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# Application to Purchase 1003 Bemis Street SE

Are you interested in 1003 Bemis Street SE, a CHLT home? Here is the basic process for applying to the program! [You can review this home's information here.](#)

We highly recommend you read our full CHLT Homebuyer + Homeowner Guide BEFORE applying for a CHLT home. The Guide can be found [here](#) and on [our website](#).

01

## Submit a Complete CHLT Application

Interested buyers will need to submit all required documents to be considered. Applications can be [accepted online using this link, through links available on our website \(iccf.org\)](#), OR hardcopies can be picked up/dropped off at our office.

02

## Meet with a Housing Counselor

Once a complete application is received, buyers who appear to meet income guidelines will be scheduled for a final income verification meeting with a HUD Certified Housing Counselor in the order they were received.

03

## Take a HUD Certified Homebuyer Education Course

Before you are able to officially purchase the home, buyers will need to complete a HUD Certified Introduction to Homeownership course and submit a completion certificate. [ICCF offers a variety of class options](#) and counselors can make recommendations of other programs as well.

# Required Documents

Below are the required items you will need to apply to purchase a CHLT home. If any of the items are not included, your application may be denied.

*\*CHLT and ICCF staff reserve the right to request additional information to determine the final approval of your application.*

- ☐ ICCF Home Specific Application
- ☐ Income Documentation
  - ☐ 2 months of most recent bank statements
  - ☐ 2 months of most recent utility bills
  - ☐ 3 months of most recent proof of income  
*Examples – paystubs, award letters, child support, social security, disability, unemployment, financial aid, gift letter*
  - ☐ Tax Returns from previous 2 years
  - ☐ W-2's from all jobs held in the last year
- ☐ Pre-Approval Letter\*\*
- ☐ Completion Certificate for Intro to Homeownership Class  
*Due before the final closing - if available, can be submitted with the application*

\*\* - Interested buyers must be able to qualify for a 30-year conventional mortgage with a CLT-compatible mortgage partner. The CHLT is currently unable to work with FHA or VA financing.

Please note, not all lenders work with CLT's and to form a new partnership with a lender not on the list could take more than 12 months. Buyers wishing to work with a lender who is NOT on the partner list should send their lender the included Lender Guide Document.

# Submitting Application + Required Documents

- ☐ Applications are home-specific and can be accessed in the following ways:
  - ☐ Downloaded directly from our website  
*Applications will be listed under the individual homes and on all Home Specific Flyers*
  - ☐ Downloaded through the Application Submission Page  
*select the home you want to apply for and links to the application will be listed*
  - ☐ Hardcopies + the Required Document Checklists can be picked at the ICCF Offices - 415 MLK Jr. St SE, Suite 100, Grand Rapids, MI
- ☐ Once you have completed the application form and gathered all other required documents, you can submit them in the following ways:
  - ☐ Through the Application Submission Page
  - ☐ Dropped off at the ICCF Offices - 415 MLK Jr. St SE, Suite 100, Grand Rapids, MI

**Be aware that the online submission page will ONLY accept PDFs. The application form can be completely filled out online, downloaded, and then uploaded to the submission page. Scans of the document can also be uploaded. If you need assistance, please contact [services@iccf.org](mailto:services@iccf.org).**

You will also be unable to submit the application once you have uploaded ALL the required documents. If you do not have the items, it will not let you move forward or submit the application. If you need assistance, please contact [services@iccf.org](mailto:services@iccf.org)

# Household Income Guidelines for Buyers

The home you are interested in purchasing will be sold to an income-qualifying household with a combined annual household income under 80% AMI. If your combined household income exceeds the amount listed in the table below (for your household's size), you DO NOT qualify for this home.

Household Size	1	2	3	4	5	6	7	8
<b>80% AMI</b> <i>Max Annual Income</i>	\$53,040	\$60,640	\$68,240	\$75,760	\$81,840	\$87,920	\$94,000	\$100,080
<i>Max Monthly Income</i>	\$4,420	\$5,053	\$5,686	\$6,313	\$6,820	7,326	\$7,833	\$8,340

Income limits are based on the gross income of all adults who will be living in the household at the time of purchase, regardless of whether or not they will be on the mortgage.

All income is counted, including regular employment wages, plus child support, alimony, social security, and disability benefits.

