



**0% INTEREST**  
HOME REPAIR LOANS

# Intake Application Forms

**YOU BELIEVED IN DETROIT.**  
**DETROIT BELIEVES IN YOU.**

[www.DetroitHomeLoans.org](http://www.DetroitHomeLoans.org)





**0% INTEREST  
HOME REPAIR LOANS**

CITY OF DETROIT  
HOUSING & REVITALIZATION DEPARTMENT  
HOUSING SERVICES DIVISION  
**0% HOME REPAIR LOAN PACKET CHECKLIST**

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

Address of Residence: \_\_\_\_\_

<b>Item</b> <i>(To be completed by the Intake Center)</i>	<b>Check✓</b>
Copy of Current Driver's License or State ID, <b>AND</b> Passport, Birth certificate, enhanced driver's license, Certificate of Citizenship or Naturalization for client and co-client <b>for client and co-client</b> (not required for other household members)	
Recorded Warranty or Quit Claim Deed (Must demonstrate ownership for at least 6 months, available at Wayne County Register of Deeds 400 Monroe Ave #700, Detroit, MI 48226)	
Proof of Current Homeowner's Insurance	
Proof of Paid Property Taxes or Executed Payment Plan with 3 months paid receipts (available at Wayne County Register of Deeds 400 Monroe Ave #700, Detroit, MI 48226)	
Income Verification Checklist (Copy required for all household members over 18)	
Proof of Occupancy (Current utility bill, insurance certificate, property tax homestead exemption)	
Two (2) Most Recent Paystubs <b>for client and co-client</b>	
Income Tax Returns with Completed Schedules for the last two (2) years <b>for client and co-client</b> if filed separately.	
Two (2) Most Recent Savings and Checking Account Statements	
Signed intake application form <b>by client and co-client</b>	
Blood lead level test results for children ages six (6) years or younger living in the residence (obtained from your physician or from the health department)	
Proof approval was requested from the holder of any mortgage or land contract against the property. (only applies if applicant has an existing mortgage or land contract)	

**CALL TO SCHEDULE AN APPOINTMENT TO RETURN DOCUMENTS.**

**A list of Intake Centers to schedule an appointment can be found [www.detroitshomeloans.org](http://www.detroitshomeloans.org) or by calling 211.**

**INTAKE REPRESENTATIVE ONLY**





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**CITY OF DETROIT  
HOUSING & REVITALIZATION DEPARTMENT  
HOUSING SERVICES DIVISION  
0% HOME REPAIR LOAN INTAKE & PROGRAM  
ELIGIBILITY FORM**

Please return a completed intake packet and all support documentation to a Neighborhood Intake Center. For a list of Intake Center locations, visit [www.detroitshomeloans.org](http://www.detroitshomeloans.org) or call 2-1-1.

COMPLETED INTAKE PACKETS WILL BE ACCEPTED BY APPOINTMENT ONLY. A \$150 closing fee will be charged on all approved loans. The closing fee is due at loan closing.

Notice of Non-Discrimination: The City of Detroit does not discriminate on the basis of race, color, creed, national origin, age, handicap, sex, or sexual orientation, and familial status. Complaints may be filed with the Detroit Human Rights Department, 2 Woodward, Suite 1240, Detroit, Michigan 48226.

**Section 1. CLIENT INFORMATION**

CLIENT	CO-CLIENT
Name:	Name:
Date of Birth:	Date of Birth:
Driver's License or State ID Number:	Driver's License or State ID Number:
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home/Cell Phone Number:	Home/Cell Phone Number:
Email Address:	Email Address:
Is this your first time applying for this program? <input type="checkbox"/> YES <input type="checkbox"/> NO, if no, what year did you apply? _____	Is this your first time applying for this program? <input type="checkbox"/> YES <input type="checkbox"/> NO, if no, what year did you apply? _____
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated
<input type="checkbox"/> Female Head of Household <i>Racial Group (You may voluntarily select one or more)</i> <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> White <i>Ethnic Group (You may voluntarily select one)</i> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Female Head of Household <i>Racial Group (You may voluntarily select one or more)</i> <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> White <i>Ethnic Group (You may voluntarily select one)</i> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>CONFLICT OF INTEREST</b> Are you or an immediate family member or a business associate now or any time in the past 12 months an employee, agent, consultant, elected, or appointed official of the City?  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>CONFLICT OF INTEREST</b> Are you or an immediate family member or a business associate now or any time in the past 12 months an employee, agent, consultant, elected, or appointed official of the City?  <input type="checkbox"/> YES <input type="checkbox"/> NO

## Section 2. PROPERTY OWNERSHIP INFORMATION

Address:	Street:
Detroit, MI (ZIP):	County: Wayne      Country: U.S.
Property Tax ID:	Years Residing at Address:
<b>Property Type:</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Duplex or 2-Family Flat  <input type="checkbox"/> Other (Explain) _____	

## Section 3. HOUSEHOLD INFORMATION

List all persons residing in the home below.

