



## HOUSING REHABILITATION AND LEAD HAZARD CONTROL PROGRAMS



### APPLICATION INSTRUCTIONS

You may be eligible to receive up to \$24,000 in assistance for improvements to your property through the City's Housing Rehabilitation and/or Lead Hazard Control programs. Improvements may address exterior property maintenance code deficiencies, health and/or safety concerns, energy efficiency or water conservation. Certain documents are required before we can process your application. Please provide the following information.

- Completed Application. All questions on the application must be answered. If a question does not apply to you, indicate that by writing **none** or **N/A**.
- Proof of Income. Each person age 18 or older must complete a separate Income Checklist. Also, provide most recent tax returns for all household members and supporting documentation for all sources of income.
- Completed Authorization Form. Each person age 18 or older must complete a separate Authorization to Verify Information form. If you need more forms, please contact our office at (616) 456-3030 to request additional copies.
- Proof of Homeowner's Insurance. Complete the Insurance Agreement form and also include a copy of your current Homeowner's Insurance Policy Declarations Page.

Mail or bring the completed application, including all required attachments, to:

Housing Rehabilitation Office  
Community Development Department  
City of Grand Rapids  
300 Monroe Ave NW, Suite 440  
Grand Rapids, MI 49503

Please be aware a participating property owner may not have any past due property taxes, special assessments, nuisance assessments, water bills, fines, or other past due debts or obligations owed to the City, or any other delinquent liens on the subject property. All outstanding obligations must be satisfied before assistance can be provided.

If you have any questions, please call the Housing Rehabilitation Office at (616) 456-3030.



# HOUSING REHABILITATION AND LEAD HAZARD CONTROL PROGRAMS



## APPLICATION

**I am / We are applying for the (check one or both):**

- Housing Rehabilitation Program** - available to lower-income homeowners living in the City of Grand Rapids. Eligible repairs include highest priority exterior housing code issues and interior health and safety issues. Treatment of identified lead-based paint and asbestos hazards may be required. Assistance is provided in the form of a loan secured by a mortgage.
- Lead Hazard Control Program** - available to lower-income homeowners in the City of Grand Rapids who have a child under age six residing in or regularly visiting the home. Only repairs to treat identified lead-based paint and other home health hazards are eligible. Assistance is provided in the form of a loan secured by a mortgage.

### Owner

### Co-owner (if applicable)

Name \_\_\_\_\_

Name \_\_\_\_\_

State ID# or  
Driver's License # \_\_\_\_\_

State ID# or  
Driver's License # \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Other Phone/E-mail \_\_\_\_\_

Other Phone/E-mail \_\_\_\_\_

### **LEAD-BASED PAINT CONCERNS**

Individuals receiving assistance from the Housing Rehabilitation and/or Lead Hazard Control Programs are required to read the brochure entitled "Protect Your Family From Lead in Your Home" (attached). Please answer the following questions and be sure to let City staff know if you need further information regarding the brochure or about lead-based paint.

1. What is your primary language? English \_\_\_\_ Spanish \_\_\_\_ Other \_\_\_\_ (\_\_\_\_\_)
2. Does anyone in your household have elevated blood lead levels as determined by the Kent County Health Department or by a Physician? Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_
3. Did you read the brochure and do you understand the health risks associated with lead poisoning? Yes \_\_\_\_ No \_\_\_\_ Please initial here \_\_\_\_\_

**IF LEAD HAZARDS ARE TO BE REMEDIATED IN YOUR HOME, YOU WILL BE REQUIRED TO FIND OTHER ACCOMMODATIONS FOR YOUR FAMILY AND PETS FOR UP TO TEN DAYS.**

**Household Composition.** Complete the chart below. Include the head of household, all persons 18 years of age and older, and all children who reside in the household. Also include children who are subject to shared custody agreements and reside in the household at least 50% of the time. Use the back of this page if additional space is needed.

