



Community Development Block Grant (CDBG)

Homeowner Rehabilitation Program

Administered for: Village of Grass Lake

Program Administrator: Village of Grass Lake	Sabrina Edgar, Village Manager	Phone: 517-522-4550
Address: 119 N Lake St Grass Lake, MI 49240	Email: s.edgar@villageofgrasslake.com	Website: https://www.villageofgrasslake.com/

Date: _____

Dear Homeowner:

The Village of Grass Lake is pleased to offer a Community Development Block Grant (CDBG) Homeowner Rehabilitation Program through the Michigan State Housing Development Authority (MSHDA), Neighborhood Development Division.

Homeowners who qualify are eligible for \$1,500 to \$20,000 in CDBG assistance to address health, safety, energy-efficiency, and accessibility needs in their home. Assistance of \$10,000 or less is provided as a grant with no repayment. Assistance above \$10,000 is considered a zero-interest loan with no payments, forgivable after five years, secured by a second mortgage on the property for the assistance amount. The balance would only come due if the home was sold, refinanced, or transferred during the 5 year period.

Before you complete this packet: if you have not already done so, please complete the Village's Eligibility Check first, a short questionnaire (available online, on paper at the Village office, or by phone) that lets you know whether you are likely to qualify before you gather documents for a full application. This can save you time if the program is not currently a fit for your household. Call or visit the Village office if you would like help completing the Eligibility Check.

Please complete this entire packet. Applications that are incomplete or missing required documentation cannot be accepted. Complete applications are reviewed in the order they are received (first-come, first-served); you will receive a response within 10 business days of submitting a complete application — either an eligibility determination or a list of any additional documents needed.

These grant funds are limited, so please do not delay your submission. Application packets can be returned in the following ways:

- ☐ Email: s.edgar@villageofgrasslake.com
- ☐ In Person: Village of Grass Lake Office, 119 N Lake St, Grass Lake, MI 49240

Office Hours: Monday–Thursday, 9:00 a.m.–12:00 p.m. and 1:00 p.m.–4:00 p.m.

Our office is excited to offer this program and looks forward to working with you. If you have any questions about these documents, please contact us — or find more information on the Village website.

Sincerely,

Sabrina Edgar

Village Manager

517-522-4550

s.edgar@villageofgrasslake.com

Application Submission Checklist

Attention: Please use this checklist to ensure a complete application submission. If documents are missing, your application will be deemed incomplete. Only completed applications will be accepted.

CDBG Application Packet Documents

- ☐ Village of Grass Lake Applicant, Property & Certification Form (attached)
- ☐ Family (Household) Composition
- ☐ Authorization for Release of Information and Privacy Act Notice
- ☐ Declaration of Section 214 Status
- ☐ Federal income tax return (not state or city)
- ☐ Income & Asset Checklist (1 per household member age 18 or older — copy the attached form as needed)

Review Checklist

For each item marked for income and assets, you must provide supporting documents:

- ☐ Check stubs: 2 months, current and consecutive
- ☐ Self-employment: 2 years of tax returns and Schedules C, E, F. MSHDA Form 10-L for projected self-employment income (request if applicable).
- ☐ Pension benefits: Most recent payment document
- ☐ Social Security/SSI benefit letters: Most recent letter
- ☐ DHHS benefit letter: Most recent letter
- ☐ Bank statements: 6 months of statements for all accounts (checking/savings)
- ☐ IRA, 401k, Keogh: Statement with early withdrawal penalty amount
- ☐ Any other income, asset, or miscellaneous documentation not listed above

Required Property Documents

- ☐ Recorded Warranty Deed, Land Contract, Quit-Claim/Covenant Deed, or Trust document showing ownership
- ☐ Current Mortgage Statement (if applicable)
- ☐ Homeowners Insurance Policy
- ☐ Proof of Paid Property Taxes (or current, approved payment plan)

MSHDA CDBG Annual Income Limits: 80% AMI by Household Size — Jackson County

1-person	2-person	3-person	4-person	5-person	6-person	7-person	8-person
\$51,950	\$59,350	\$66,750	\$74,150	\$80,100	\$86,050	\$91,950	\$97,900

Figures above reflect MSHDA's FY2026 published income limits (effective 5/1/2026).