**Buyers only have to income qualify at the time of original purchase.** Their income is never monitored again, and there is no limit on how much they can earn in the future.

## HOUSEHOLDS MUST ALSO:

- **Be a first-time homebuyer**
- **Monthly housing costs - mortgage payments, taxes, insurance, and ground lease fees -cannot exceed 35% of the household's monthly income\***
- **Total housing costs + existing debt cannot exceed 43%\***
- **Have under \$35,000 cash assets**
- **Have verified funds to close**

## \* NOTES ABOUT DEBT RATIOS:

These ratios or percentages of monthly income limits may change if the buyer is using a city or state-funded down payment assistance program or if they qualify for a specific mortgage through their lender. The CHLT and ICCF staff always assist households in navigating these requirements.

***If your monthly housing costs EXCEED 35% of your monthly income or if your housing costs plus your current debt EXCEEDS 43% of your monthly income, you DO NOT qualify for this home.***

## Opportunities to Consider - Grand Rapids Homebuyer Assistance Fund

The Homebuyer Assistance Fund (HAF) program offers up to \$7,500 for income-qualifying homebuyers to use on down payment, closing costs, and prepaid expenses. These funds are awarded as a zero-interest, second mortgage loan with no monthly payments to first-time homebuyers. The loan is forgiven over the course of 5-years.

**For this home, additional funds could be made available based on the household's income and availability of funds. If you are interested in these additional funds, you must apply for the HAF program through your lender!**

### Homebuyer Requirements:

- \*At least 18 years old and has not owned a home within the last 3 years
- \*Agrees to occupy the home as a primary residence for at least 5 years
- \*Household does not exceed Annual Income Limits shown below
- The household has \$10,000 or less in assets
- \*Pre-approved for a mortgage from a participating lender (not all HAF lenders have approved the CHLT program)
- \*Completes an approved homebuyer education course

***\*-indicate that the requirement is also a Requirement of the CHLT program***

Household Size	1	2	3	4	5	6	7	8
<b>80% AMI</b>								
Max Annual Income	\$53,040	\$60,640	\$68,240	\$75,760	\$81,840	\$87,920	\$94,000	\$100,080
Max Monthly Income	\$4,420	\$5,053	\$5,686	\$6,313	\$6,820	7,326	\$7,833	\$8,340

***Note - this program has different Debt-to-income requirements.***



# Education and Housing Counseling Participant Profile

First Name	Middle Name	Last Name
Address		City
State	Zip Code	County
Email Address		Phone Number

- Date of Birth: \_\_\_\_\_ (month/date/year)
- Gender (check one): ☐ Male ☐ Female ☐ Transgender Male ☐ Transgender Female  
☐ Choose not to respond ☐ Other: \_\_\_\_\_
- Personal Pronouns: ☐ She/Her/Hers ☐ He/Him/His ☐ They/Them/Theirs ☐ Choose not to respond
- What is your preferred language? (check one): ☐ English ☐ Spanish ☐ Other: \_\_\_\_\_
- Describe your English proficiency: ☐ Proficient (not limited) ☐ Limited English ☐ Choose not to respond
- Do you live in a rural area? (check one): ☐ Yes ☐ No
- Household Type (check one):  
☐ Single Adult ☐ Married With Children  
☐ Female-Headed Single Parent ☐ Two or More Unrelated Adults  
☐ Male-Headed Single Parent ☐ Other  
☐ Married Without Children
- Are you a veteran? (check one): ☐ Yes ☐ No
- Do you have a disability? (check one): ☐ Yes ☐ No
- Do you receive disability benefits? (check one): ☐ Yes ☐ No
- How did you hear about us? (check any and all that apply)  
☐ Habitat for Humanity ☐ LINC  
☐ GR Housing Commission ☐ New Development  
☐ Wyoming Housing Commission ☐ Project GREEN  
☐ MSHDA ☐ Online/Website  
☐ Kent Community Action Agency ☐ Family/Friend  
☐ Walk-In ☐ Other: \_\_\_\_\_  
☐ ICCF Event
- Race (check all that apply)  
☐ American Indian/Alaskan Native ☐ White  
☐ Asian ☐ Other: \_\_\_\_\_  
☐ Black/African American ☐ Choose not to respond  
☐ Native Hawaiian/Pacific Islander

13. Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Choose not to respond
14. Have you experienced housing discrimination within the last 180 days? (check one): ☐ Yes ☐ No
15. Are you a Colonias Resident? (Are you a permanent resident of Texas, New Mexico, Arizona, or California?) (check one): ☐ Yes ☐ No
16. Have you purchased a home within the last three years? (check one): ☐ Yes ☐ No
17. Total number of people in your household: \_\_\_\_\_
18. Total number of dependents: \_\_\_\_\_
19. Total Gross Monthly Income (includes wages, worker's comp, veteran benefits, unemployment, SSI, Social Security benefits, retirement, public assistance, military, child support, alimony) \_\_\_\_\_
20. Total Monthly Debt (includes MONTHLY payments of credit cards, automobile loan, mortgage, student loans, child support, alimony) \_\_\_\_\_
21. When was the last time you got a copy of your credit report and/or score? Date: \_\_\_\_\_
22. Credit Scores:
- ☐ Transunion \_\_\_\_\_ ☐ Experian \_\_\_\_\_
- ☐ Equifax \_\_\_\_\_ ☐ I don't know
23. Do you currently use any third-party businesses to track your score? Check all that apply.
- ☐ AnnualCreditReport.com ☐ Quizzle
- ☐ Credit Karma ☐ Other \_\_\_\_\_
- ☐ Credit Sesame
24. Do you plan to purchase a home in the next... (check anticipated time frame)
- ☐ 30 Days ☐ 1 Year
- ☐ 3 Months ☐ Longer than 1 year
- ☐ 6 Months
25. Do you currently follow a written or electronic budget? (check one): ☐ Yes ☐ No
26. Do you have money set aside in the event of an emergency? (check one): ☐ Yes ☐ No
- If yes, how much? \_\_\_\_\_
27. Do you have a checking account? (check one): ☐ Yes ☐ No
28. Do you have a savings account? (check one): ☐ Yes ☐ No
29. Would you like help with any of the following: (check all that apply)
- ☐ Establish a plan to maintain or improve your credit score ☐ Begin a savings plan
- ☐ Establish a plan to increase your emergency funds ☐ Reduce debt
- ☐ Review your credit score
- ☐ Become mortgage eligible
30. Are you a current ICCF Community Homes tenant? (check one): ☐ Yes ☐ No
31. Are you a Community Homes Initiative tenant (previously managed by Blue Bay Properties)? (check one): ☐ Yes ☐ No

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Education and Housing Counseling Participant Profile

*This Second Profile is for the Co-Signer (if applicable)*

First Name	Middle Name	Last Name
Address		City
State	Zip Code	County
Email Address		Phone Number

- Date of Birth: \_\_\_\_\_ (month/date/year)
- Gender (check one): ☐ Male ☐ Female ☐ Transgender Male ☐ Transgender Female  
☐ Choose not to respond ☐ Other: \_\_\_\_\_
- Personal Pronouns: ☐ She/Her/Hers ☐ He/Him/His ☐ They/Them/Theirs ☐ Choose not to respond
- What is your preferred language? (check one): ☐ English ☐ Spanish ☐ Other: \_\_\_\_\_
- Describe your English proficiency: ☐ Proficient (not limited) ☐ Limited English ☐ Choose not to respond
- Do you live in a rural area? (check one): ☐ Yes ☐ No
- Household Type (check one):
 

<input type="checkbox"/> Single Adult	<input type="checkbox"/> Married With Children
<input type="checkbox"/> Female-Headed Single Parent	<input type="checkbox"/> Two or More Unrelated Adults
<input type="checkbox"/> Male-Headed Single Parent	<input type="checkbox"/> Other
<input type="checkbox"/> Married Without Children	
- Are you a veteran? (check one): ☐ Yes ☐ No
- Do you have a disability? (check one): ☐ Yes ☐ No
- Do you receive disability benefits? (check one): ☐ Yes ☐ No
- How did you hear about us? (check any and all that apply)
 