Name	Relationship to Head	Sex M / F	Birth Date	Race (see table below)	Hispanic or Latino?	Child on Medicaid Yes / No	Social Security or Alien Registration #
	Head of Household					NA	
<b>RACE TABLE. USE THE NUMBER IN FRONT OF THE APPROPRIATE CATEGORY TO COMPLETE THE CHART ABOVE:</b>							
SINGLE RACE CATEGORIES				MULTI-RACE CATEGORIES			
<b>1</b>	White		<b>6</b>	American Indian or Alaskan Native <i>and</i> White			
<b>2</b>	Black or African American		<b>7</b>	Asian <i>and</i> White			
<b>3</b>	American Indian or Alaskan Native		<b>8</b>	Black or African American <i>and</i> White			
<b>4</b>	Asian		<b>9</b>	American Indian/Alaskan Native <i>and</i> Black/African American			
<b>5</b>	Native Hawaiian or Pacific Islander		<b>0</b>	Other multi-racial:			

**Marital Status.** Head of Household is (check one):  Married  Single  Widowed  Divorced  Separated

**Visiting Child Certification.** Complete the chart below listing all children under age six who receive childcare in your home on a regular basis each week. Use the back of this page if additional space is needed. **All information is required.**

Name of Child Under Age 6	Sex M/F	Birth Date	Child on Medicaid Yes / No	Name of Legal Guardian	Address of Legal Guardian	Phone # of Legal Guardian
1.						
2.						

The children listed above regularly receive childcare in my/our home during these hours:

Child 1	Sun	Mon	Tue	Wed	Thu	Fri	Sat
<b>From:</b>							
<b>To:</b>							

  

Child 2	Sun	Mon	Tue	Wed	Thu	Fri	Sat
<b>From:</b>							
<b>To:</b>							

My children are cared for at the Applicant's address during the hours stated above.

\_\_\_\_\_  
Signature of Visiting Child(ren)'s Parent(s) or Legal Guardian(s)

\_\_\_\_\_  
Date

**APPLICANT QUESTIONS**

1. What repairs are you requesting? \_\_\_\_\_
2. Have you filed for bankruptcy within the past 5 years? (Circle one)  
**No**    **Yes:**    Case # \_\_\_\_\_  
 Chapter 13 or Chapter 7? \_\_\_\_\_  
 Date originally filed \_\_\_\_\_  
 Date discharged \_\_\_\_\_
3. Have you been served with a notice of foreclosure within the last 7 years?    **No**    **Yes:**    Date of Notice \_\_\_\_\_
4. Have you applied for or closed a loan to refinance your mortgage or have you applied or signed for any other loan secured by your property in the last 90 days?    **No**    **Yes,**    with \_\_\_\_\_  
(Name of company/person who provided loan)
5. Do you have Housing Code orders on your property?    **No**    **Yes:**    Housing Inspector \_\_\_\_\_
6. Is your residence a multi-unit dwelling?    **No**    **Yes:**    Number of Units \_\_\_\_\_
7. How many bedrooms are in your residence?    \_\_\_\_\_
8. Were you a first-time homebuyer when you purchased this property?    **No**    **Yes**
9. Have you occupied the property for the last 12 months?    **No**    **Yes**    If no, why not? \_\_\_\_\_
10. Do you have an account at a bank or credit union?    **No**    **Yes,**    with \_\_\_\_\_  
(Name of bank or credit union)
11. Would your household be able to find temporary accommodations away from your home for up to 10 days during the lead remediation process?    **No**    **Yes**
12. Is there a pregnant woman living at this address?    **No**    **Yes:**    Name \_\_\_\_\_

**CONFLICT OF INTEREST:** Are you or an immediate family member or a business associate now or at any time in the past 12 months, an employee, agent, consultant, elected, or appointed official of the City?    **No**    **Yes**

**DEBT OBLIGATIONS**

In the spaces provided below, list all your monthly credit obligations that will not be paid off in the next 12 months. Include house payments, car payments, credit card payments, etc. Do not include utility or telephone payments.

NAME OF CREDITOR	AMOUNT BORROWED	BALANCE OWED	PAYMENT
1. _____ <small>(Mortgage or Land Contract)</small>	\$ _____	\$ _____	\$ _____ /month
2. _____	\$ _____	\$ _____	\$ _____ /month
3. _____	\$ _____	\$ _____	\$ _____ /month
Homeowner's Insurance Premium paid to _____ <small>(Homeowner's Insurance Agency Name)</small>			\$ _____ /year



# KENT COUNTY HEALTH DEPARTMENT

COMMUNITY NURSING DIVISION  
CHILDHOOD LEAD POISONING PREVENTION PROGRAM  
700 FULLER NE  
GRAND RAPIDS MICHIGAN 49503  
616/632-7058 - FAX 616/632-7016



## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, (parent/guardian), DOB \_\_\_\_\_  
Hereby authorize the Kent County Health Department Community Nursing – Lead Poisoning Prevention Program, its director or designee, to release information contained in the client records of:

\_\_\_\_\_ Date of Birth \_\_\_\_\_  
(first) (middle) (last)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
DOB \_\_\_\_\_  
DOB \_\_\_\_\_  
DOB \_\_\_\_\_

to:

**The City of Grand Rapids, HUD Lead Hazard Control Program**

only under the conditions list below:

1. Extent or nature of information to be disclosed, relevant to the Program if applicable, and dates of service, if necessary: Information pertaining to the Kent County Health Department Childhood Lead Poisoning Prevention Program, including case management information, blood test results and environmental investigations.
2. The authorized purpose or need for such disclosure: Case management, coordination of care and/or coordination of lead hazard remediation efforts.

