



## City of Inkster Homeowner Rehabilitation Assistance Program (CDBG only) Summary of Required Documentation and Inspection Process

- Application (must be filled out completely and signed, dated)  
*Clients on the Waiting List will be interviewed to update application information.*
- Income verification, such as six week's worth of consecutive pay stubs or statements or a letter indicating monthly or annual allocation such as Social Security, **from all sources**
- Identification (State driver's license or State ID and social security card)
- Recorded Warranty deed or recorded Quit Claim deed – to contact the Wayne County Register of Deeds, please call 313.224.5854
- Death certificate (if deceased is on deed)
- Annual mortgage statement/escrow analysis or monthly statement
- Proof of homeowner's insurance
- Taxes must be paid and current to participate in this program (records will be obtained internally)
- Last completed income tax return

\*These items **must** be submitted in order to determine qualification and eligibility. Once this has been done, a number of inspections are performed on the home:

1. On-site inspections – performed by all 4 building inspectors
2. Risk Assessment – State Licensed Lead Risk Assessment Company (non-emergency cases only)
3. Specifications – to compile reports and provide write-up of work
4. Bidding by registered contractors – bids sent out to registered contractors by Rehab staff
5. Contractor is selected and the contract and closing documents are executed in a pre-construction conference, at the client's home.

**This is an equal opportunity program designed to assist low to moderate-income individuals and families. The City does not discriminate on the basis of race, sex, color, creed, ethnic or national origin, familial status or physical or mental disability.**





## City of Inkster CDBG Housing Rehabilitation Assistance Program Summary of assistance

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The City of Inkster, through its Community Development Division, of the Planning and Economic Development Department, is currently providing Housing Rehabilitation Assistance to low to moderate-income individuals and families. The goal of the program is to address code deficiencies and increase energy efficiency, within the guidelines of the federal regulations related to lead-based paint. Currently, the maximum loan amount for non-emergency assistance is \$15,000, with a priority on correcting code-deficiencies first. No new non-emergency applications will be available until the Waiting List is exhausted. The assistance is provided and spent based on the current funding available and cannot be pre-committed.

Emergency assistance will also be provided as an “urgent needs” activity, to eliminate existing conditions that are an immediate threat to the health and safety of occupant(s). Emergency applicants are only eligible for the repair work to correct the emergency condition, with a maximum loan amount of \$9,000\* or Wayne County approval. Emergencies must fit within Wayne County’s guidelines and are determined through an inspection process. **Emergency and non-emergency assistance is offered on a one-time basis only.**

If an applicant qualifies, a lien in the amount of funds needed for the repairs, is placed against the property and does not have to be paid until the owner sells the property, transfers ownership or no longer occupies the property. Once the City’s lien is recorded, the client must get prior approval to refinance and is not guaranteed approval. Funds for the program are being made available through the Wayne County Community Development Block Grant Program.

All applicants are encouraged to leverage this assistance with other funding sources. The Wayne County Weatherization Program is a grant program to low-income families for energy efficiency repairs. The Property Improvement Program is a low interest, low monthly payment loan program that allows qualified applicants to borrow up to \$50,000 for permanent repairs to the home. Other programs may exist and applicants are encouraged to research additional opportunities.

This is an equal opportunity program. The City of Inkster does not discriminate on the basis of race, sex, creed, ethnic or national origin, familial status or physical or mental disability. For more information, please call 313.563.7709.





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



**General Applicant Information**

Name: \_\_\_\_\_  
 Spouse: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: MI Zip Code: \_\_\_\_\_  
 Year House Built? \_\_\_\_\_  
 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 or Land Contract Holder:**

Current Mortgage or Land Contract Payment: \_\_\_\_\_ per month  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: (      ) \_\_\_\_\_

**Homeowner Insurance**

Name of Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**For Office Use Only**