*(All household members 18 years or older listed in this section must complete an income verification form. Income verification is used only for federal compliance. Only persons identified as Client(S) will be reviewed for the loan)*

Total Number of Person(s) in Household: \_\_\_\_\_      Total Number of Persons (s) Over 18 \_\_\_\_\_  
 Total Annual Household Income for persons 18+: \_\_\_\_\_

Last Name	First Name	Relationship	Date of Birth

## Section 4. EMPLOYMENT INFORMATION

CLIENT	CO-CLIENT
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Self-Employed
<input type="checkbox"/> Employed	<input type="checkbox"/> Employed
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Unemployed
Number of Years _____ (at current employer)	Number of Years _____ (at current employer)
Describe Self-Employment (if applicable):	Describe Self-Employment (if applicable):
Number of Years:	Number of Years:
Name of Employer:	Name of Employer:
Address:	Address:
City, State Zip:	City, Sate Zip:
Phone Number:	Phone Number:
Position:	Position:
Monthly Income:	Monthly Income:

(For additional employment attach separate page)

### Section 5. MONTHLY GROSS INCOME DETERMINATION

Income Source	Monthly Income for CLIENT	Monthly Income for Co-CLIENT	Total CLIENT(s) Monthly Income
Salaries, Wages, & Other Compensation			\$
All dividend and interest income			\$
All capital gains minus capital losses			\$
Annuity and pension benefits			\$
Railroad retirement benefits			\$
Social Security and (SSI) benefits			\$
VA disability and pension benefits			\$
Alimony and child support			\$
Workers Compensation			\$
Unemployment Insurance			\$
Aid to Dependent Families			\$
Other Public Assistance			\$
Other Income (Specify) _____			\$
<b>TOTAL GROSS MONTHLY INCOME</b>			\$

### Section 6. BANK INFORMATION

CLIENT	CO-CLIENT
Name of Bank:	Name of Bank:
Address of Bank:	Address of Bank:
Account Balance:	Account Balance:
Name of Bank:	Name of Bank:
Address of Bank:	Address of Bank:
Account Balance:	Account Balance:
Name of Bank:	Name of Bank:
Address of Bank:	Address of Bank:
Account Balance:	Account Balance:

DECLARATIONS	CLIENT		CO-CLIENT	
	Yes	No	Yes	No
Are there outstanding judgments against you?				
Have you declared bankruptcy in the past 7 years?				
Have you had any property foreclosed or given title or deed in lieu within 7 years?				
Are you a party to a lawsuit?				
Are you presently delinquent on any federal or state debt (student loan, income tax, etc.)?				

(If you have answered yes to any of the Declarations questions please provide explanation and any relevant information on separate sheet)

### Section 7. HOUSING PAYMENTS FOR PRIMARY RESIDENCE

Select One: Mortgage Land Contract None

Balance of Mortgage or First Lien:

Payments made to:

Mortgage Payment Amount (Monthly):

Second Mortgage Payment Amount (Monthly):

Taxes and Insurance Escrowed Amount: \_\_\_\_\_ or No Escrow

Are all real estate taxes current: Yes No

If Taxes and Insurance are not Escrowed, complete the following:

Property Taxes (total yearly amount, including summer and winter, divided by 12 months): \_\_\_\_\_

Homeowners Insurance (Annual premium divided by 12 months): \_\_\_\_\_

### Section 8a. LIABILITY INFORMATION FOR CLIENT

List all debts. If no outstanding debt, list three previous credit references (such as telephone, electricity, etc.) and include copies of recent billings.

Liability	Creditor's Name, Address and Loan Type	Original Amount of Debt	Present Balance	Monthly Payment
Child Support				
Car Payment				
Bankruptcy Payment				
Student Loan (not deferred)				
Credit Card #1				
Credit Card #2				
Loan on Life Insurance				
Loan on Retirement Fund				
Reverse Mortgage				
Home Equity Line of Credit				



## Section 8b. LIABILITY INFORMATION FOR CO-CLIENT

List all debts. If no outstanding debt, list three previous credit references (such as telephone, electricity, etc.) and include copies of recent billings.