All information will be treated confidentially and will be for professional use only. Further release of information so disclosed is prohibited unless consistent with the authorized purpose stated above. Any persons receiving such information shall be so advised. (Section 748, Mental Health Code)

I understand that this authorization may be withdrawn by me at any time. Revocation of this authorization will not affect any information already released. If no express revocation is issued, **this authorization will expire one year from date signed.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Release witnessed by: \_\_\_\_\_. Witness is responsible to assure that if client signs he or she was competent to give informed consent. If the witness does not feel the client is competent, refer to R330.6011 (3)-(4), Michigan Department of Mental Health Emergency Rules. INFORMATION MAY BE WITHHELD IF IT IS NOT RELEVANT TO THE STATED AUTHORIZED PURPOSE.

Released to \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_  
Retain release in client's file at releasing Agency.

For religious and/or personal reasons, I choose not to have my child(ren) tested for lead.

\_\_\_\_\_  
Parent/Guardian's signature

\_\_\_\_\_  
Date



# CITY OF GRAND RAPIDS HOUSING REHABILITATION PROGRAMS

## INSURANCE AGREEMENT

I hereby agree to place the City of Grand Rapids as a second mortgagee on my property insurance policy per the application requirements and guidelines of the City of Grand Rapids Housing Rehabilitation and/or Lead Hazard Control Program.

I understand this is to secure investment in my property by the City of Grand Rapids in the event the property referenced below is damaged or destroyed while still under a mortgage loan obligation.

I have enclosed a copy of my current Homeowner's Insurance Policy Declarations Page.

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance Carrier

\_\_\_\_\_  
Carrier Address

\_\_\_\_\_  
Policy Number



# HOUSING REHABILITATION PROGRAMS

## RESIDENTIAL ENERGY EFFICIENCY ASSISTANCE PROGRAM PARTICIPATION AGREEMENT

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

The City of Grand Rapids Community Development Department participates with local utility companies in the Residential Energy Efficiency Program. The Program provides rebates to housing development/ weatherization organizations that help property owners make eligible improvements.

The Community Development Department will apply for all available rebates for assisted energy efficiency improvements to your home. All rebates will be issued to the City of Grand Rapids as the agency financing the project. The City will use the funds to continue to grant energy and water efficiency improvements to you and your neighbor's homes.

You may be eligible for certain tax incentives. Please address this with your tax professional.

### NOTICES

1. All warranty issues must be directed to the contractor completing the work, or the City.
2. DTE Energy reserves the right to inspect the work performed for which rebates were issued.
3. Participation in the program does not in any way imply a DTE Energy endorsement of the City of Grand Rapids Housing Rehabilitation or other Programs.
4. DTE Energy reserves the right to alter or terminate this program at any time.

DTE Energy Account # \_\_\_\_\_

### Certification by Property Owner:

I hereby agree to allow the City of Grand Rapids Community Development Department to apply for and retain all available Residential Energy Efficiency Program rebates. I further agree, if requested, to allow utility company representatives reasonable access to the assisted property for the purposes of inspecting installations potentially eligible for a rebate.

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Date

### Certification by Tenant:

I hereby agree to allow the City of Grand Rapids Community Development Department to apply for and retain all available Residential Energy Efficiency Program rebates. I further agree, if requested, to allow DTE Energy representatives reasonable access to the assisted property for the purposes of inspecting installations potentially eligible for a rebate.

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date





# HOUSING REHABILITATION AND LEAD HAZARD CONTROL PROGRAMS

## INCOME CHECKLIST

### IMPORTANT

Submit a separate checklist for each household member 18 years of age or older and **provide a copy of your complete federal, state, and local tax returns for the previous tax year, including all schedules and attachments. Also attach the supporting documentation indicated for any item checked "Yes."** Completion of this checklist is required to determine eligibility to receive assistance.

Household Member's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Property Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**YES NO**

**ANSWER EACH ITEM. PLEASE PRINT CLEARLY.**

I filed a tax return for last year.

