Wayne County
Housing Rehabilitation Program
Checklist of Materials Submitted to County for Approval

Client Name (s):_____**Contract #** _____

Address: _____**City**_____ **MI Zip**_____**Phone #:** _____

Items Required for Pre-Approval

- ❑ Homeowner Assistance Application
- ❑ Copy of **Identification** of applicant(s) and any adults living in home (Certificate of Citizenship or Naturalization for client and co-client
- ❑ Pay (check) Stubs, Social Security, etc **(Must provide 2 full months of Income)**
- ❑ Copy of most recent Income Tax returns
- ❑ Affidavit of No Income (if claiming zero income if over 18 years of age)
- ❑ Evidence of Ownership and current Wayne County taxes
- ❑ Homeowners Insurance **(Declaration)**
- ❑ Current utility statement (Water)
- ❑ Lead Disclosure
- ❑ Notarized Conflict of Interest Affidavit or HUD Exception Request

WAYNE COUNTY OFFICE USE ONLY

- ❑ HUD Income Calculation (Signed by Homeowner) (***https://www.hudexchange.info/incomecalculator/dashboard/***)
- ❑ **Data Entry Completion Form**
- ❑ SHPO Response (or Exempt Activity Affidavit & Environmental Forms)
- ❑ Environmental Review Record Fed. Law & Authorities Compliance & Noise Determination Checklist
- ❑ MSHDA – Project Evaluation for Consultation with SHPO List
- ❑ Work Write-Up & Cost Estimate *(When applicable)*
- ❑ *Final Bid Specifications*
- ❑ NTPs issued from County

WAYNE COUNTY OFFICE USE ONLY: Items Required for Payment Request

- ❑ Signed Request for Reimbursement
- ❑ Signed Affidavit from Contractor
- ❑ Signed Financial Review Form
- ❑ Copy of executed final lien or loan (second mortgage) between Wayne County and Homeowner
- ❑ Evidence Contractors paid their contractor (when applicable)
- ❑ Lead Clearance Report
- ❑ Evidence that Property meets Local Housing Code- **Final Inspection**
- ❑ **For Final Draw**-Completed Accomplishment Report and Copies of all Data Entry Forms

Created by T. Redmond
Revised 10/1/19

Wayne County HOME / CDBG Program

_____
Contract Number

HOME

DATA ENTRY COMPLETION FORM

Homeowner Name(s):_____ Year Built_____
Property Address:_____
City:_____ Zip Code:_____

Type of Property: ☐ Single Family (1-4 unit) ☐ Condominium
☐ Cooperative ☐ Manufactured Housing

Section 504 Accessible?: ☐ Yes ☐ No **Number of Bedrooms:** _____

Does the Home meet Energy Star Standards?: ☐ Yes ☐ No

Percent of Area Median Income: ☐ 0% to 30% ☐ 30% to 50% ☐ 50% to 60% ☐ 60% to 80%

Race/Ethnic Background: Hispanic: ☐ Yes ☐ No

☐ White ☐ Black/African American ☐ Black/African American & White
☐ Asian ☐ Asian & White ☐ American Indian/Alaskan Native
☐ American Indian/Alaskan Native & White ☐ Native Hawaiian/Other Pacific Islander
☐ American Indian/Alaskan Native & Black/African American ☐ Other Multi-Racial

Size of Household: _____ persons

Head of Household: ☐ Single/Non-Elderly ☐ Elderly
☐ Single Parent ☐ Two Parents ☐ Other

Applicable Lead Base Paint Requirement	**#Units**
Housing Constructed before 1978 _____	_____
Exempt Housing Constructed 1978 or later: _____	_____
Exempt: No Paint Disturbed: _____	_____
Otherwise Exempt: _____	_____

Lead Hazard Remediation Action (For Rehabilitation Only)

Lead Safe Work Practices (24 CFR 35.930 (b)) (Hard Cost < = $5,000)	_____
Intern Controls or Standards Practices (24 CFR 35.930 c)) (Hard Cost $5,000 to $25,000.)	_____
Abatement (24.CFR 35.390 (d)) (Hard Cost >$25,000.00)	_____