Liability	Creditor's Name, Address and Loan Type	Original Amount of Debt	Present Balance	Monthly Payment
Child Support				
Car Payment				
Bankruptcy Payment				
Student Loan (not differed)				
Credit Card #1				
Credit Card #2				
Loan on Life Insurance				
Loan on Retirement Fund				
Reverse Mortgage				
Home Equity Line of Credit				

**IMPORTANT! READ THIS BEFORE SIGNING**

**CERTIFICATION BY CLIENT(S):** The CLIENT(s) certifies that all information in this intake/application form and all information furnished in support of this intake/application form are given for the purpose of obtaining a loan. The CLIENT(s) further certifies that he/she is the owner of the property described in this intake/application form. All information is true and complete to the best of the CLIENT(s)'s knowledge and belief.

If any of the information originally provided by the CLIENT(s) changes following the CLIENT(s)'s submission of such information (including, but not limited to, substantial changes in the income of the CLIENT(s) or the CLIENT(s)'s household, changes in the number or identity of members of the household residing at the house), the CLIENT(s) is required to immediately notify the City. If the CLIENT(s) fails to notify the City of such substantial changes, the City may, in its sole discretion, immediately terminate the CLIENT(s)'s participation in the Loan Program without liability.

**INCOME AND CREDIT VERIFICATION:** The CLIENT(s) authorizes the City / Lender to make inquiries to verify the accuracy of the statements made and to determine the creditworthiness of the client. The CLIENT(s) authorize the City/Lender to obtain a consumer credit report through a credit reporting company chosen by the City/Lender. The CLIENT(s) understand and agree that the City/Lender intended to use this consumer credit report for purposes of evaluating my/our financial readiness to secure a Zero Percent Home Repair Loan. The CLIENT(s) understand that this credit report will be retained on file at the City/Lender offices and that the information will not be disclosed to anyone without my prior written consent.

**RELEASE OF INFORMATION:** The CLIENT(s) gives permission to the Community Intake Center to release the Home Repair Loan Intake & Program Eligibility Form and supporting documentation to the City/LISC Detroit/Lender for the purposes of: 1) Obtaining a credit report in my name. 2) Verifying my income, asset and employment information. 3) Verifying any and all other information necessary to establish the CLIENT(s) eligibility to receive assistance through the Detroit 0% Home Repair Loan Program. The CLIENT(s) understand that information obtained will remain confidential and will be used solely for the purpose of determining eligibility to receive home repair assistance.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT:** U.S.C. Title 18, Sec. 1001, provides: "Whosoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or make any false, contain any false, fictitious or fraudulent statements or representation, makes or uses any false writing response or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both." The undersigned certifies under penalty of law that all statements made in this intake/application form and supporting documents are true and accurate, correct and complete. If any of the information provided by the CLIENT(s) is untrue, inaccurate or incomplete, regardless of when this is discovered by the City, the City may, in its sole discretion, immediately terminate the CLIENT(s)'s participation in the Loan Program without liability.

If, at any time following the City's approval of the CLIENT(s)'s participation in the Loan Program, the City discovers that it erroneously (for any reason, including a mistake made by the City) determined that the CLIENT(s) was ineligible, the City may, in its sole discretion, immediately terminate the CLIENT(s)'s participation in the Zero Percent Home Repair Loan Program without liability.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Client's Signature

\_\_\_\_\_  
Date

**LOAN REPRESENTATIVE ONLY**

**APPROVAL OF CLIENT:** The undersigned has examined the intake/application form for the Zero Percent Home Repair Loan Program described herein, including supporting documents, and finds that the intake/application form *DOES* meet the requirements pertaining to the Zero Percent Home Repair Loan Program.

\_\_\_\_\_  
Authorized Loan Officer Signature

\_\_\_\_\_  
Date

**DENIAL OF CLIENT:** The undersigned has examined the intake/application form for the Zero Percent Home Repair Loan Program described herein, including supporting documents, and finds that the intake/application form *DOES NOT* meet the requirements pertaining to the Zero Percent Home Repair Loan Program.

\_\_\_\_\_  
Authorized Loan Officer Signature

\_\_\_\_\_  
Date





**0% INTEREST  
HOME REPAIR LOANS**

**CITY OF DETROIT  
HOUSING & REVITALIZATION DEPARTMENT HOUSING  
SERVICES DIVISION  
0% HOME REPAIR HOUSEHOLD INCOME  
VERIFICATION FORM**

(Please make sure all relevant boxes are checked. This information is needed to complete your intake/application form. **Each household member who is age 18 or older must complete a separate form.** Please provide documentation of income and all assets such as two current paystubs, copy of government assistance award letter, most recent Profit and Loss projection and income tax return for self-employment, and copies of most recent asset statements.)