ATTACH COMPLETE TAX RETURNS FOR THE MOST RECENT TAX YEAR AND IRS FORM 4506 (ATTACHED).

I am self-employed as a \_\_\_\_\_ and earned \$ \_\_\_\_\_ last year.

ATTACH DOCUMENTATION OF YOUR INCOME, A CURRENT PROFIT/LOSS STATEMENT, AND TAX RETURNS FOR THE PAST **TWO** YEARS.

I am employed and receive a salary or wages. I earn \$ \_\_\_\_\_ per year.

Employer(s): Name \_\_\_\_\_ Name \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

The employment above is the same employment I had for 12 months of the previous tax year.

I receive tips. If yes, how much? \$ \_\_\_\_\_/per week.

ATTACH TWO RECENT, CONSECUTIVE PAY STUBS.

I am currently unemployed and have been unemployed since \_\_\_\_\_.

I receive unemployment benefits of \$ \_\_\_\_\_/week.

I have applied for unemployment benefits but do not currently receive benefits.

ATTACH APPROVAL LETTER.

I receive rental income of \$ \_\_\_\_\_/month from real estate.

ATTACH LEASE/RENTAL AGREEMENT.

I receive income of \$ \_\_\_\_\_/month from royalties, partnerships, S corporations, and/or trusts, etc.

ATTACH APPROPRIATE DOCUMENTATION.

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	I receive Child Support payments of \$ _____/month.
<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony or separate maintenance payments of \$ _____/month.
<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account. The balance on the most recent statement was \$ _____.
<input type="checkbox"/>	<input type="checkbox"/>	I currently have savings of \$ _____ and investments of \$ _____.
<input type="checkbox"/>	<input type="checkbox"/>	I receive IRA distributions of \$ _____/month.

ATTACH TWO MOST RECENT STATEMENTS FOR ALL ACCOUNTS.

<input type="checkbox"/>	<input type="checkbox"/>	I receive pension and/or annuity payments of \$ _____/month. Check all that apply: <input type="checkbox"/> Pension / 401k / 403b / 457b <input type="checkbox"/> Disability or death benefits <u>other than Social Security</u> <input type="checkbox"/> Military retirement pay <input type="checkbox"/> Other: _____
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ATTACH BENEFIT AWARD LETTER INDICATING AMOUNT AND DURATION OF BENEFIT.

<input type="checkbox"/>	<input type="checkbox"/>	I receive Social Security benefits of \$ _____/month.
<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI) of \$ _____/month.
<input type="checkbox"/>	<input type="checkbox"/>	I have a family member 17 years of age or younger who has unearned income (for example, Social Security or SSI). Please list below: Name _____ Type of Income _____ Amount \$ _____/month. Name _____ Type of Income _____ Amount \$ _____/month.

ATTACH COPY OF ANNUAL AWARD LETTERS.

<input type="checkbox"/>	<input type="checkbox"/>	I receive income from sources not mentioned here. (For example, worker's compensation, insurance or trust payments, Veteran's Administration or G.I. Bill benefits, lottery/gambling winnings, jury duty pay, awards, etc.) Please explain below: _____ _____
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<input type="checkbox"/>	<input type="checkbox"/>	I will have adjustments to my income on my next tax return for the following (check all that apply): <input type="checkbox"/> Educator expenses <input type="checkbox"/> Business expenses per IRS Form 2106 <input type="checkbox"/> Health savings account <input type="checkbox"/> Self-employment tax, SEP or SIMPLE plans, or health insurance deduction <input type="checkbox"/> Penalty for early withdrawal of savings <input type="checkbox"/> Alimony I pay: \$ _____/month <input type="checkbox"/> IRA deduction <input type="checkbox"/> Student loan interest deduction, tuition and/or fees
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YES NO

- I receive benefits other than Medicaid for myself or my children from the Department of Health and Human Services (DHHS). If yes, list the benefit(s) in the appropriate section below.

FIA Caseworker's Name \_\_\_\_\_ Phone # \_\_\_\_\_

FIA Case # \_\_\_\_\_

- DHHS pays bills directly to providers on my behalf. List the bills and the amounts paid. (For example: house payment, gas, electric, or water bills, or childcare providers.)

Paid to/Reason \_\_\_\_\_ Amount \$ \_\_\_\_\_/month.

Paid to/Reason \_\_\_\_\_ Amount \$ \_\_\_\_\_/month.

- I receive Food Assistance Program benefits or food stamps from the DHHS.