Emergency Action Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Please indicate any outstanding amounts due below:	
State Equalized Value: \$ _____	Property Taxes:	\$ _____
Date House was Built: _____	Water:	\$ _____
Type of Ownership:	Special Assessments Owed:	\$ _____
<input type="checkbox"/> Warranty Deed	Mortgage/House Balance:	\$ _____
<input type="checkbox"/> Quit Claim Deed	Other:	\$ _____
<input type="checkbox"/> Land Contract	Specify: _____	
(please provide date of land contract) _____		
<input type="checkbox"/> Divorce/Judgment		
Current Monthly Housing Payment: \$ _____	Income Status	
Current Annual Household Income (from Household Income Worksheet): \$ _____	<input type="checkbox"/> Very Low < 30% <input type="checkbox"/> Low 30 – 50 % <input type="checkbox"/> Moderate 50 – 80%	

**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					
<b>Monthly Totals</b>	<b>a.</b>	<b>b.</b>	<b>c.</b>	<b>d.</b>	
<b>Total Monthly Anticipated Income (add a, b, c, and d and enter the result in e.)</b>				<b>e.</b>	
<b>Total Annual Anticipated Income (multiply e by 12 and enter result in f)</b>				<b>f.</b>	

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)
<b>Net Cash Value of Assets (add all numbers in the column above g)</b>		<b>g.</b>	
<b>If g is more than \$5,000, multiply g by 0.02 and enter the result in h otherwise leave h blank</b>		<b>h.</b>	
<b>Total Actual Income from Assets (add all numbers in the column above i)</b>			<b>i.</b>

Total Annual Income	
Total Anticipated Annual Income from f	
Total Expected Asset Income from h	
Total Actual Income from Assets from i	
<b>Total Annual Income (add f, h, and i)</b>	

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 where 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: \_\_\_\_\_

**Wayne County CDBG Housing Rehabilitation Program  
Emergency Declaration**

\_\_\_\_\_  
Owner Phone \_\_\_\_\_  
\_\_\_\_\_  
Street Address City, Michigan Zip Code \_\_\_\_\_

The U.S. Department of Housing and Urban Development, requires that efforts are taken to protect the occupants and workers during Community Development Block Grant (CDBG) funded housing rehabilitation activities (24 CFR 35). ALL activities included under this declaration will cost less than \$9,000 and are exempt from these requirements because of the following emergency nature.

An inspection, on \_\_\_\_\_ (Date), of the home referenced above was found to be a hazard regarding the item listed below.

- Hazardous Roof (Rotting to the point of structural collapse)
- Specific component structural collapse \_\_\_\_\_ (please specify)
- Sewage in Basement
- No water supply (well/city supplied water)
- No heat during winter (furnace replacement)
- Electrical hazard (please attach local electrical inspection hazard statement)
- Plumbing hazard (please attach local plumbing inspection hazard statement)
- Handicapped/BFD/senior health condition hazard (please attach local Inspection hazards statement)
- Building hazards (please attach local building inspection hazard statement)
- Egress or fire hazard (local fire inspection hazard statement)
- Health condition hazard (please attach doctor hazard statement)
- Stairway collapse
- Other, \_\_\_\_\_ (please specify)

I certify that the housing rehabilitation activities to be undertaken under this declaration are emergency actions immediately necessary to safeguard against imminent danger to human life, health or safety, or to protect property from further structural damage (such as when a property has been damaged by a natural disaster, fire, or structural collapse) and all actions are limited to only necessary repairs that are directly related to the emergency. The occupants of the Housing Unit shall be protected from exposure to lead in dust and debris generated by such emergency actions to the extent practicable as outlined in 24 CFR 35.

I further certify that if the scope of work changes at the Housing Unit to disturb any painted surfaces not covered within the exemption noted above, all regulations regarding Lead-Based Paint in Federally Assisted Housing will be followed as outlined by 24 CFR 35.

I further certify that the above exemption and all supporting documentation is true, and that falsification of any information connected to this Certification may disqualify any assistance provided to the Housing Unit, including the reimbursement of costs incurred by the housing rehabilitation activities, through the Wayne County CDBG Housing Rehabilitation Program.

