

# Priority Home Repair (PHR)

## STEP 1 DOCUMENT SUBMISSION CHECKLIST

### Step 1: Household Income Qualification

- 1. Household Summary Form (2 pages)
- 2. Photo identification (showing proof of residence)
- 3. Authorization for Release of Information – signed by each adult (18 & older)
- 4. Family Composition
- 5. Income Verification Checklist & supporting documents for items checked 'Yes'
- 6. Lead / Fair Housing / Homeowner Commitment / Complaint certification Form
- 7. Recorded deed to the property
- 8. Property tax statement showing taxes paid up-to-date
- 9. Homeowner Insurance (HOI) Declaration
- 10. Proof of year built documentation. if not listed on property tax or HOI documents
- 11. Unobstructed photo of the front of the home (jpg file preferred)
- 12. [Veterans Discharge Paperwork](#) (if applicable) - any household with a veteran

If the project falls within one of HFHM's [MI-HOPE eligible zip codes](#). DO NOT submit the income verification application via BOX. Instead, for funding of up to \$25K, please submit via MSHDA's [MI-HOPE on-line portal: https://arp.michigan.gov/p/home](https://arp.michigan.gov/p/home). Please note: once initiated, an application must be completed and submitted within 14 days. Eligible repairs for projects funded through this program include: roof, HVAC/water heater, electrical, insulation, windows/doors (safety), appliances.

### PLEASE NOTE

**Step 1: Household Income Qualification** can take up to **5-10 business days**. Income recertification is required if the work start date on file is more than 6 months after the signed Income Verification Checklist on file.

Due to HHPG and VHRMP program requirements, no work can start until Step 1, Step 2, SHPO and the HUD Environmental Review (ER) are all approved.



## PHR HOUSEHOLD SUMMARY FORM

Affiliate:

County:

Homeowner Name:

Phone Number:

Project Address, City, State, Zip:

Parcel/Property Tax ID #:

Amount of PHR Grant Requested:

Target Completion Date

# of Bedrooms:

Total # of Rooms:

# of Adults (18+):

# of Children (Under 18):

**Household Type** - check only one:

Single non-elderly  Elderly  Related single parent  Related parent  Other

**Special Circumstances** - check any that may apply:

Formerly homeless  Domestic violence  Disability  Veteran  Active military

Is there current MSHDA funding attached to this property?

Yes

No

**Utility Information**

Gas  Propane Provider:

Electric Provider:

Primary heating system:  gas furnace  gas boiler  propane  electric furnace

Primary water heating fuel:  gas  electric  propane

**Housing Information**

Housing Type:  Single family  Multifamily  Mobile home  Other:

Foundation type:  Slab  Crawl  Basement – sq ft:

Year Built:

Year Purchased:

Square Footage (not including basement):

Number of Stories:

**Existing Exterior Materials** (Check all that apply)

Siding:  Wood  Masonry  Vinyl  Aluminum  Other:

Windows:  Wood  Metal  Vinyl  Other:

Windows Original to the Home:  Yes on all  Yes on some  No  Unknown

Storm Windows:  Yes on all  Yes on some  No

Roof:  Asphalt  Wood  Metal  Slate  Other:

Foundation:  Stone  Brick  Poured Concrete  Concrete Block  Other:

**PHR HOUSEHOLD SUMMARY FORM (cont.)**

1. What are your main concerns about the home?
  
2. Are there modifications that could be made to make your home more usable?  Yes  no
  
3. Are there items in the home that need to be addressed to safely access or utilize the home?  
Check all that apply:
 

<input type="checkbox"/> entry doors	<input type="checkbox"/> door thresholds	<input type="checkbox"/> interior doors	<input type="checkbox"/> door knobs	<input type="checkbox"/> cabinets
<input type="checkbox"/> stair cases	<input type="checkbox"/> toilet	<input type="checkbox"/> sink	<input type="checkbox"/> bathtub	<input type="checkbox"/> trip/fall hazards
  
4. Has the roof ever been replaced?  Yes  no
  - a. Approximate age:
  
5. Are there any water issues in the home? Check all that apply.
 

<input type="checkbox"/> Previous flooding	<input type="checkbox"/> current flooding	<input type="checkbox"/> visible water marks	<input type="checkbox"/> visible mold/mildew
<input type="checkbox"/> Stuffy/bad odor	<input type="checkbox"/> drainage issues	<input type="checkbox"/> leaky roof	<input type="checkbox"/> Dampness during heavy rain
  
6. Is there water service in the home?  Yes  no
  - a. Is there a functioning water heater?  Yes  no
  - b. Is there a functioning sump pump?  Yes  no
  - c. Is there a functioning Septic tank?  Yes  no
  - d. Have you used a dehumidifier in the past?  Yes  no
  - e. Are there operating downspouts?  Yes  no
  
7. Is there electricity service in the home?  Yes  no
  
8. What is the source of heat?  Furnace  boiler  other:
  - a. Have you ever used other devices to heat the home? Check all that apply
 

<input type="checkbox"/> Space heaters	<input type="checkbox"/> oven/stove	<input type="checkbox"/> wood stove	<input type="checkbox"/> other
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  - b. Source to cool home?
 

