

**Neighborhood Enhancement Program (NEP)
Household Income Self Certification Form**

Grantee Name: City of Bronson

Grant Number: HDF-2020-539-NEP

Applicant Name: _____

Home Address: _____

Project Description: _____

NEP Applicant Qualifications Checklist

- The applicant is the **owner** and **occupies** the **assisted** property.
- The applicant does **not** own any property that is **tax delinquent**.
- The applicant does **not** own any property that is subject to any **citation of violation** of the state and/or local codes and ordinances.
- 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.
- The applicant has a household income at or below 120% of the **County's** median income (located below).

City of Bronson	Branch County							
Household Size	1	2	3	4	5	6	7	8
Income Limits 120% AMI	\$53,760	\$61,440	\$69,120	\$76,680	\$82,920	\$89,040	\$95,160	\$101,280

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.

I CERTIFY ALL THE INFORMATION ON THIS APPLICATION AND ALL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY BELIEF AND KNOWLEDGE. I UNDERSTAND THAT THE STAFF WILL REVIEW THIS REQUEST AND DETERMINE IF IT IS IN COMPLIANCE WITH AGENCY POLICIES, HUD REGULATIONS AND PRIORITIES, AND THE NEIGHBORHOOD ENHANCEMENT PROGRAM. IF THIS APPLICATION IS APPROVED, I WILL CARE FOR AND MAINTAIN THE PROPERTY.

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 or prospective owner, resident or occupant of the residence located at _____, _____ Michigan and is/are an applicant or participant in the _____ Housing Initiative program. This program is funded by the Michigan State Housing Development Authority (MSHDA) and administered by _____ Housing Agency (HA). In order to be eligible for this Housing Initiative 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