HOME OR CDBG Funds (Circle One) **Homeowner Loan Amount:** _____

Loan Type: ☐ **Amortized Loan** ☐ **Grant** ☐ **Deferred** ☐ **Payment Type** ☐ **Other**

Other Public Funds

Other Federal Funds Amount: _____ **State/Local Funds Amount:**_____

Private Funds Private Loans Amount:_____Owner Cash Contribution Amount:_____
Private Grants Amount: _____

State Equalize Value: _____ **Value After Rehabilitation:** _____

WAYNE COUNTY HOME & CDBG
AFFIDAVIT REGARDING CONFLICT OF INTEREST

I (we) the undersigned, being duly sworn, do certify that, the best of my (our) knowledge:

My (our) income is less than or equal to 80% of the area median income for a household of _____ person (s) which is the first requirement to be a recipient of Wayne County 's Housing Rehabilitation Assistance.

I (we) have not granted any gratuitous funds to any related party of the County and are not related to any employee or office of the County of Wayne or of the U.S. Department of Housing and Urban Development (HUD) who has a decision-making or monitoring relationship with the Wayne County HOME or CDBG Program.

I (we) understand the following citation from 24CFR Par 92.356(b) and, to the best of my (our) knowledge none of the following situations or relationships applies to me (us):

24 CFR Part 92.356 (b) Conflict prohibited. No persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to activities assisted with HOME funds or who are in a position to participate in a decision making process or gain inside information with regard to these activities, may obtain a financial interest or benefit from a HOME-assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

24CFR Part 92.356 (c) Persons covered. The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the participating jurisdiction, State recipient, or sub-recipient which are receiving HOME funds.

HOMEOWNER (S):	WITNESS (S):
_____	_____
_____	_____

STATE OF MICHIGAN)
) SS
COUNTY OF WAYNE)

On _____, before me, a Notary Public in Wayne County, personally appeared

_____, who acknowledge and executed this document.

_____
Notary Public, Wayne County, MI

My commission Expires: _____

THIS AFFIDAVIT MUST BE EXECUTED BY ADULT HOUSEHOLD MEMBER
AFFIDVIT OF SOURCES OF ZERO INCOME

STATE OF MICHIGAN)
) SS
COUNTY OF WAYNE)

I _____ reside at _____, in _____, Michigan do hereby certify that I do not receive income from any of the following sources:

a. Wages from employment (including commissions, tips, bonuses, fees, etc.,)
b. Income from operation of a business;
c. Rental income from real or personal property;
d. Interest or dividends from assets;
e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
f. Unemployment or disability payments;
g. Public assistance payments;
h. Periodic allowances such as alimony, child support, or gifts received from persons living in my household;
i. Sales from self-employed resources;
j. Any other sources not named above.
k. **I do not receive any assistance for my children from any of the sources listed** above or any other sources not named.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations here-in constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of the improvements being provided to the above address.

_____

Print Legal Name Sign Legal Name (Date)

Sworn to and subscribed before me this _____ day of _____20_____

_____

Notary Public, Wayne County, Michigan

My Commission Expires:_____

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

_____

_____

(ii) _____ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

_____

_____

(ii) _____ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

(c) _____ Lessee has received copies of all information listed above.

(d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home.*

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Lessor	Date	Lessor	Date
Lessee	Date	Lessee	Date
Agent	Date	Agent	Date

Wayne County
CDBG Housing Rehabilitation Program
Application for Housing Rehabilitation Deferred Loan

General Applicant Information

Name: _____ Spouse: _____

Address: _____ **Year House Built?** _____

City: _____ State: MI Zip Code: _____

Applicant's Age: _____ Spouse's Age: _____

Home #: _____ Work #: _____ Cell # _____

Please provide the following information for each ADDITIONAL person currently living at this address:

	Name	Age	Relationship
Person 1			
Person 2			
Person 3			
Person 4			

Please indicate the following regarding the family:

☐ White ☐ Asian ☐ Female Head of Household

☐ African American ☐ Aleutian or American Indian

☐ Hispanic ☐ Other

Mortgage:

Current Mortgage: _____ Per Month: $_____

Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Homeowner Insurance

Name of Provider: _____ Policy Number: _____

Wayne County Office Use Only

Emergency Action Needed: ☐ Yes ☐ No

State Equalized Value: $

Date House was Built:

Type of Ownership:

☐ Warranty Deed

☐ Quit Claim Deed

☐ Land Contract

(please provide date of land contract)

_____

☐ Divorce/Judgment

Please indicate any outstanding amounts due below:

Property Taxes: $

Water: $

Special Assessments Owed: $

Mortgage/House Balance: $

Other: $

Specify: _____

Current Monthly Housing Payment: $

Current Annual Household Income (from Household Income Worksheet): $

Income Status

☐ Very Low < 30% ☐ Low 30 – 50 % ☐ Moderate 50 – 80%

Form CDBG HR 001
Revised 04/2002

Household Income Worksheet

Please enter all regular monthly income, for EVERY person over the age of 18 living in the house, in the appropriate columns below. Documentation may be requested at a later date to verify the information provided.

Anticipated Income					
Family Members	**Monthly Wages/Salaries**	**Monthly Benefits/Pensions**	**Monthly Public Assistance**	**Other Monthly Income**	
				Amount	**Specify**
Applicant					
Spouse					
Person 1					
Person 2					
Person 3					
Person 4					
Monthly Totals	**a.**	**b.**	**c.**	**d.**	
Total Monthly Anticipated Income (add a, b, c, and d and enter the result in e.")				**e.**	
Total Annual Anticipated Income (multiply e by 12 and enter result in f)				**f.**	

Please enter information about all assets, not including your house, in the table below.

Asset Income			
Family Member	**Asset Description**	**Current Cash Value of Asset (if asset does not generate income)**	**Actual Annual Income from Asset (if asset generates income)**
Net Cash Value of Assets (add all numbers in the column above g)		**g.**	
If g is more than $5,000, multiply g by 0.02 and enter the result in h otherwise leave h blank		**h.**	
Total Actual Income from Assets (add all numbers in the column above i)			**i.**

Total Annual Income	
Total Anticipated Annual Income from **f**	
Total Expected Asset Income from **h**	
Total Actual Income from Assets from **i**	
Total Annual Income (add f, h, and i)	

Please indicate employment information for applicable persons below

	Employer	Contact Name	Address	Telephone
Applicant				( )
Spouse				( )
Person 1				( )
Person 2				( )
Person 3				( )
Person 4				( )

Homeowner Education Regarding The Occupant Protection Requirements from Lead-Based Paint Hazards

As of September 15, 2000, the U.S. Department of Housing and Urban Development (HUD requires that efforts are taken to protect the occupants and workers from exposure to lead-based paint dust during Community Development Block Grant (CDBG) funded housing rehabilitation activities (24 CFR 35). Although the primary purpose of the CDBG Housing Rehabilitation program is to correct physical deficiencies within the house, these protection efforts are required at all times and directly related to the amount of federal funds involved in the housing rehabilitation projects.

Please complete the survey below. By completing this information, local administrative and technical staff will be better able to guide you through the Wayne County CDBG Housing Rehabilitation Program. Answers to any of the questions within this section will in no way affect your eligibility to participate in the program.

Is there lead-based paint in my house?

> *Lead-based paint was banned from use in residential construction in 1978. In general, the older your home, the more likely it has lead-based paint, but if your house was built before 1978, you may have lead-based paint in your home.*
>
> *The only accurate method for identifying lead-based paint is to have a state-certified lead inspection completed by a certified lead inspector. This inspector can supply an inspection report that indicates all the painted surfaces containing lead-based paint.*

What year was your house constructed: _____

If there is lead-based paint in my house, is there a hazardous situation?

> *Lead-based paint alone is not a hazard, however, if the paint is worn down or starts to decompose, it can start generating hazardous lead dust. Lead dust is not visible to the eye. In fact, the State of Michigan requires that a certified lead assessor perform technical tests that indicate the presence of lead dust. The results of this test are documented into a lead risk assessment.*
>
> *Although you cannot tell if there is a lead hazard present without a state certified risk assessment, there are some circumstance and activities that increase the chances of a hazard being present.*

Are there defective interior/exterior surfaces (i.e. chipping or peeling paint)? ☐ Yes ☐ No

Have you, within the last five (5) years, disturbed a painted surface within your house (i.e. sanded or scrapped the paint)? ☐ Yes ☐ No

Who is most at risk from exposure to lead dust?

