



Mark A. Hackel
County Executive

MACOMB COMMUNITY ACTION

21885 Dunham Road, Suite 10 • Clinton Township, Michigan 48036

Phone: (586) 469-6999 • Fax: (586) 469-5530

mca.macombgov.org

Ernest Cawvey
Director

2018-2019 MINOR HOME REPAIR PROGRAM

Children & Family Services

Action Centers
Early Head Start / CCP
Head Start 0 – 5
Financial Empowerment
Macomb Food Program
(501c3)

Community Services

Community Development
Chore Services
Home Injury Control
Home Rehab
Transportation
Weatherization

Office of Senior Services

Adult Day Health Services
Benefit Access
Dining Senior Style
Evidence Based Disease
Prevention
Meals on Wheels
Resource Advocacy

The Macomb Community Action Minor Home Repair Program is currently serving eligible residents of **Armada Township, Armada Village, Bruce Township, Mount Clemens, New Haven, Shelby Township, Washington Township, Lenox, Macomb Township, Memphis, Richmond Township and Romeo**. To qualify, **you must be income eligible, be the owner-occupant of your residence, and meet one of the following criteria**; (1) senior citizen age 60 or older; (2) severely disabled; or (3) mobile home owner-occupant.

NOTE: Rentals and dwellings located in a floodplain are excluded from this program.

PROGRAM INFORMATION

- **ONE repair call/visit per year** per eligible household. Visit may address multiple repairs but total cost may not exceed \$500. Residual funds will not be carried over to a subsequent visit.
- Repair items are limited in scope to the repair or replacement of a damaged or malfunctioning component part of a building feature or system.
- Assistance is limited to \$500 through the Minor Home Repair Program. For hot water tanks and furnace replacement only, the applicant may pay the balance in excess of \$500 or apply for additional funding from other funding sources.
- Homes built prior to 1978 cannot have painted surfaces disturbed through this program.
- Minor Home Repair funding may not be used in conjunction with the County's Housing Rehabilitation Program.

In order to be considered for assistance through the Macomb Community Action Minor Home Repair program, you will need to return the following information:

- Completed application form (enclosed)
- Waiver and Indemnity Agreement (enclosed)
- Most recent completed, dated and **signed** MI Homestead Property Tax Credit Claim Return, Michigan Tax Return, and Federal Income Tax Return, including Social Security statement tax form, 1099's, W-2's and all pension and interest statements *for all persons living in the home*.

2018-2019 Income Limits	
Number of Persons In Home	Income Up To
1	\$39,700
2	\$45,400
3	\$51,050

- Complete the attached income affidavit
- Mobile home occupants must provide a copy of their title as proof of ownership and site-built owners must provide a copy of their warranty deed.
- Copy of picture identification for applicant (ex. driver's license or Michigan I.D card)

Return all information to:

Macomb Community Action
Attn: Simone English, Community Development
21885 Dunham Road, Suite 10
Clinton Township, MI 48036

Once eligibility is determined, you will be notified with instructions on how to request a repair through the program. Please note that the Minor Home Repair program is limited to the availability of CDBG funding. Questions regarding the application process and service requests should be directed to Simone English (586) 469-6329.



Macomb
Community
Action

2018-2019 MINOR HOME REPAIR PROGRAM
Application Form

Information contained herein shall be kept confidential and shall be used only for the purpose of determining eligibility for the Macomb Community Action Minor Home Repair program. *Please print.*

Name of Applicant: _____ (First) _____ (Middle) _____ (Last)
 Co-Applicant: _____ (First) _____ (Middle) _____ (Last)
 Residence Address: _____ (Street) _____ (City) MI _____ (State) _____ (Zip)
 Home Phone: _____ Work Phone: _____ Email: _____

Is the applicant or co-applicant severely disabled? Yes No Primary Household Language: _____

First and Last Name <i>(please print)</i>	D.O.B MM/DD/YY	Gender M, F, O	Health Insurance <i>(See descriptions below)</i>	Marital Status <i>(See descriptions below)</i>	Employment Status <i>(See descriptions below)</i>	Military Status <i>(See descriptions below)</i>	Highest level of Education completed	Relationship to Applicant
								Applicant