APPLICANT, PROPERTY & CERTIFICATION FORM

Village of Grass Lake CDBG Homeowner Rehabilitation Program

Part I — General Information

Name of Applicant		Social Security #		Date of Birth	
Name of Co-Applicant		Social Security #		Date of Birth	
Address	City	State	County/ Township	Zip Code	
Home Phone #		Work Phone #		Mobile Phone #	
Contact Person (in your absence)		Mobile Phone #		Work Phone #	
Address		City		State	
How long have you lived at this address?		Year home was built?		Is this a Land Contract? ☐ Yes ☐ No	
Have you ever purchased a home before? ☐ Yes ☐ No					

Part II — Household Size

Name	Relationship

How many people live permanently in your household? ____

List each household member's name, age, income, and source of income on the attached Family Composition form and Income & Asset Checklist. Please do not repeat that information here.

Part III — Property & Program Eligibility

What is the estimated market value of your home?	\$
What are your yearly property taxes?	\$
Are your property taxes current (or on an approved payment plan)?	☐ Yes ☐ No
Is your home insured?	☐ Yes ☐ No
Name of your homeowners insurance company	
Is there a mortgage on this property?	☐ Yes ☐ No
If yes, is it a reverse mortgage? (Reverse mortgages are not eligible for this program.)	☐ Yes ☐ No ☐ N/A
If yes, are mortgage payments current?	☐ Yes ☐ No ☐ N/A
How long have you owned AND occupied this home as your primary residence? (must be at least 1 year)	
What year was the home built? (home must be at least 5 years old)	
Has your household received any MSHDA Neighborhood Development Division (NDD) assistance or loan within the past 5 years?	☐ Yes ☐ No
If yes, list program name(s) and amount(s) below. Note: combined NDD assistance may not exceed \$75,000 in a 5-year period.	

List the homeowner repair/improvement items you are requesting to be completed:

Part IV — Certification

Conflict of Interest: The Village of Grass Lake cannot provide assistance to a Village employee, an employee's immediate family member, or any individual associated with administering the CDBG program, unless a Conflict of Interest Disclosure is submitted and approved by MSHDA legal.

By signing below, I understand and agree that:

- ☐ Applications are served on a first-come, first-served basis, based on the date a complete application is received.
- ☐ If my approved assistance exceeds \$10,000, I (and all other owners of the property) agree to sign a mortgage and note for the full loan amount, maintain homeowners insurance and current property taxes for the loan term (providing annual proof of both), and understand the balance becomes due in full upon sale, refinance, transfer, or if I no longer occupy the home during the 5-year term. This mortgage cannot be subordinated.
- ☐ I may withdraw my application at any time by notifying the Village in writing.
- ☐ I certify that the information in this application is true and correct to the best of my knowledge, and I understand that providing false information will disqualify me from assistance.

Applicant Signature	Date	Co-Applicant Signature	Date



FAMILY COMPOSITION

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

Head of Household Name		Home Telephone Number
Unit Address	City, State, ZIP Code	Work Telephone Number
Mailing Address	City, State, ZIP Code	Message Telephone Number

List yourself and all other persons who will live in the unit:

Name	Social Security # If no SS# use Alien Registration Number	Relationship to Head of Household	Student? Yes/No	Birth Date	Age HUD defines elderly as at least 62	Sex M or F	Disabled? Yes/No	Hispanic or Latino? Yes/No	Race Code # (See Below)	US Citizen? Yes/No
		Head of Household								

Race Code #'s

- | | |
|---|---|
| 1 – White
2 – Black/African American
3 – Asian
4 – American Indian or Alaska Native
5 – Native Hawaiian or Other Pacific Islander | 6 – American Indian or Alaska Native AND White
7 – Asian AND White
8 – Black or African American AND White
9 – American Indian or Alaska Native AND Black or African American
10 – Other Multi-Racial |
|---|---|

If there are new births, please send a copy of proof of birth and social security card. Head of Household — Please complete the following section (for statistical purposes only):

Enter Code #

- Marital Status**
1. Married
 2. Single
 3. Widowed
 4. Divorced
 5. Separated

I certify that only the people listed above will occupy the unit.