I further certify that the Homeowner has received and reviewed a copy of *Protect Your Family From Lead In Your Home*

\_\_\_\_\_  
Community Representative / Community Specifications Writer Date

\_\_\_\_\_  
Homeowner Date

**ALL emergency activities > \$9,000 MUST submit a written request to and MUST receive written approval from County CD**

This form shall be completed and signed by all affected parties and returned, with all necessary documentation, to Wayne County Community Development Division prior to the commitment of funding to the project through a signed contract. A commitment may occur only after a copy of this waiver is returned to the community with a dated received stamp from the Wayne County Community Development Division. Please mail completed forms to:

Wayne County CDBG Housing Rehabilitation Program, Wayne County Community Development Division 600 Randolph, L-13, Detroit, Michigan 48226  
*Incomplete forms are not valid*

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**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: \_\_\_\_\_

**Wayne County CDBG Housing Rehabilitation Program**  
**Lead-Based Paint Exempt Activity Declaration**

The U.S. Department of Housing and Urban Development, through 24 CFR 35, requires that efforts are taken to protect the occupants and workers during Community Development Block Grant (CDBG) funded housing rehabilitation activities.

\_\_\_\_\_  
*Owner* \_\_\_\_\_ *Phone* \_\_\_\_\_  
\_\_\_\_\_, Michigan \_\_\_\_\_  
*Street Address* \_\_\_\_\_ *City* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

I certify that all housing rehabilitation activities that will occur at the home referenced above, hereafter referred to as "the Housing Unit", are exempt from the Lead-Based Paint Requirements in Federally Assisted Housing outlined in 24 CFR 35, and that all housing rehabilitation activities at the Housing Unit will be limited to the exemption indicated below or that the conditions under which the work is performed exist.

- All housing rehabilitation activities to be done in the Housing Unit, regardless of the funding source, will **not disturb a painted surface**. Please attach a statement describing the full scope of work
- The Housing Unit is one which construction was completed on or after 1-1 1978. Please attach a copy of the deed to the property
- The Housing Unit was found not to have lead-based paint by a lead-based paint inspection conducted in accordance with 24 CFR 35.1320(a). Please attach certified Lead-Inspection. Results of additional test(s) by a certified lead-based paint inspector may be used to confirm or refute a prior finding.
- The Housing Unit is one in which all lead-based paint has been identified, removed, and clearance has been achieved in accordance with 40 CFR 745.227(b)(e) before September 15, 2000, or in accordance with 24 CFR 35.1320, 35.1325 and 24 CFR 35.1340 on or after September 15, 2000. Please attach certified Lead-Risk Assessment or Lead-Inspection, and adequate documentation regarding the scope of the previous work and proof of its completion. This exemption does not apply to residential property where enclosure or encapsulation has been used as a method of abatement.
- The Housing Unit is an unoccupied dwelling unit or residential property that is to be demolished, provided the dwelling unit or property will remain unoccupied until demolition. Please attach a Declaration of Vacancy

I further certify that if the scope of work changes at the Housing Unit to disturb any painted surfaces not covered within the exemption noted above, all regulations regarding Lead-Based Paint in Federally Assisted Housing will be followed as outlined by 24 CFR 35.

I further certify that the above exemption and all supporting documentation is true, and that falsification of any information connected to this Certification may disqualify any assistance provided to the Housing Unit, including the reimbursement of costs incurred by the housing rehabilitation activities, through the Wayne County CDBG Housing Rehabilitation Program.

- I further certify that the Homeowner has received and reviewed a copy of *The Lead Based Paint Pre-Renovation Education Rule*
- I further certify that the Homeowner has received and reviewed a copy of *Protect Your Family From Lead In Your Home*
- I further certify that I am aware that my house will be ineligible to receive future, additional repair assistance under this program, except in the case of an emergency situation.