Descriptions

Health Insurance: N=None, DP=Direct purchase, E=Employment based, MD=Medicaid,
 ME=Medicare, ML=Military, SC= State Children's, SA= State Adult
 Marital Status: D=Divorced, L=Legally Separated, M=Married, S=Single, W=Widowed,
 P=Partner
 Employment Status: FT= Full Time, PT= Part Time, M= Migrant Seasonal, R=Retired, UL= Unemployed
 Military Status: V=Veteran, AM= Active Military, N=No Military Service

Household Type:

___ Foster Parent (with foster child (ren))
 ___ Grandparent(s) (raising children)
 ___ Single Parent (living with partner)
 ___ Multiple Adults (living with children)
 ___ Married (no children)
 ___ Single Parent Male
 ___ Single Parent Female
 ___ Single Person
 ___ Multiple Adults (no children)



Macomb
Community
Action

2018-2019 MINOR HOME REPAIR PROGRAM
Application Form

IMPORTANT- READ BEFORE SIGNING

I (we) certify that I (we) am (are) the owner(s) and occupant(s) of this property, and that the above statements are true, accurate, and complete to the best of my (our) knowledge and belief. Any fraudulent statement may be cause for dismissal from the program.

I (we) have included the following information:

- Completed application
- Signed waiver and indemnity agreement
- Completed, dated and signed MI Homestead Property Tax Credit Claim Return, including all schedules, Michigan Tax Return, and Federal Income Tax Return, including Social Security statement tax form, 1099's, W2's, and all pension and interest statements for all persons living in the home.
- Signed income affidavit
- Mobile home occupants must provide a copy of their title as proof of ownership and site-built owners must provide a copy of their warranty deed
- Copy of picture identification for applicant (ex: driver's license or Michigan I.D. card)

My (our) permission is hereby given to obtain verification of the above information from any source named herein.

Date

Signature of Applicant

Date

Signature of Co-Applicant

Consent for Release of Information

I (we) _____, give Macomb Community Action consent to release, obtain and share all pertinent identifying and non-confidential social, medical and other information about myself and information I (we) have provided about additional family members that will allow me (us) and my (our) family to benefit from additional services offered. In granting such permission, I (we) understand that such information will remain confidential and that such information will only be used for my (our) benefit or to benefit other members of my (our) family. Only authorized personnel will share client information needed for service delivery, to track demographic trends, service patterns and the client outcomes achieved. I (we) release Macomb Community Action and its staff from any legal liability for disclosing or acquiring information that I (we) have permitted by signing this form. **Unless I (we) make a formal request to Macomb Community Action that I (we) no longer want to participate in additional services offered, this release will remain in force for 3 years from today.** I (we) certify that to the best of my knowledge all information furnished by me (us) is true and I (we) acknowledge that falsification of information is subject to prosecution.

All residents 18 years of age or older, please sign below:

Date

Signature

Date

Signature

Date

Signature

Date

Signature



Macomb
Community
Action

**2018-2019 MINOR HOME REPAIR PROGRAM
Income Affidavit**

Name: _____

Address: _____

RACE/ETHNICITY: Check the category which you think best describes your household:

Race	Ethnicity	
	Not Hispanic	Hispanic
White		
Black / African American (AA)		
Asian		
American Indian/ Alaskan Native		
Hawaiian / Pacific Islander		
Native American and White		
Asian and White		
Black/African American & White		
NA and AA		
Other or Multi-Racial		

Female-Headed Household? Yes _____ No _____

Annual Household Income \$ _____ Family Size _____

Certification

I understand that funding for this service comes from federal funds which require income eligibility. I certify that the information provided is complete and accurate, and that source documentation will be provided upon request.

Signature of Applicant

Date

FOR OFFICE USE ONLY				
2018 - 2019 INCOME LIMITS				
Family Size	Very Low Income	Low Income	Moderate Income	OVER Income
1	≤ \$14,900	≤ \$24,850	≤ \$39,700	\$39,701+
2	≤ \$17,000	≤ \$28,400	≤ \$45,400	\$45,401+
3	≤ \$19,150	≤ \$31,950	≤ \$51,050	\$51,051+
4	≤ \$21,250	≤ \$35,450	≤ \$56,700	\$56,701+
5	≤ \$22,950	≤ \$38,300	≤ \$61,250	\$61,251+
6	≤ \$24,650	≤ \$41,150	≤ \$65,800	\$65,801+
7	≤ \$26,350	≤ \$44,000	≤ \$70,350	\$70,351+
8	≤ \$28,050	≤ \$46,800	≤ \$74,850	\$74,851+