Signature of Head of Household

Date

Do you, as a person with a disability, require SPECIFIC accommodation(s) to fully use our programs and services?

☐ No ☐ Yes [List specific accommodation(s) required]

After completing this form, please return to:

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

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

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)
U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.
Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- Public Housing
- Housing Choice Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAS that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

_____		_____	
Head of Household	Date		
_____		_____	
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____		_____	
Spouse	Date	Other Family Member over age 18	Date
_____		_____	
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____		_____	
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



DECLARATION OF SECTION 214 STATUS

This form is required by P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937. Failure to file could affect benefits.

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Read the Declaration statement carefully then sign and return to the address below. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (check the appropriate box, check only one):

1. ☐ I am a citizen by birth, a naturalized citizen or a national of the United States; or
2. ☐ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (i.e. copy of Driver's license, birth certificate, state identification), see instruction #1; or
3. ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach U.S. Citizenship and Immigration Services (USCIS) (formerly INS) document(s) evidencing eligible immigration status and signed verification consent form.
 - a. ☐ Immigrant status under § 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA), see instruction #2; or
 - b. ☐ Permanent residence under §249 of INA, see instruction #3; or
 - c. ☐ Refugee, asylum, or conditional entry status under §207, 208, or 203 of the INA, see instruction #4; or
 - d. ☐ Parole status under §212(d)(5) of the INA, see instruction #5; or
 - e. ☐ Threat to life or freedom under §243(h) of the INA, see instruction #6; or
 - f. ☐ Amnesty under §245A of the INA, see instruction #7.

NOTE: For family members with different citizenship status, complete a separate form for each citizenship status.

Print Name of All Household Members

Parent or Guardian must sign their own name for children under 18 years of age. (DO NOT sign child's name)

HEAD OF HOUSEHOLD First, Middle Initial, Last Name	HEAD OF HOUSEHOLD Signature	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date

Return completed form to:



DECLARATION OF SECTION 214 STATUS

This form is required by P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937. Failure to file could affect benefits.

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

1. **Eligible immigration status and 62 years of age or older.** For non-citizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
2. **Immigrant status under section 101(a)(15) or 101(a)(20) of Immigration and Nationality Act (INA).** A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the INA, as an immigrant, as defined by section 101(a)(15) of the INA {8 U.S.C. 1101(a)(20) and 1101(a)(15)} respectively [*immigrant status*]. This category includes a non-citizen admitted under section 210 or 210A of the INA {8 U.S.C. 1160 or 1161}, [*special agricultural worker status*], who has been granted lawful temporary resident status.
3. **Permanent residence under section 249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA {8 U.S.C. 1259} [*amnesty granted under INA 249*].
4. **Refugee, asylum, or conditional entry status under section 207, 208, or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to the admission under section 207 of the INA {8 U.S.C. 1157} [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA {8 U.S.C. 1158} [*asylum status*]; or because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
5. **Parole status under section 212(d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General's withholding deportation under section 212(d)(5) of the INA {8 U.S.C. 1182(d)(5)} [*parole status*].
6. **Threat to life or freedom under section 243(h) of INA.** A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under section 243(h) of the INA {8 U.S.C. 1253(h)} [*threat to life or freedom*].
7. **Amnesty under section 245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under section 245A of the INA {8 U.S.C. 1255a} [*amnesty granted under INA 245A*].

Instructions to Grantee: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), Grantee must enter INS/SAVE Verification Number and date that it was obtained. Grantee signature is not required.

Instructions to Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" in the appropriate boxes. Attach USCIS document(s) evidencing eligible immigration status. Sign and date.

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Complete one Checklist for each Adult. If you need more forms

CHECKLIST

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

Complete a separate form for each household member who is age 18 or older. For all items checked YES, provide ORIGINAL verification (not photocopies) additional information as requested. Complete in ink, initial any/all changes.