Lead dust can pose a serious danger to everyone living in your house. Kids are the most at risk when exposed to lead dust. Their smaller bodies cannot take as much exposure. Additionally, their bodies and most importantly nervous system are still developing. Lead dust exposure can have permanent negative affects.

The best way to determine whether your children have had a long-term or significant exposure to lead-dust is to get a physician to test the lead levels within the child's blood.

Are there children under age seven (7)? ☐ Yes ☐ No

Have all children under age seven (7) had their lead blood levels tested by a physician?

☐ Yes ☐ No

If no, this may be a requirement to participate in parts of the Wayne County Housing Rehabilitation program.

<LOCAL COMMUNITY POLICY STATEMENT>

If you are interested in having you children's blood-lead levels tested, Wayne County Community Development recommends that you contact your family doctor.

If yes, do any children under seven (7) have Elevated Blood Levels (EBLs)? ☐ Yes ☐ No

Where can I obtain more information?

Several agencies offer additional information regarding lead-based paint and lead poisoning. Below is a list of agencies to contact to obtain more information regarding lead-based paint.

Detroit Lead Poisoning Control Program
(313) 876-4200

Children's Hospital of Detroit
Lead Clinic
(313) 745-4000

State of Michigan,
Department of Community Health,
Childhood Lead Poisoning Project
(517) 335-8885

CDBG Occupant protection requirements

The lead-based paint hazard protection efforts require the program to be structured into four individual components listed below. *At the appropriate time, you, as the participant, will be asked to sign a "declaration" indicating in which of these four levels you will participate in.*

Emergency Cases – In emergency cases, **only work that will remove the emergency situation will be performed**. Emergency conditions exist only when circumstances directly threaten the health safety of the occupant. ONLY the local community representative may identify an emergency situation. If an emergency situation is determined, the following conditions apply:

- The occupant/owner will be required to complete and sign a *Emergency Declaration.*
- The homeowner will receive a pamphlet entitled *Protect Your Family From Lead in Your Home*
- The occupant shall make every effort to not be present on the worksite while emergency work is being performed.
- At the conclusion of emergency related work, all other work will be subject to the rules and regulations of the non-emergency housing rehabilitation program.
- Level 2, 3 or 4 protection level will be required on ALL non-emergency related work to be performed on the house.

Lead-Based Paint Exempt Activity – In situations where ALL non-emergency housing rehabilitation activities are limited to exempt activities, as identified by HUD (i.e. no paint will be disturbed, limited roof repairs, furnace replacement, horizontal plumbing or sewer repairs), the following conditions will apply:

- The occupant/owner will be required to complete and sign a *Lead-Based Paint Exempt Declaration.*
- The homeowner will receive a pamphlet entitled *Protect Your Family From Lead in Your Home.*
- ALL work being performed on this house is limited to the activities identified in the Declaration.
- After completion of the exempt repairs, the house will be ineligible for further consideration within the program except when unanticipated emergency conditions arise.

Activities under $5,000 – This component applies to non-emergency housing rehabilitation cases in which ALL work on the house will involve between $0 and $5,000 in Federal funds and ANY work disturbs painted surfaces. HUD requires a "do no harm" approach, in which controls are identified and implemented so as to prevent the cause of new lead-hazards resulting from the housing rehabilitation work. The following conditions will apply:

- The occupant/owner will be required to complete and sign a *Activity Under $5,000 Declaration.*
- The owner/occupant will be required to receive lead-based paint brochure.
- ALL painted surfaces, within EACH room were rehabilitation work will be performed, will be tested for lead content, by a State-certified Lead Inspector prior to the start of any work.

- Appropriate efforts will be planned and implemented to prevent Lead-Based Paint Hazards resulting from the work.
- At the conclusion of all housing rehabilitation activities, acceptable dust clearance levels, as defined by HUD and as documented by a state certified professional, will be required for each room that work was performed.
- The owner/occupant will receive all documentation of these lead-related protection efforts and will be required by state law to fully disclose this information to any future owner of the home.
- Lead-based paint testing will be required in any room or area that work will be performed.
- Voluntary relocation may be involved.