Amount \$ \_\_\_\_\_/month.

- I receive Cash Assistance from the DHHS.

Amount \$ \_\_\_\_\_/month.

ATTACH A COPY (ALL PAGES) OF THE MOST RECENT NOTICE OF CASE ACTION WITH AN "INCOME SUMMARY" SECTION.

- I receive benefits from another public service organization besides DHHS.

From \_\_\_\_\_ Reason \_\_\_\_\_ Amount \$ \_\_\_\_\_/month.

From \_\_\_\_\_ Reason \_\_\_\_\_ Amount \$ \_\_\_\_\_/month.

### CERTIFICATION

- I have attached a copy of my complete federal, state, and local tax returns, including all schedules and attachments, for the previous tax year. If I am self-employed, I have attached complete returns for the last two years.
- I have attached documentation such as check stubs, bank statements, or award letters for all items on this list checked "Yes."

I certify that the copies of income tax returns provided with this income checklist are copies of actual forms I submitted to taxing authorities for the previous tax year. I also certify to the best of my knowledge that the information provided on this Income Checklist is true and I have no income other than indicated herein.

Providing false information is grounds for denial of assistance and/or termination from the City of Grand Rapids Housing Rehabilitation Program and/or Lead Hazard Control Program. Any false statement or representation made with the intent of fraudulently obtaining Housing Rehabilitation Program and/or Lead Hazard Control Program assistance constitutes a felony punishable by fine and/or imprisonment.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## HOUSING REHABILITATION AND LEAD HAZARD CONTROL PROGRAMS

### AUTHORIZATION TO VERIFY INFORMATION

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

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

Last 4 digits of Social Security Number: XXX-XX-\_\_\_\_\_

I am an applicant for property rehabilitation assistance under the Community Development Act of 1974 and/or the Lead Hazard Control Program, or an adult member of an applicant's household, and I hereby authorize the City of Grand Rapids Community Development Department:

- 1) To obtain a credit report in my name.
- 2) To verify my income and employment information.
- 3) To verify any and all other information necessary to establish the applicant's eligibility to receive property rehabilitation assistance.
- 4) To provide copies of documentation regarding my loan application including credit reports, income and employment information, and any other information needed to Mercantile Bank, the Federal Home Loan Bank of Indianapolis, or any other parties providing funding through the City of Grand Rapids Community Development Department.

I understand information obtained will remain confidential and will be used solely for the purpose of determining eligibility to receive Housing Rehabilitation Program and/or Lead Hazard Control Program assistance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Request for Copy of Tax Return

- ▶ **Do not sign this form unless all applicable lines have been completed.**
- ▶ **Request may be rejected if the form is incomplete or illegible.**
- ▶ **For more information about Form 4506, visit [www.irs.gov/form4506](http://www.irs.gov/form4506).**

**Tip.** You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return**, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." or call 1-800-908-9946.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return

**3** Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

**4** Previous address shown on the last return filed if different from line 3 (see instructions)

**5** If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.

**Caution:** If the tax return is being mailed to a third party, ensure that you have filled in lines 6 and 7 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax return to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your return information, you can specify this limitation in your written agreement with the third party.

**6** **Tax return requested.** Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶ \_\_\_\_\_

**Note:** If the copies must be certified for court or administrative proceedings, check here

**7** **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

\_\_\_\_\_

\_\_\_\_\_

**The City of Grand Rapids will NOT be requesting a copy of your tax return from the IRS. This form authorizes the City to maintain a copy of your tax return in your City loan file and must only be completed if you are submitting a copy of any tax returns with your application.**

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

**Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506.** See instructions.

Phone number of taxpayer on line 1a or 2a

**Sign Here**

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date



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## INCOME CHECKLIST

### IMPORTANT

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Household Member's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Property Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**YES NO**

**ANSWER EACH ITEM. PLEASE PRINT CLEARLY.**

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Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

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ATTACH APPROPRIATE DOCUMENTATION.

YES NO

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<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony or separate maintenance payments of \$ _____/month.
<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account. The balance on the most recent statement was \$ _____.
<input type="checkbox"/>	<input type="checkbox"/>	I currently have savings of \$ _____ and investments of \$ _____.
<input type="checkbox"/>	<input type="checkbox"/>	I receive IRA distributions of \$ _____/month.

ATTACH TWO MOST RECENT STATEMENTS FOR ALL ACCOUNTS.