<input type="checkbox"/> Central air	<input type="checkbox"/> a/c window unit	<input type="checkbox"/> fans	<input type="checkbox"/> open windows
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9. Are there functioning smoke detectors in the home?  Yes  no
10. Are there functioning carbon monoxide detectors in the home?  Yes  no
11. Has the home received any home-related citations from the city?  Yes  no
12. Has the home been tested for asbestos?  Yes  no
13. Has the home been tested for radon?  Yes  no
  
14. Are there signs of pests in the home? Check all that apply.
 

<input type="checkbox"/> Mice/rats	<input type="checkbox"/> bedbugs	<input type="checkbox"/> cockroaches	<input type="checkbox"/> other:
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<input type="checkbox"/> I/We will be available and the home open for both pre-and post-home assessments, subcontractor and Habitat for Humanity scheduling of repair work.
<input type="checkbox"/> I/We will not apply for rebates through utility companies for any energy efficiency measures Habitat for Humanity repairs/upgrades. I understand that if I do, I will be billed the rebate amount by the Habitat affiliate and I will be responsible to pay that amount.

**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 of the residence located at \_\_\_\_\_ Michigan and is/are an applicant or participant in the Priority Home Repair Program. This program is funded by the Michigan State Housing Development Authority (MSHDA), HUD, Consumers Energy, and DTE Energy and administered by Habitat for Humanity of Michigan, Housing Agency (HA). In order to be eligible for this 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. The program funders, the HA, and sub-recipients are requesting consent to release this file information for marketing and program purposes. However, the information will not be otherwise disclosed or released outside, except as permitted or required by law. The funders and the HA will protect the file information in accordance with any applicable State privacy law.

Signatures:

Head of Household Signature | Date

Spouse Signature | Date

Other Family Member/Occupant over age 18 signature | Date

Other Family Member/Occupant over age 18 signature | Date

Other Family Member/Occupant over age 18 signature | Date

Other Family Member/Occupant over age 18 signature | Date

# Family Composition Form

## Priority Home Repair Programs

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

Phone Number: \_\_\_\_\_

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

List yourself and all other persons who live in the unit

Name	Relationship to head of household	Student Yes/No	Birth Date	Age	Gender	Disabled Yes/No	Veteran Yes/No	Hispanic/Latino Yes/No	Race	US Citizen Yes/No
	Head of Household								select one	
									select one	
									select one	
									select one	
									select one	
									select one	
									select one	
									select one	
									select one	
									select one	
									select one	
									select one	
									select one	

 Head of Household Marital Status:  
  Married  
  Single  
  Widow(er)

I certify that only the people listed above occupy the unit

 \_\_\_\_\_  
 Signature of head of household & Date

 I acknowledge my electronic signature and give permission for it to be in place of my written signature.

## Income Verification Checklist Down Payment Assistance/Priority Home Repair Programs

Household  
Member:

Project  
Address:

- |      | Yes                      | No                       | <u>Income Type:</u>   |
|------|--------------------------|--------------------------|---|
| V-1  | <input type="checkbox"/> | <input type="checkbox"/> | Self-employment income  |
| V-2  | <input type="checkbox"/> | <input type="checkbox"/> | Employment income - If hired in current calendar year - Date of Hire _____                                |
| V-3  | <input type="checkbox"/> | <input type="checkbox"/> | Unemployment benefits   |
| V-4  | <input type="checkbox"/> | <input type="checkbox"/> | Workers' compensation   |
| V-5  | <input type="checkbox"/> | <input type="checkbox"/> | Military active-duty allotments   |
| V-6  | <input type="checkbox"/> | <input type="checkbox"/> | Veterans Administration retirement pension  |
| V-7  | <input type="checkbox"/> | <input type="checkbox"/> | Social Security benefits (not the same as Supplemental Security Income (SSI))                             |
| V-8  | <input type="checkbox"/> | <input type="checkbox"/> | Retirement or pension income  |
| V-9  | <input type="checkbox"/> | <input type="checkbox"/> | Disability or death benefits other than Social Security   |
| V-10 | <input type="checkbox"/> | <input type="checkbox"/> | Alimony   |
| V-11 | <input type="checkbox"/> | <input type="checkbox"/> | Adoption assistance benefits  |
| V-12 | <input type="checkbox"/> | <input type="checkbox"/> | Trust, annuity, inheritance benefits  |
| V-13 | <input type="checkbox"/> | <input type="checkbox"/> | Insurance policy benefits   |
| V-14 | <input type="checkbox"/> | <input type="checkbox"/> | Lottery winnings  |
| V-15 | <input type="checkbox"/> | <input type="checkbox"/> | Rental, real estate, or royalty income  |
| V-16 | <input type="checkbox"/> | <input type="checkbox"/> | Checking/Savings Accounts and Prepaid Debit Cards   |
| V-17 | <input type="checkbox"/> | <input type="checkbox"/> | Interest or dividends <i>other than checking or savings</i>   |
| S-1  | <input type="checkbox"/> | <input type="checkbox"/> | Head-of-Household only: There is an adult dependent (age 18-23) full-time student living in the household |