<input type="checkbox"/> Habitat for Humanity	<input type="checkbox"/> LINC
<input type="checkbox"/> GR Housing Commission	<input type="checkbox"/> New Development
<input type="checkbox"/> Wyoming Housing Commission	<input type="checkbox"/> Project GREEN
<input type="checkbox"/> MSHDA	<input type="checkbox"/> Online/Website
<input type="checkbox"/> Kent Community Action Agency	<input type="checkbox"/> Family/Friend
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other: _____
<input type="checkbox"/> ICCF Event	
- Race (check all that apply)
 

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Choose not to respond
<input type="checkbox"/> Native Hawaiian/Pacific Islander	



13. Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Choose not to respond
14. Have you experienced housing discrimination within the last 180 days? (check one): ☐ Yes ☐ No
15. Are you a Colonias Resident? (Are you a permanent resident of Texas, New Mexico, Arizona, or California?) (check one): ☐ Yes ☐ No
16. Have you purchased a home within the last three years? (check one): ☐ Yes ☐ No
17. Total number of people in your household: \_\_\_\_\_
18. Total number of dependents: \_\_\_\_\_
19. Total Gross Monthly Income (includes wages, worker's comp, veteran benefits, unemployment, SSI, Social Security benefits, retirement, public assistance, military, child support, alimony) \_\_\_\_\_
20. Total Monthly Debt (includes MONTHLY payments of credit cards, automobile loan, mortgage, student loans, child support, alimony) \_\_\_\_\_
21. When was the last time you got a copy of your credit report and/or score? Date: \_\_\_\_\_
22. Credit Scores:
- ☐ Transunion \_\_\_\_\_ ☐ Experian \_\_\_\_\_
- ☐ Equifax \_\_\_\_\_ ☐ I don't know
23. Do you currently use any third-party businesses to track your score? Check all that apply.
- ☐ AnnualCreditReport.com ☐ Quizzle
- ☐ Credit Karma ☐ Other \_\_\_\_\_
- ☐ Credit Sesame
24. Do you plan to purchase a home in the next... (check anticipated time frame)
- ☐ 30 Days ☐ 1 Year
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- ☐ 6 Months
25. Do you currently follow a written or electronic budget? (check one): ☐ Yes ☐ No
26. Do you have money set aside in the event of an emergency? (check one): ☐ Yes ☐ No
- If yes, how much? \_\_\_\_\_
27. Do you have a checking account? (check one): ☐ Yes ☐ No
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29. Would you like help with any of the following: (check all that apply)
- ☐ Establish a plan to maintain or improve your credit score ☐ Begin a savings plan
- ☐ Establish a plan to increase your emergency funds ☐ Reduce debt
- ☐ Review your credit score
- ☐ Become mortgage eligible
30. Are you a current ICCF Community Homes tenant? (check one): ☐ Yes ☐ No
31. Are you a Community Homes Initiative tenant (previously managed by Blue Bay Properties)? (check one): ☐ Yes ☐ No

\_\_\_\_\_  
Printed Name (Co-Borrower)

\_\_\_\_\_  
Signature (Co-Borrower)

\_\_\_\_\_  
Date



# Housing Education Program Agreement and Release of Information

In signing this agreement and release, I/We agree to actively participate in the Housing Education Services being offered by this agency. I/We understand:

1. A referral to other services of the organization or another agency (as appropriate) may be made to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
2. That this agency receives funds through MSHDA and HUD and as such, is required to share some of my personal information with program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. That a counselor may answer questions and provide information but cannot give legal advice. If I want legal advice, I will be referred to an attorney for appropriate assistance.
4. That this agency may provide information on numerous housing programs and loan products and I further understand that the housing services received from this agency in no way obligates me/us to choose any of their particular housing programs or loan products.

## For Pre-Purchase Education Services only:

\_\_\_\_\_ By initialing I/We acknowledge the agency has provided me/us with (1) **For Your Protection Get a Home Inspection** (HUD-92564), (2) **Ten Important Questions to Ask a Home Inspector**, and (3) **Disclosure of Lead-Based Paint Hazards in Housing** (EPA-747-F-96-002)

## For Post-Purchase Education Services only:

- ☐ I/We hereby allow this Agency its agents, employees, or affiliates to request and obtain income and asset information, mortgage, credit bureau and personal information pertinent to the housing counseling received. I/We allow contact to be made on my/our behalf with representatives from mortgage, attorney, collection and credit bureau companies.