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

Address of Residence: \_\_\_\_\_

**INCOME INFORMATION**

	Yes	No	Annual Income	
1				Income from employment.
2				Income from self-employment.
3				Periodic payments from Worker's Compensation.
4				Veteran's Administration or GI benefits
5				Disability or Death benefits.
6				Social Security or Supplemental Social Security (SSI)
7				Public Assistance (other than Medicaid & Food Stamps).
8				Unemployment Benefits.
9				Child Support and/or Alimony.
10				Periodic payments from Trusts, Annuities or Inheritance.
11				Periodic payments for Retirement funds or Pensions.
12				Income from interest or dividends.
13				Income from Rental of Real Estate or Personal Property.
14				Other: _____
<b>TOTAL:</b>				

**ASSETS**

	Yes	No	Total Value	Annual Income	
1					Retirement Account or Keogh Account(s).
2					Real Estate, Land Contracts or mobile homes.
3					Trust Account(s).
4					Savings Account or Checking Account.
5					Time Certification or Treasury Bills.
6					Certificate(s) of Deposit.
7					Stock(s).
8					Bond(s).
9					Other: _____
<b>TOTAL:</b>					

I certify that the information provided above is true.

Printed Name

Signature

Date

Reviewed by: \_\_\_\_\_

On: \_\_\_\_\_





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SERVICES DIVISION  
0% HOME REPAIR HOUSEHOLD INCOME  
VERIFICATION FORM**

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

Address of Residence: \_\_\_\_\_

**INCOME INFORMATION**

	Yes	No	Annual Income	
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2				Income from self-employment.
3				Periodic payments from Worker's Compensation.
4				Veteran's Administration or GI benefits
5				Disability or Death benefits.
6				Social Security or Supplemental Social Security (SSI)
7				Public Assistance (other than Medicaid & Food Stamps).
8				Unemployment Benefits.
9				Child Support and/or Alimony.
10				Periodic payments from Trusts, Annuities or Inheritance.
11				Periodic payments for Retirement funds or Pensions.
12				Income from interest or dividends.
13				Income from Rental of Real Estate or Personal Property.
14				Other: _____
<b>TOTAL:</b>				

**ASSETS**

	Yes	No	Total Value	Annual Income	
1					Retirement Account or Keogh Account(s).
2					Real Estate, Land Contracts or mobile homes.
3					Trust Account(s).
4					Savings Account or Checking Account.
5					Time Certification or Treasury Bills.
6					Certificate(s) of Deposit.
7					Stock(s).
8					Bond(s).
9					Other: _____
<b>TOTAL:</b>					

I certify that the information provided above is true.

Printed Name

Signature

Date

Reviewed by: \_\_\_\_\_

On: \_\_\_\_\_



**To submit your intake forms, call the nearest intake center to set an appointment. You must bring your completed forms and all required documentation to submit your forms.**

## Northwest

Cody Rouge Community Action Alliance.....19321 Chicago West | 313-397-9280  
New Hope Community Development .....19487 Evergreen | 313-255-6275  
Wayne Metro Community Action Agency.....18100 Meyers | 313-388-9799

## Eastside

Jefferson East, Inc. ....14628 E. Jefferson Avenue | 313-331-7939  
U SNAP BAC.....14901 East Warren Ave | 313-640-1100  
Wayne Metro Community Action Agency...19258 Kelly, Harper Wds | 313-388-9799

## Central Woodward

Central Detroit Christian CDC.....8840 2nd Avenue | 313-873-0064  
Detroit Non-Profit Housing Corp.....2990 West Grand Boulevard | 313-972-1111  
Goodwill Industries of Greater Detroit.....7700 2nd Ave, 5th fl. | 313-557-4828  
Operation ABLE.....4750 Woodward Ave, Suite 207 | 313-832-0922  
Wayne Metro Community Action Agency...7310 Woodward, 8th fl. | 313-388-9799

## Southwest

Bridging Communities.....6900 McGraw Ave | 313-361-6377  
Southwest Economic Solutions..... 2835 Bagley, Ste 800 | 313-841-9641  
SER Metro Detroit.....9215 Michigan Ave | 313-846-2240, ext. 4248

**BROUGHT TO YOU BY:**