I CERTIFY 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:

I acknowledge my electronic signature and give permission for it to be in place of my written signature

## Income Verification Checklist (continued)

- Every adult (18 and older) must complete this form, except full-time students who are claimed as dependents (18-23).
- For each item checked “Yes,” supporting documentation must be provided as detailed below.
- All pages of a document must be included, even if blank.

### Supporting Documentation Required:

V-1	<ul style="list-style-type: none"> <li>➤ signed and dated copy of the two most recent years’ federal income tax returns including all schedules, W-2s and 1099s, AND</li> <li>➤ if the application is dated after April, a year-to-date profit and loss statement, OR <a href="#">‘Worksheet for Self-Employed YTD Income &amp; Expenses’</a> for the current year</li> </ul>
V-2	<ul style="list-style-type: none"> <li>➤ 4 weeks’ worth of the most recent consecutive pay stubs showing year-to-date totals,</li> <li>➤ OR <i>if above items unavailable</i>, a <a href="#">Verification of Employment</a></li> </ul>
V-3 through V-13	<ul style="list-style-type: none"> <li>➤ statement from the issuing agency dated less than 60 days preceding the date on this form or current year’s award letter from the issuing agency detailing the amount and frequency of the payments, OR</li> <li>➤ <i>if above items unavailable</i>, the most recent year’s 1099, clearly supported by direct deposit amounts reflected on recent bank statements</li> </ul>
V-14 through V-15	<ul style="list-style-type: none"> <li>➤ statement from the issuing agency showing the award or income received, OR</li> <li>➤ <i>if above item unavailable</i>, a signed and dated copy of the federal income tax return showing the award or income received, including all schedules, W-2s and 1099s</li> </ul>
V-16 through V-17	<ul style="list-style-type: none"> <li>➤ Most recent one month’s worth of formal bank statements, OR</li> <li>➤ most recent quarterly statement, OR</li> <li>➤ printout of recent (dated less than 60 days preceding the date on this form) transaction history which includes: bank name, account holder name(s), partial account number, account type, period beginning balance, period ending balance</li> </ul>
S-1	<ul style="list-style-type: none"> <li>➤ most recent school transcript</li> </ul>
Other	<ul style="list-style-type: none"> <li>➤ Supplemental Security Income (SSI), Veterans Administration non-taxable (disability, education) benefits, Food Assistance benefits, Child Support, Medicaid, earned or unearned income of a family member age 17 or under (e.g. Social Security, SSI), interest or dividends on a retirement savings account or college savings account – no documentation required</li> </ul>



**APPLICANT RECEIPT OF  
LEAD BASED PAINT PUBLICATION, FAIR HOUSING  
PUBLICATION, COMPLAINT PROCEDURE, AND  
PRIMARY RESIDENCE AGREEMENT**

**LEAD-BASED PAINT**

I hereby certify that I have received the Environmental Protection Agency publication entitled Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools (EPA-740-F-08-002) and that I have read and understood the information.

**FAIR HOUSING**

I hereby certify that I have received the Department of Housing and Urban Development (HUD) publication entitled Fair Housing: It's Your Right (HUD-1260-FHEO) and that I have read and understood the information.

**COMPLAINT PROCEDURE**

I hereby certify that I have received and understood the complaint procedure information provided to me.

**PRIMARY RESIDENCE AGREEMENT**

I hereby certify as the eligible homeowner, that I intend for my primary residence to remain my home for at least five years after the work is completed.

**HOUSEHOLDS WITH CHILDREN UNDER 6**

Documentation of recent blood level tests of children under 6 or consent for testing only applicable when required by HUD.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

I acknowledge my electronic signature and give permission for it to be in place of my written signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Co-Applicant's Signature

I acknowledge my electronic signature and give permission for it to be in place of my written signature