**CONSENT:** Failure to sign this consent form may result in denial of program assistance or termination of counseling program benefits.

Client's Printed Name:	Client's Signature:	Date Signed:
Client #2 Printed Name:	Client #2 Signature:	Date Signed:
Client's Current Address:	City:	Zip Code:

## To be completed by Counselor:

Agency Name: ICCF Community Homes	Agency Phone Number: 616-336-9333	
Counselor Name:	Counselor Signature:	Date Signed:





# Data Release Form & Third Party Authorization

*If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.*

You hereby authorize and instruct ICCF Community Homes and/or its assigned agents to:

- Obtain and review your credit report, and
- Request verifications of your income, assets, and any other information deemed necessary for improving your housing situation.

Your credit report will be obtained from a credit reporting agency chosen by ICCF Community Homes. You understand and agree that ICCF Community Homes intends to use the credit report for the purpose of evaluating your financial readiness to purchase or rent a home and/or to engage in post-purchase counseling activities. You hereby authorize ICCF Community Homes, when necessary, to share your credit report and any information that you provided (including any computations and assessments produced) with the entities listed below in order to help ICCF Community Homes determine your viable financial options.

Lenders  
Banks  
Mortgage Servicers

Debt Collectors  
Landlords  
Public Housing Authorities  
Counseling Agencies

Property Management Companies  
Social Service Agencies

Entities such as mortgage lenders and/or counseling agencies may contact your ICCF Community Homes counselor to evaluate the options for which you may be eligible. In connection with such evaluation, you authorize the credit reporting and/or financial agencies to release information and cooperate with your ICCF Community Homes counselor. No information will be discussed about you with entities not directly involved in your efforts to improve your housing situation. Only information pertinent to the inquiry at hand will be shared.

You hereby authorize the release of your information to program monitoring organizations of ICCF Community Homes, including but not limited to, Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes. You also agree to keep ICCF Community Homes informed of any changes in address, telephone number, job status, marital status, or other conditions which may affect your eligibility for a program you have applied for or a counseling service that you are seeking.

Finally, you understand that you may revoke consent to these disclosures by notifying ICCF Community Homes in writing.

_____ Name 1 (Printed)	_____ SSN#	_____ Date of Birth	_____ Signature	_____ Today's Date
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_____ Name 2 (Printed)	_____ SSN#	_____ Date of Birth	_____ Signature	_____ Today's Date
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Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

(Required if you reside at current address less than 2 years)

Verified Client Identification and SSN: \_\_\_\_\_

Counselor Signature

\_\_\_\_\_  
Date





# Program Disclosure

*If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging accommodations.*

## ABOUT ICCF COMMUNITY HOMES AND PROGRAM PURPOSE

ICCF Community Homes is a non-profit housing counseling agency and a housing developer. Our goal in working with you is to help you make the best decision about your finances and housing counseling needs. ICCF Community Homes provides the full spectrum of housing counseling services including, pre-purchase, foreclosure prevention, non-delinquency post-purchase, rental and homeless counseling. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq).

## AGENCY CONDUCT

No ICCF Community Homes employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

**As a housing counseling client you are not obligated to receive, purchase or utilize any other service offered by this organization or its partners.** You have the right to work with any mortgage company, to apply for any housing program or to use any mortgage product that you choose. We encourage you to shop around for the best program or production that fits your circumstances. Our Individual Development Accounts are held at Mercantile Bank, this does not require you to use Mercantile Bank for your mortgage company or personal banking.

You also have the right to seek HUD approved counseling services at other agencies. Other agencies in the Grand Rapids area include and are not limited to:

Home Repair Services  
1100 S. Division Ave  
616-241-2601

Grand Rapids Urban League  
745 Eastern Ave  
616-245-2207

MSU Extension  
775 Ball Ave NE  
616-632-7865

Your signature below indicates you have read and understand these statements.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Co-Borrower Printed Name

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date Signed

PLEASE SEE PAGE TWO OF THIS DOCUMENT →

Updated 6/10/2022

## ICCF COMMUNITY HOMES PARTNERSHIPS

ICCF Community Homes has partnerships with various organizations; you have the right to be informed of these partnerships.