Household Member Name	Head of Household Name	
	Address	City

Each item must be fully completed. Please print clearly using black or blue ink.

Section A – Income

	Yes	No	
A-1	☐	☐	I am self-employed . If yes, describe _____.
A-2	☐	☐	I earned \$_____ in the last 12 months. I have _____ job(s) and receive money/wages . Name of Employer: ¹⁾ _____ ²⁾ _____ Date of Hire: _____ Name of Employer: ³⁾ _____ ⁴⁾ _____ Date of Hire: _____
A-3	☐	☐	I receive tips . If yes, in the amount of \$_____ per week.
A-4	☐	☐	I am unemployed . If yes, I have been unemployed since _____ (date). I receive unemployment/subpay benefits since _____ (date). I ☐ will ☐ will not receive an extension.
A-5	☐	☐	I receive periodic payments from Workers' Compensation . If yes, Amount \$_____
A-6	☐	☐	I receive military active-duty allotments. If yes, Amount \$_____
A-7	☐	☐	I receive Veteran's Administration benefits. If yes, Amount \$_____ VA File # _____
A-8	☐	☐	I receive Social Security . If yes, Amount \$_____
A-9	☐	☐	I receive Supplemental Security Income (SSI) . Federal Amount \$_____ State Amount \$_____
A-10	☐	☐	I receive periodic payments from retirement funds or pensions . If yes, how many? _____ Source Name: ¹⁾ _____ Amount: \$_____ per _____ Source Name: ²⁾ _____ Amount: \$_____ per _____
A-11	☐	☐	I receive disability or death benefits other than Social Security . If yes, from how many sources? _____ Source Name: ¹⁾ _____ Amount: \$_____ per _____ Source Name: ²⁾ _____ Amount: \$_____ per _____
A-12	☐	☐	I receive a CASH Public Assistance grant (FIP, SDA, RAP). DHS Case #: _____ Amount: \$_____ per _____
A-13	☐	☐	I receive child support . If yes, from how many persons do you receive support? _____ How many Friend of the Court(s) do you receive support from? _____ If yes, is child support paid directly to Department of Human Services (DHS)? Yes No If not paid directly to DHS: Friend of the Court Name: ¹⁾ _____ Amount: \$_____ per _____ Friend of the Court Name: ²⁾ _____ Amount: \$_____ per _____ Friend of the Court Name: ³⁾ _____ Amount: \$_____ per _____
A-14	☐	☐	I receive alimony . If yes, from how many persons do you receive alimony? _____ How many Friend of the Court(s) do you receive alimony from? _____ If yes, is alimony paid directly to Department of Human Services (DHS)? ☐ Yes ☐ No If not paid directly to DHS: Friend of the Court Name: ¹⁾ _____ Amount: \$_____ per _____ Friend of the Court Name: ²⁾ _____ Amount: \$_____ per _____

Yes No

A-15 ☐ ☐ I receive **adoption assistance payments**. If yes, how many sources? _____
 Source Name: 1) Amount: \$ _____ per _____
 Source Name: 2) Amount: \$ _____ per _____

A-16 ☐ ☐ I receive periodic payments from a **trust, annuity, or inheritance**. If yes, how many sources? _____
 Source Name: 1) Amount: \$ _____ per _____
 Source Name: 2) Amount: \$ _____ per _____

A-17 ☐ ☐ I receive periodic payments from **insurance policies**. If yes, how many sources? _____
 Source Name: 1) Amount: \$ _____ per _____
 Source Name: 2) Amount: \$ _____ per _____

A-18 ☐ ☐ I receive periodic payments from **lottery winnings**.
 Source Name: 1) Amount: \$ _____ per _____
 Source Name: 2) Amount: \$ _____ per _____

A-19 ☐ ☐ I am a **full-time student**.
 Name of School: _____
 Address City State Zip: _____

A-20 ☐ ☐ I receive **CASH** contributions or gifts including rent, groceries, car payments, or utility payments on an ongoing basis from persons not living with me. If yes, from how many sources? _____ (List each source separately)
 Source Name: 1) Amount: \$ _____ per _____
 Source Name: 2) Amount: \$ _____ per _____

A-21 ☐ ☐ I have **cryptocurrency or other income** than those listed above.
 Describe: _____

 Source Name: 1) Amount: \$ _____ per _____
 Source Name: 2) Amount: \$ _____ per _____

To be filled out on Head of Household's form only. Leave blank if you are not the Head of Household.

