened porches, and decks not acceptable.

## **Match requirements**

The maximum subsidy that can be requested per household is as follows:

-\$10,000 if recipients is receiving 3:1 matching funds from government entity, forgivable or Deferred loan from an eligible state or local home improvement loan program, member Home equity loan or if the member is the first lien holder of the mortgaged property  
-\$7,500 if no matching funds from above-listed eligible sources

- Prior work done to a property does not qualify.

# Application for Rehab

To be completed by the homeowner and the agency facilitating rehab grant and repairs and submitted to the financial institution. Do not send to the FHLBI.

## Agency information

Agency: <b>Circle of Love Community Development Corporation</b>	
Contact: <b>Pamelia D. Brazil</b>	Phone: <b>989 921-0569</b>

## Applicant information

Homeowner name:			
Street address:			
City, State, ZIP:			
Home phone:		Work phone:	
No. persons in household:	> 18 yrs:	> 55 yrs:	< 18 yrs:
Income verified by: <input type="checkbox"/> W-2s <input type="checkbox"/> Pay stubs <input type="checkbox"/> VOE <input type="checkbox"/> Other:			
Please list requested home repairs in priority order with estimated cost:			
1.		\$	
2.		\$	
3.		\$	
4.		\$	

## Disclosure/Privacy Statement

Services will be provided without discrimination. The agency indicated above is requesting information necessary to comply with the requirements of this program. I understand that the information on this form will be kept confidential but may be shared with other agencies to which I may be referred for services. I understand that I may be requested to verify these statements, and give my consent to this agency to make necessary contacts to verify any statements. I hereby certify that the above information is correct and true to the best of my knowledge.

\_\_\_\_\_  
Homeowner signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name



**DIVISION OF HOMEOWNERSHIP**  
**MSHDA's Homeownership Counseling Program**  
**Household Profile**

<b>Section I – <u>Must</u> be completed for all clients</b>				Date:	
Client Name (First, Middle Initial, Last):			Social Security Number:		
Street Address ( <u>do not</u> use PO Box):		City:		State:	Zip:
Home or Cell Phone Number:	Email Address:		Married:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled:
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
County Client Resides In:	Current Housing Situation:		Have you been a homeowner within the last three years?		
	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Homeless	<input type="checkbox"/> Living w/Family			

**For statistical purposes circle or check appropriate answer as it applies to Client:**

Ethnicity (You must select one): Hispanic  Non-Hispanic  Choose not to respond  Gender: Male  Female

<b>Single Race:</b> 1. American Indian/Alaskan Native 2. Asian 3. Black/African American 4. Native Hawaiian/Pacific Islander 5. White 6. Choose Not to Respond	<b>Multi-Race:</b> 7. American Indian/Alaskan Native <u>and</u> White 8. Asian <u>and</u> White 9. Black/African American <u>and</u> White 10. American Indian/Alaska Native <u>and</u> Black/African American 11. Other Multiple Race	<b>Household Type:</b> 1. Single adult 2. Female-headed single parent 3. Male-headed single parent 4. Married without children 5. Married with children 6. Two or more unrelated adults 7. Other
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Co-Client Name (First, Middle Initial, Last):			Social Security Number:		
Street Address ( <u>do not</u> use PO Box):		City:		State:	Zip:
Home or Cell Phone Number:	Email Address:		Married:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled:
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
County Co-Client Resides In:	Current Housing Situation:		Have you been a homeowner within the last three years?		
	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Homeless	<input type="checkbox"/> Living w/Family			

**For statistical purposes circle or check appropriate answer as it applies to Co-Client:**

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List **ALL** Household Members including Client and **ALL** sources of income for adult members of the household. Include unearned income of minor children **DO NOT** include earned income of minor children.

**Income sources:** Wages, Worker's Comp, Veteran Benefits, Unemployment, SSI, Social Security Benefits, Retirement, Public Assistance, Military, Child Support, Alimony, Other: amounts must be broken down per category per recipient.

Name	Date of Birth	<input checked="" type="checkbox"/> If pregnant	<input checked="" type="checkbox"/> if high school student	Gross Annual Income	Primary Source of Income	Relationship to Client
		<input type="checkbox"/>	<input type="checkbox"/>			Client
		<input type="checkbox"/>	<input type="checkbox"/>			Co-Client
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			

**Total Household Income:** (Excluding minor children's) \$

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## AUTHORIZATION TO OBTAIN CREDIT INFORMATION

I hereby authorize Circle of Love CDC to verify my past and present employment earnings record, bank accounts, stock holding, and other asset balances that are needed to process my application. I further authorize Circle of Love CDC to order a consumer credit report and verify other credit information, including past and present landlord references. It is understood that a photocopy of this form will also serve as authorization.

The information Circle of Love CDC obtains is only to be used in the processing of my application and can be shared with various agencies that fund the Circle of Love CDC Partnership programs.

To establish "proper identification", as required by the Fair Credit Report Act, please complete the following identifying information and supply the consumer interviewer with two (2) pieces of proper identification.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Previous Address (less than two yrs) \_\_\_\_\_

Phone#: \_\_\_\_\_ Birth Date: \_\_\_\_\_

SS#: \_\_\_\_\_ Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

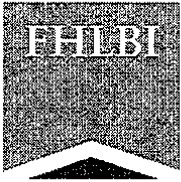
I am the person named above and I understand that Federal Law provides that a person who obtains information from a consumer-reporting agency under false pretense shall be fined not more than \$5,000 or imprisoned for not more than one year or both.

\_\_\_\_\_  
COLCDC Representative

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
CO-Client Signature



# Verification of Income and Employment

\*To be completed and returned by your employer

**To be completed by EMPLOYEE:**

I hereby grant permission to disclose my income to **Circle of Love CDC** in order that they may determine eligibility for possible downpayment, closing cost or rehabilitation grant assistance.

Employee Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by EMPLOYER:**

The above-signed employee has applied for possible downpayment, closing cost or rehabilitation grant assistance through \_\_\_\_\_.

Please indicate the employee's starting date of employment: \_\_\_\_\_.

Please indicate below the employee's current income (including wages, tips, incentive pay, overtime, bonuses, commissions and/or compensation received on a regular basis).

hourly     weekly     bi-weekly     semi-monthly     monthly     annual

Current gross base pay \_\_\_\_\_ Hours per week \_\_\_\_\_ Weeks per year \_\_\_\_\_

Type	As of _____ Year to Date	Past Year _____	Past Year _____
Base Pay			
Overtime			
Commissions			
Bonus			
Total			

If overtime or bonus is applicable, is its continuance likely?

Overtime  yes  no

Bonus  yes  no

This job is  year-round or  seasonal. If seasonal, please specify period of time contracted for work:

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above information is true and complete to the best of my knowledge at this time.

Employer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Physical address (if different): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please send to: Pamela D. Brazil	
Company:	Circle of Love CDC
Address:	1809 Durand St., Saginaw, MI 48602
Phone: 989-921-0569	Fax: 989-754-1654