Activities Between $5,000 and $25,000 – This component applies to non-emergency housing rehabilitation cases in which ALL work on the house will involve between $5,000 and $25,000 in Federal funds and ANY work disturbs painted surfaces. HUD requires an "identify and control lead hazards" approach, in which all lead-based paint hazards, within the house and on the property, are identified and controlled. The following conditions will apply:

- The occupant/owner will be required to complete and sign an *Activity Between $5,000 and $25,000 Declaration.*
- The owner/occupant will be required to receive lead-based paint brochure.
- Through this component, a complete Lead Inspection/Lead Risk Assessment for the property will be performed by a state certified professional(s).
- **ALL** lead hazards will be controlled by, at a minimum, an interim control method. Additionally, this work will have priority and will be completed before any other work is started on the house.
- At the conclusion of both the lead-hazard control related activities and again after the conclusion of all housing rehabilitation activities, acceptable dust clearance levels, as defined by HUD and as documented by a state certified professional, will be required for each room that work was performed.
- The owner/occupant will receive all documentation of these lead-related protection efforts and will be required by state law to fully disclose this information to any future owner of the home.
- Lead-based paint testing will be required on the entire property, and any hazards identified must, at a minimum, be removed temporarily.
- Voluntary relocation may be involved.

At all times, the primary purpose of Wayne County CDBG Housing Rehabilitation Program is the physical rehabilitation of the housing units. As required by HUD regulation (24 CFR 35) these efforts are being undertaken only as protective measures from lead-based paint hazards and at no time are meant to assume neither the responsibilities nor the primary activities of a lead-based paint abatement program.

In cases where too many lead hazards exist in the house, your local community may refer you to a lead-based paint abatement program prior to any work being performed.

Wayne County Housing Rehabilitation Loan Subordination Policy

General Requirements

Subordination requests will only be considered if the homeowner is in a dire situation, such as a medical emergency or the possibility of losing the home, or if the re-mortgaging is only to pay off the mortgage balance to reduce the homeowner's monthly mortgage payment and no additional monies will be received by the homeowner.

Homeowner Requirements

Provide the local community with updated financial information to determine eligibility.

Provide full and complete information as to the terms and conditions of the re-mortgaging, including the value of the property, the balance due on any mortgage which is prior in position to that of the community's lien and the value of any subsequent and resulting mortgage or other liens which would appear first in priority before the community.

Provide the community with a certified appraisal from the mortgagee as to the value of the property.

Provide the community with a written request for a subordination agreement, stating the reason for the request.

Provide the community with a letter from the new mortgage company stating it will not take second position for pay-off and include the amount of the new mortgage.

Community Requirements

The community will submit to the County a written request indicating their support of the lien subordination, along with the above data collected from the homeowner.

The County will respond in writing within 10 days of receipt of community's request, provided that no additional information is required from the community, mortgage/finance company or homeowner.

Owner Request For Repairs

Please list in order of your preference the work that you would like to see done to your house. Please keep in mind that the Wayne County Housing Rehabilitation Program will be performing other work, not necessarily included in this list, in an attempt to bring the house up to code.

In addition, your home will be inspected by the local community for code violations. These code violations will take precedence over your requested repairs.

Priority #	Description Of Work	Location Of Work

Priority #	Description Of Work	Location Of Work

Penalty For False Or Fraudulent Statements:
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 falsifies . . . or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than $10,000 or imprisoned not more than five years, or both."

I (WE) HEREBY CERTIFY that all the information supplied in this application is TRUE AND COMPLETE to the best of my (our) knowledge and do GRANT PERMISSION to the County of Wayne to obtain PROOF (including the verification of financial accounts) of any information contained herein in order to determine program eligibility.

I (WE) FURTHER grant permission to the County of Wayne to undertake the following: make inspections of the property described above; estimations and bidding by private contractors; and inspections of the property for program monitoring purposes by any governmental agency.

SIGNATURE: _____ DATE: _____

SPOUSE: _____ DATE: _____