This listing is intended to be representative and does not include all possible entities with which ICCF Community Homes may have a relationship either now or in the future. This document will be updated as a practicable. An inquiry about ICCF Community Homes' various partnerships and affiliations is available by contacting ICCF Community Homes' main offices located at 415 Martin Luther King Jr. St. SE, Grand Rapids, MI.

The following chart is representative of various subsidiaries and affiliates of ICCF Community Homes:

<b>ICCF COMMUNITY HOMES-NPH</b>	The ICCF Community Homes Nonprofit Housing Corporation (ICCF Community Homes-NPH) is a subsidiary of the parent corporation, ICCF Community Homes. Most real estate development activities are conducted through ICCF Community Homes-NPH including the development of affordable rental and ownership units. ICCF Community Homes-NPH owns a variety of entities through which it engages in the development of affordable housing. These include Stockbridge Apartments, 415 Martin Luther King Jr. St, 435 La Grave at Tapestry Square, 501 Eastern Apartments, and Pleasant Prospect Homes Phase III. A full listing of these entities is available at ICCF Community Homes' main offices located at 415 Martin Luther King Jr. St. SE, Grand Rapids, MI.
<b>ICCF COMMUNITY HOMES RENTAL PROPERTIES</b>	ICCF Community Homes is a MSHDA certified property management entity and owns several affordable rental properties. A full listing of these entities is available at ICCF's main offices located at 415 Martin Luther King Jr. St. SE, Grand Rapids, MI.
<b>CARMODY APARTMENTS</b>	Carmody (also known previously as Madison Apartments) is a multi-unit rental development consisting of nineteen (19) 1, 2, and 3 bedroom units. ICCF Community Homes has owned and operated Carmody since 1990. Applications for these apartments are available through ICCF's Real Estate Development and Management division.
<b>ICCF COMMUNITY HOMES HOMEOWNERSHIP PROGRAMS</b>	ICCF Community Homes is a licensed residential builder and either reconstructs or newly constructs single family homes for sale to income qualified buyers. ICCF's homes are sold to qualified buyers using mortgage financing available through numerous local lenders.

ICCF Community Homes has financial affiliations with numerous entities including the following: Michigan State Housing Development Authority, Michigan Department of Health and Human Services (MDHHS), Kent County, City of Grand Rapids, Salvation Army, National Community Reinvestment Coalition, Department of Housing and Urban Development (Federal), Oakland/Livingston Human Service Agency, Habitat for Humanity of Kent County, West Michigan United Way, Kent ISD, Office of the Administration for Children and Families (Federal)



# Counselor and Client Agreement

ICCF Community Homes and its counselor(s) agree to provide professional housing counseling services to \_\_\_\_\_ (you).

## WHAT TO EXPECT

The counselor will help you:

- Understand the relevant housing processes so that you know what to expect and what to do next;
- Explore options available to you in regards to your own housing goals.
- Counselors are not able to guarantee certain outcomes, but are committed to working with you so you can make the best decisions possible to meet your housing goals.

The counselor will work with you to understand:

- Your current credit information by reviewing your credit report;
- Your income and expenses by developing a spending plan;
- Possible solutions and adjustments to your spending plan, as needed;
- Current mortgage products and options available to you;
- Referral options as needed.

*Together with the counselor you will develop an action plan with steps for both you and the counselor.*

## COUNSELOR COMMITMENT

The counselor agrees to:

- Provide you with factual information;
- Complete action plan steps in a timely manner;
- Make referrals to needed resources;
- Provide services confidentially, honestly and respectfully;
- Communicate with involved parties (ex. Housing commissions or Mortgage Company).

## CLIENT COMMITMENT

You understand that in order for the counselor to provide you with the best service possible, you agree to:

- Provide honest and complete information;
- Provide all necessary documentation and complete action plan steps within the timeframe requested;
- Notify the counselor immediately, preferably 6 hours before a scheduled appointment, if you will be unable to attend an appointment;
- Arrive on time for appointments. You understand that if you are late for an appointment, the appointment will still end at the scheduled time and the counselor may need to reschedule;
- Contact the counselor about any changes in your situation immediately;
- Complete required classes, counseling, and workshops needed to succeed.