\_\_\_\_\_  
*Community Representative* \_\_\_\_\_ *Date* \_\_\_\_\_ *Community Specifications Writer* \_\_\_\_\_ *Date* \_\_\_\_\_  
\_\_\_\_\_  
*Homeowner* \_\_\_\_\_ *Date* \_\_\_\_\_

This form shall be completed and signed by all affected parties and returned, with all necessary documentation, to Wayne County Community Development Division prior to the commitment of funding to the project through a signed contract. A commitment may occur only after a copy of this waiver is returned to the community with a dated received stamp from the Wayne County Community Development Division. Please mail completed forms to:

Wayne County CDBG Housing Rehabilitation Program, Wayne County Community Development Division, 600 Randolph, L-13, Detroit, Michigan 48226 Incomplete forms are not valid

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CDBG HR 003 Exempt Activity Declaration for Lead Based Paint 062501.doc

**Wayne County HOME Program &  
Homeowner Rehabilitation Program  
Checklist of Materials Submitted to County for Approval**

Client Name (s): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ MI Zip \_\_\_\_\_

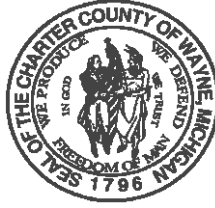
**Pre-Approval**

- Homeowner Assistance Application (Completed) *(Each City's own Application)*
- Income Calculation Form *(Provided by Wayne County)*
- Copy of **Identification** of applicant(t(s) and adult living in home
- Data Entry Completion Form
- Pay Stubs, Social Security, etc **(Must provide 2 months of Income)**
- Income Memo of Explanation (if needed)
- Evidence of Ownership and current Wayne County taxes
- Homeowners Insurance **(Declaration)**
- Current utility statement
- Lead Disclosure
- Notarized Conflict of Interest Affidavit or HUD Exception Request
- SHPO Response
- Environmental Disclosure Forms
- Work Write-Up & Cost Estimate *(When applicable)*

**Additional Items for Final Draw**

- Signed Request for Reimbursement *(Provided by Wayne County)*
- Signed Affidavit *(Provided by Wayne County)*
- Signed Financial Review Form (Please Fill Out)
- Final Bid Specifications
- Evidence of Payment to Contractors
- Lead Clearance Report
- Evidence that Property meets Local Housing Code
- Final Inspection

Wayne County



CDBG Homeowner Rehabilitation

**DATA ENTRY COMPLETION FORM**

**Community Name:** \_\_\_\_\_ **CDBG Program Year:** \_\_\_\_\_ **Contract Number:** \_\_\_\_\_

**Homeowner Name(s):** \_\_\_\_\_

**Property Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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

**Year House Built:** \_\_\_\_\_ **Section 504 Accessible?:**  Yes  No **Number of Bedrooms:** \_\_\_\_\_

**Size of Household:** \_\_\_\_\_ **Persons (Adult)** \_\_\_\_\_ **Persons (Children)** \_\_\_\_\_

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

**Percent of Area Median Income:**  0% to 30%  30% to 50%  
 50% 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

**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) \_\_\_\_\_

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

State Equalize Value: \_\_\_\_\_ Value After Rehabilitation Work: \_\_\_\_\_

## INCOME CALCULATION FORM

<b>1. Name</b>		<b>2. Identification</b>			
<b>ASSETS</b>					
<b>Family Member</b>	<b>Asset Description</b>	<b>Current Cash Value of Assets</b>	<b>Actual Income from Assets</b>		
<b>3. Net Cash Value of Assets.....</b>		<b>3.</b>			
<b>4. Total Actual Income from Assets.....</b>			<b>4.</b>		
<b>5. If line 3 is greater than \$5,000, multiply line by <u>2%</u> (Passbook Rate) and enter results here; otherwise, leave blank</b>			<b>5.</b>		
<b>ANTICIPATED ANNUAL INCOME</b>					
<b>Family Members</b>	<b>Wages/ Salaries</b>	<b>Benefits/ Pensions</b>	<b>Public Assistance</b>	<b>Other Income</b>	<b>Asset Income</b>
					Enter the greater of lines 4 or 5 from above in e.
<b>6. Totals</b>	<b>a.</b>	<b>b.</b>	<b>c.</b>	<b>d.</b>	<b>e.</b>
<b>Enter total of items from 6a. through 6e. This is Annual Income.</b>					<b>7.</b>

Signature: \_\_\_\_\_

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