

Application for the Village of Ortonville Emergency Minor Home Repair Program

The Village of Ortonville has established a program to provide grants for ***emergency minor home repairs*** to low-income households within the Village limits. A limited amount of grant money is available and will be distributed to eligible households based on the following guidelines:

- The home must be a single family, owner occupied dwelling located in the Village of Ortonville.
- The household must qualify as a “low income household” under current HUD guidelines.
- The repair must be necessary to maintain the health, safety, and welfare of the occupants.
- The repair is estimated to cost less than \$1,000.00

When more applicants are received than money is available, preference will be given to “extremely low” income households first, “very low” income households second, and “low income” households third. Any household who has received a Minor Home Repair Program grant in the past will be considered after all other first-time applications are considered.

TO BE COMPLETED BY APPLICANT: This section of the application will determine if a household and repair project is eligible to receive a Village of Ortonville Emergency Minor Home Repair Program grant.

- 1.) **Date:** _____
- 2.) **Name:** _____
- 3.) **Home Address** _____
- 4.) **Mailing Address if different from Home address:**

- 5.) **Daytime/work phone:** _____
- 6.) **Cell Phone:** _____
(please note the best number to contact you at)
- 7.) **Proof of ownership required.** Please provide proof of ownership with application.

8.) **Do you have homeowner’s insurance?** Yes No

9.) **If your home is in a flood plain or flood hazard area, do you have flood insurance?** Yes No

10.) **Property ID Number:** _____
All property taxes must be paid to date in order to be eligible for a Minor Home Repair Grant.

11.) **Description of Needed Repair:**

Please Use Additional Sheets if needed.

12.) **Estimated Cost of Repair:** \$ _____

13.) **Year Home Was Built:** _____

14.) **Does the home have a working smoke detector on every floor?** Yes No

15.) **Number of Person in Your Household?** (circle) 1 2 3 4 5 6 7 8 9

16.) **Total Household Income of all persons over 18?** \$ _____

17.) **Proof of household income is required.** Please provide your 2010 Michigan Homestead tax form, Social Security award letter, pension check stubs, a month’s worth of paycheck stubs or a letter from your employer stating your gross weekly wage, with this application.

18.) **Does your household qualify as low income based on the table below?** Yes No

Number of Persons in Household	Low Income	Very Low Income	Extremely Low Income
One	\$39,100	\$24,450	\$14,700
Two	\$44,700	\$27,950	\$16,800
Three	\$50,300	\$31,450	\$18,900
Four	\$55,850	\$34,900	\$20,950
Five	\$60,350	\$37,700	\$22,650
Six	\$64,800	\$40,500	\$24,350
Seven	\$69,300	\$43,300	\$26,000
Eight	\$73,750	\$46,100	\$27,700

19.) **For statistical purposes, please provide the following information.**
This information does not affect your application. It is collected for statistical purposes only.

Is this a female-headed household? Yes No

Single Race	Total Number in Household	Number in Household also Hispanic
White		
Black/African American		
Asian		
American Indian		
Alaskan Native		
Multi-Race		
American Indian/Alaskan Native & White		
Asian and White		
Black/African American & White		
American Indian/Alaskan Native & Black/African American		
Other Multi Racial: _____		

***APPLICANT'S CERTIFICATION:** The applicant certifies that all information in this application, and all information furnished in support of this application is for the purpose of obtaining funds for the improvement of the above mentioned property, and that these statements are true to the best of the applicants knowledge and belief.

Applicant's Signature

Date

(PENALTY OF FALSE OR FRAUDULENT STATEMENT: U.S.C. title 18, sec 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing, 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 (5) years, or both.")

Please submit this application, along with proof of homeownership and income verification, to the Ortonville Village Clerk. Applications can be dropped off or mailed to the Ortonville Village Office:

**Village of Ortonville
Emergency Minor Home Repair Program
476 Mill Street
P.O. Box 928
Ortonville, MI 48462**

Please call (248) 627-4976 for more information, help in filling out the application, or directions the Village Offices.

For Planning Department Use Only:

Date Received: _____

Application Complete (attachments provided)?: Yes No

Action: _____

Funds Available\$ _____ Funds Remaining\$ _____