

AUTHORIZATION TO RELEASE INFORMATION

To Michigan State Housing Development Authority and Housing Agency (HA):

I/we, the individual/household member(s) below is/are a current tenant (occupant) of the residence located at Michigan and is/are an applicant or participant in the MI Neighborhood (MIN), Neighborhood Development Division (NDD) Program. This program is funded by the Michigan State Housing Development Authority (MSHDA) and administered by Housing Agency (HA). In order to be eligible for this Neighborhood Development Division Program, my household income is collected along with other information in my/our program file including my/our address, household size, household member names and photographs. MSHDA and the HA are requesting consent to release this file information for marketing and program purposes. However, the information will not be otherwise disclosed or released outside of MSHDA or the HA, except as permitted or required by law. MSHDA and the HA will protect the file information in accordance with any applicable State privacy law.

Signatures:

Date:

Head of Household

Spouse

Other Family Member/Occupant over age 18

Other Family Member/Occupant over age 18

Other Family Member/Occupant over age 18

Other Family Member/Occupant over age 18



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MI Neighborhood (MIN) Program with Housing and Community Development Fund
Household Income Certification Form

Grantee Agency Name: _____

Grant Number: _____

Applicant Name(s): _____

Home Address: _____

Address Area Median Income (AMI) Limit Restriction:

60% AMI or below *Note: 20% of all assisted units per grant must be restricted to households at or below 60% AMI

80% - 61% AMI

120% - 81% AMI

All income limit documentation is posted on the MIN website to obtain numbers below.

County Name:								
Income Limit Year:								
Household Size	1	2	3	4	5	6	7	8
Income Limit Maximum	\$33,480	\$38,220	\$43,020	\$47,760	\$51,600	\$55,440	\$59,280	\$63,060

I, the undersigned MIN Grant Eligible Recipient, have read or had this form read to me, agree to its terms, and certify the following:

1. My property address received MIN assistance through a Subrecipient Agency.
2. My household size is _____. I have _____ number of dependent adult (18 years or older) full-time students within my household. I have _____ number of dependents (minors) in my household.
3. My combined gross household income is \$_____ annually.
4. The household size and income in items #2 and #3 above does not exceed the property's restricted area median income or my household size and the county in which I live and/or intend to live in with the use of these grant funds.

Project Type:

New Unit or Rehabilitation

AND

Owner Occupied or Tenant Occupied

I also certify the following based on my property type:

New Unit and Rehabilitation - Owner Occupied

Rehabilitation Only

- The applicant is the owner and occupies the assisted property.
- The applicant does not own any property that is tax delinquent.
- There is current insurance coverage on the property.
- The applicant does not own any property that is subject to any citation of violation of the state and/or local codes and ordinances.
- The applicant has not been the prior owner of any property transferred to the Treasurer or to a local government as a result of tax foreclosure proceedings.

New Unit Owner Occupied Only

- The home I am purchasing is located in Michigan and will be my principal, permanent year-round residence.
- I understand that no portion of the home I am purchasing may be rented.
- I understand that I am required to purchase and maintain homeowner's insurance for the home I am purchasing and that I must provide proof of insurance to the Michigan State Housing Development Authority upon request.
- I understand that in purchasing the home, I am required to have fee simple ownership over the home and that I must record my deed.
- I understand that I am purchasing a MIN assisted home and must remain current with my mortgage payments, taxes, and homeowner's insurance.

New Unit and Rehabilitation - Tenant Occupied

Rehab Only: The tenant occupies the assisted property and understands that work will occur based on the project description above and will grant access to the property as needed.

New Unit and Rehab:

The tenant does not own the property.

The tenant has a signed lease agreement with the landlord.

There is current insurance coverage on the property through the homeowner.

BY MY SIGNATURE BELOW, I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM REFLECTS THE HOUSEHOLD'S ANNUAL INCOME AND NUMBER OF PERSONS RESIDE IN MY HOME. I FURTHER CERTIFY THAT I AM ABLE TO DOCUMENT MY ANNUAL INCOME WITH PAYSTUBS, AND/OR PROVIDE OTHER SUPPORTING EVIDENCE REQUIRED BY THE GRANTEE. AND THE OCCUPANT HOUSEHOLD INCOME IS AT OR BELOW THE PROPERTY'S RESTRICTED COUNTY'S AREA MEDIAN INCOME PERCENTAGE.

Under penalties of perjury, I declare that I have examined this certification statement, and to the best of my knowledge and belief, the supporting documentation provided and the household eligibility facts provided are consistent, true, correct, and complete.

I also understand and provide consent for MSHDA and/or its Subrecipient Agency to verify accuracy of the certified information and determine if it is in compliance with the program's requirements and policies. In addition, I understand that there is a formal on-line process to report fraud.

Eligible Owner(s) and/or Tenant(s) Signature(s), as applicable:

Printed Name of Above Signer: _____ Date _____
Owner or Tenant

Printed Name of Above Signer: _____ Date _____
Owner or Tenant

I have reviewed the information, as certified above, for accuracy and certify to the authenticity thereof.

Agency Representative Signature:

Printed Name of Above Signer: _____ Date _____

Title:

Agency:



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Demographic Information

Instructions: Applicants for the MI Neighborhood (MIN) Program must complete this form and submit with the initial MIN application. This information is collected in order to help certify that the application process is open and fair. Each household must be given the opportunity to disclose this information. Parents or guardians are asked to complete this disclosure on behalf of household members who are under the age of 18. Individuals who do not wish to provide some or all of this information are asked to select the corresponding box when appropriate. There is no penalty for households or individuals who do not wish to provide information. This should match the Household Income Certification Form information.

Property Address:	Unit Number:
Zip Code:	

Household Composition

Complete for each individual living in the housing unit. Check all that apply:

Name (Print):	Date of Birth:
Full-Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Do Not Wish to Provide	
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Do Not Wish to Provide	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Do Not Wish to Provide	
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other/Multiracial <input type="checkbox"/> Do Not Wish to Provide	
Disability Status: <input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled <input type="checkbox"/> Do Not Wish to Provide	

Name (Print):	Date of Birth:
Full-Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Do Not Wish to Provide	
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Do Not Wish to Provide	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Do Not Wish to Provide	
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other/Multiracial <input type="checkbox"/> Do Not Wish to Provide	
Disability Status: <input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled <input type="checkbox"/> Do Not Wish to Provide	



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