

**Neighborhood Enhancement Program (NEP)
Household Income Self-Certification Form
Grantee Name: Allen Neighborhood Center
Grant Number: HID-2024-1208-NEP**

Applicant Name _____

Home Address _____

Project Description _____

NEP Applicant Qualifications Checklist	
<input type="checkbox"/>	The applicant is the owner and occupies the assisted property.
<input type="checkbox"/>	The applicant does not own any property that is tax delinquent.
<input type="checkbox"/>	There is current insurance coverage on the property.
<input type="checkbox"/>	The applicant does not own any property that is subject to any citation of violation of the state and/or local codes and ordinances.
<input type="checkbox"/>	The applicant has not been the prior owner of any property transferred to the Treasurer or to a local government as a result of tax foreclosure proceedings.
<input type="checkbox"/>	The applicant has a household income at or below 120% of the County's area median income (located below).

	Ingham County (For Information Only – Do Not Mark)							
Household Size	1	2	3	4	5	6	7	8
Income Limits 120% AMI	\$ 78,720	\$ 90,000	\$ 101,280	\$ 112,440	\$ 121,440	\$ 130,440	\$ 139,440	\$ 148,440

BY MY SIGNATURE BELOW, I CERTIFY THAT MY INDIVIDUAL INCOME OR HOUSEHOLD INCOME IS APPROXIMATELY \$ _____ ANNUALLY AND _____ NUMBER OF PERSONS RESIDE IN MY HOME. I FURTHER CERTIFY THAT I AM ABLE TO DOCUMENT MY ANNUAL INCOME WITH PAYSTUBS, OR OTHER EVIDENCE REQUIRED BY THE GRANTEE.

Under penalties of perjury, I declare that I have examined this certification statement, and to the best of my knowledge and belief, the supporting documentation provided and the household eligibility facts provided are consistent, true, correct, and complete.

I also understand and provide consent for MSHDA and/or its Subrecipient Agency to verify accuracy of the certified information and determine if it is in compliance with the program's requirements and policies.

If this application is approved, I will care for and maintain the property.

In addition, I understand that there is a formal on-line process to report fraud concerns: <https://www.michigan.gov/mshda/about/performance/how-to-report-fraud>

False Statements - Parties signing this certification form understand that making false statements or claims in connection with this award may result in criminal, civil, or administrative sanctions, including fines, imprisonment, civil damages and penalties, and/or any other remedy available by law.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

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 _____
NEP Neighborhood Housing Initiatives Division Program. This program is funded by the Michigan State Housing (MSHDA) and administered by Allen Neighborhood Center Housing Agency (HA). In order to be eligible for this Neighborhood Housing Initiatives Division Program, my household's income is collected along with other information in my/our program file including my/our address, household size, household member names and photographs. MSHDA and the HA are requesting consent to release this file information for marketing and program purposes. However, the information will not be otherwise disclosed or released outside of MSHDA or the HA, except as permitted or required by law. MSHDA and the HA will protect the file information in accordance with any applicable State privacy law.

Signatures:

Date:

Head of Household

Spouse

Other Family Member/Occupant over age 18

Other Family Member/Occupant over age 18

Other Family Member/Occupant over age 18

Other Family Member/Occupant over age 18

Name _____

Phone Number _____

Email Address _____

Description of work to be performed

Please include two bids (they must be within 25% of each other.

Please include the following photos: front of house showing address and entire front of house, pictures of house where the work is needed.

Proof of homeowners insurance

Please contact Denise at denisep@allenneighborhoodcenter.org or 517 243-4552 for questions and assistance.