Yes No

A-22 ☐ ☐ I have a family member(s) age 17 or under who has **unearned** income (examples: Social Security, SSI).
 List their names and type(s) of income:

Name	Type	Amount	Name	Type	Amount

A-23 ☐ ☐ I have a family member(s) age 17 or under who has **earned** income (list each job separately).

Name	Amount	Name	Amount

Section B – Assets

Yes No

B-1 ☐ ☐ I have the following accounts ☐ **Savings** ☐ **Checking** ☐ **Retirement account provided by Employer**
 [check which one(s)]: ☐ **IRA's or Keogh** ☐ **Other** _____
 How many banks, credit unions, savings and loans, etc. do you have accounts with? _____ (List each separately)
 Name of bank: 1) Acct # _____
 Name of bank: 2) Acct # _____
 Name of bank: 3) Acct # _____

B-2 ☐ ☐ I own **additional real estate**. Describe: _____

B-3 ☐ ☐ I have a **land contract(s)**. Describe: _____

B-4 ☐ ☐ I own a **mobile home**. Describe: _____

Yes No

B-5 ☐ ☐ I receive **income from rental** of real estate or personal property. Describe _____

B-6 ☐ ☐ I receive income from **Indian Trust Land**. Describe _____

B-7 ☐ ☐ I have **personal property held for investment** purposes (gems, jewelry, coin or stamp collections, etc.)
Describe: _____

B-8 ☐ ☐ I have **Treasury Bills, Stocks or Bonds**. Check which one(s): ☐ Treasury Bills ☐ Stocks ☐ Bonds
How many do you have? _____ (List each separately)
Name of each source: ¹⁾ _____ Account # _____
Name of each source: ²⁾ _____ Account # _____
Name of each source: ³⁾ _____ Account # _____

B-9 ☐ ☐ I have a **life insurance policy with a cash surrender value**.
Source Name: ¹⁾ _____ Policy #: _____
Source Name: ²⁾ _____ Policy #: _____

B-10 ☐ ☐ I have **sold, given away, or otherwise transferred ownership of assets** within the last two (2) years.
List items: _____ Sale amount \$ _____

B-11 ☐ ☐ I have **cryptocurrency or other assets** than those listed above.
Describe: _____
Source Name: ¹⁾ _____ Amount: \$ _____ per
Source Name: ²⁾ _____ Amount: \$ _____ per

To be filled out on Head of Household's form only. Leave blank if you are not the Head of Household.

Yes No

B-12 ☐ ☐ I have a family member(s) age 17 or under who has assets (example: savings accounts, bonds, etc.).

Name	Type	Amount	Name	Type	Amount

How many banks, credit unions, savings and loans, etc. do you have accounts with? _____ (List each separately)
Name of bank: ¹⁾ _____ Acct # _____
Name of bank: ²⁾ _____ Acct # _____
Name of bank: ³⁾ _____ Acct # _____

Section C – Rental Rehabilitation Only

☐ NA for DRR ☐ NA for HRM

Yes No

C-1 ☐ ☐ I am disabled and receive Supplemental Security Income (SSI).

To be filled out on Head of Household's form only. Leave blank if you are not the Head of Household.

Yes No

C-2 ☐ ☐ I have a family member(s) under age 6 who has an *identified* Environmental Intervention Blood Lead Level (EIBLL).
List their names: _____

Please return to:

Certification:

I certify that only the people listed on the Family Composition form will occupy the unit.
I certify the house will be my principal residence.
I will not live anywhere else without notifying MSHDA immediately in writing.
I will not sublease my assisted residence.
I hereby attest that I have reviewed this entire form, and all information has been accurately reported.
I understand that providing false information will result in denial or termination of benefits.

Signature _____

Date _____