<input type="checkbox"/>	<input type="checkbox"/>	I receive pension and/or annuity payments of \$ _____/month. Check all that apply: <input type="checkbox"/> Pension / 401k / 403b / 457b <input type="checkbox"/> Disability or death benefits <u>other than Social Security</u> <input type="checkbox"/> Military retirement pay <input type="checkbox"/> Other: _____
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FIA Caseworker's Name \_\_\_\_\_ Phone # \_\_\_\_\_

FIA Case # \_\_\_\_\_

- DHHS pays bills directly to providers on my behalf. List the bills and the amounts paid. (For example: house payment, gas, electric, or water bills, or childcare providers.)

Paid to/Reason \_\_\_\_\_ Amount \$ \_\_\_\_\_/month.

Paid to/Reason \_\_\_\_\_ Amount \$ \_\_\_\_\_/month.

- I receive Food Assistance Program benefits or food stamps from the DHHS.

Amount \$ \_\_\_\_\_/month.

- I receive Cash Assistance from the DHHS.

Amount \$ \_\_\_\_\_/month.

ATTACH A COPY (ALL PAGES) OF THE MOST RECENT NOTICE OF CASE ACTION WITH AN "INCOME SUMMARY" SECTION.

- I receive benefits from another public service organization besides DHHS.

From \_\_\_\_\_ Reason \_\_\_\_\_ Amount \$ \_\_\_\_\_/month.

From \_\_\_\_\_ Reason \_\_\_\_\_ Amount \$ \_\_\_\_\_/month.

### CERTIFICATION

- I have attached a copy of my complete federal, state, and local tax returns, including all schedules and attachments, for the previous tax year. If I am self-employed, I have attached complete returns for the last two years.
- I have attached documentation such as check stubs, bank statements, or award letters for all items on this list checked "Yes."

I certify that the copies of income tax returns provided with this income checklist are copies of actual forms I submitted to taxing authorities for the previous tax year. I also certify to the best of my knowledge that the information provided on this Income Checklist is true and I have no income other than indicated herein.

Providing false information is grounds for denial of assistance and/or termination from the City of Grand Rapids Housing Rehabilitation Program and/or Lead Hazard Control Program. Any false statement or representation made with the intent of fraudulently obtaining Housing Rehabilitation Program and/or Lead Hazard Control Program assistance constitutes a felony punishable by fine and/or imprisonment.

Signature \_\_\_\_\_

Date \_\_\_\_\_





## HOUSING REHABILITATION AND LEAD HAZARD CONTROL PROGRAMS

### AUTHORIZATION TO VERIFY INFORMATION

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

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

Last 4 digits of Social Security Number: XXX-XX-\_\_\_\_\_

I am an applicant for property rehabilitation assistance under the Community Development Act of 1974 and/or the Lead Hazard Control Program, or an adult member of an applicant's household, and I hereby authorize the City of Grand Rapids Community Development Department:

- 1) To obtain a credit report in my name.
- 2) To verify my income and employment information.
- 3) To verify any and all other information necessary to establish the applicant's eligibility to receive property rehabilitation assistance.
- 4) To provide copies of documentation regarding my loan application including credit reports, income and employment information, and any other information needed to Mercantile Bank, the Federal Home Loan Bank of Indianapolis, or any other parties providing funding through the City of Grand Rapids Community Development Department.

I understand information obtained will remain confidential and will be used solely for the purpose of determining eligibility to receive Housing Rehabilitation Program and/or Lead Hazard Control Program assistance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Request for Copy of Tax Return

- ▶ **Do not sign this form unless all applicable lines have been completed.**
- ▶ **Request may be rejected if the form is incomplete or illegible.**
- ▶ **For more information about Form 4506, visit [www.irs.gov/form4506](http://www.irs.gov/form4506).**

**Tip.** You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return**, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." or call 1-800-908-9946.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return

**3** Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

**4** Previous address shown on the last return filed if different from line 3 (see instructions)

**5** If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.

**Caution:** If the tax return is being mailed to a third party, ensure that you have filled in lines 6 and 7 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax return to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your return information, you can specify this limitation in your written agreement with the third party.

**6** **Tax return requested.** Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶ \_\_\_\_\_

**Note:** If the copies must be certified for court or administrative proceedings, check here

**7** **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

\_\_\_\_\_

\_\_\_\_\_

**The City of Grand Rapids will NOT be requesting a copy of your tax return from the IRS. This form authorizes the City to maintain a copy of your tax return in your City loan file and must only be completed if you are submitting a copy of any tax returns with your application.**

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

**Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506.** See instructions.

Phone number of taxpayer on line 1a or 2a

**Sign Here**

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date