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Co-Borrower Printed Name (If applicable)

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Counselor Printed Name

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date Signed

PLEASE SEE PAGE TWO OF THIS DOCUMENT

Updated 6/10/2022

## **PRIVACY POLICY**

ICCF Community Homes follows HUD and MSHDA guidelines in regards to protecting your privacy and protecting your Personally Identifiable Information (PII). We are committed to protecting the privacy of your information whether it is stored electronically, in client management software or in paper form. Our Counselors follow federal privacy related guidance and best practices, including, but not limited to:

### **Limiting Collection of PII**

Your Counselor will not collect or maintain your PII without proper authorization and only collect that which is needed for the purpose of Housing Counseling and Education Services.

### **Managing Access to Sensitive PII**

- Your Counselor will only share or discuss your sensitive PII with those who have a need to know for counseling services purposes.
- Your Counselor will not distribute or release your sensitive PII to others without an authorized release.
- Before discussing your sensitive PII over the telephone, your counselor will confirm that they are speaking to the right person. They will not leave voicemails that contain your sensitive PII.
- Your Counselor will avoid discussing your sensitive PII if there are unauthorized persons in public spaces, and will hold meetings in private spaces when your individual information may be discussed.
- Your Counselor will treat notes from meetings discussing your data as confidential and insure they are stored securely.

### **Securing Sensitive PII**

- Your file will remain in a locked filing cabinet when the Housing and Family Services department is not staffed.
- The Housing and Family Services office space will remain secure when staff is not present.
- Only program staff and their supervisors will have keys to filing cabinets containing your PII. When your file is in use, staff will take all reasonable measures to secure your information.
- Your file will be stored for a period consistent with grant and contact terms.
- Any of your documents containing personal information that is no longer needed will be destroyed via professional shredding services.
- Any of your electronic data will be stored only in a secured area on the network or in the appropriate client management databases.
- All databases will be secured with individual passwords for program staff and their supervisors, and Staff will password-protect their computers when they step away from their workspaces.



# For Your Protection: Get a Home Inspection

## You must make a choice on getting a Home Inspection. It is not done automatically.

You have the right to examine carefully your potential new home with a professional home inspector. But a home inspection is not required by law, and will occur only if you ask for one and make the arrangements. You may schedule the inspection for before or after signing your contract. You may be able to negotiate with the seller to make the contract contingent on the results of the inspection. For this reason, it is usually in your best interest to conduct your home inspection as soon as possible if you want one. In a home inspection, a professional home inspector takes an in-depth, unbiased look at your potential new home to:

**Evaluate the physical condition: structure, construction, and mechanical systems;  
Identify items that need to be repaired and  
Estimate the remaining useful life of the major systems, equipment, structure, and finishes.**

## **The Appraisal is NOT a Home Inspection and does not replace an inspection.**

An appraisal estimates the market value of the home to protect the lender. An appraisal does not examine or evaluate the condition of the home to protect the homebuyer. An appraisal only makes sure that the home meets FHA and/or your lender's minimum property standards. A home inspection provides much more detail.

## **FHA and Lenders may not Guarantee the Condition of your Potential New Home**

If you find problems with your new home after closing, neither FHA nor your lender may give or lend you money for repairs. Additionally, neither FHA nor your lender may buy the home back from you. Ask a qualified home inspector to inspect your potential new home and give you the information you need to make a wise decision.

## **Your Home Inspector may test for Radon, Health/Safety, and Energy Efficiency**

EPA, HUD and DOE recommend that houses be tested and inspected for radon, health and safety, and energy efficiency, respectively. Specific tests are available to you. You may ask about tests with your home inspector, in addition to the structural and mechanical systems inspection. For more information: Radon -- call 1-800-SOS-Radon; Health and Safety -- see the HUD Healthy Homes Program at [www.HUD.gov](http://www.HUD.gov); Energy Efficiency -- see the DOE EnergyStar Program at [www.energystar.gov](http://www.energystar.gov).

## **Selecting a Trained Professional Home Inspector**

Seek referrals from friends, neighbors, other buyers, realtors, as well as local listings from licensing authorities and local advertisements. In addition, consult the American Society of Home Inspectors (ASHI) on the web at: [www.ashi.org](http://www.ashi.org) or by telephone at: 1-800-743-2744.

**I / We (circle one) have read this document and understand that if I/we wish to get a home inspection, it is best do so as soon as possible. The appraisal is not a home inspection. I/we will make a voluntary choice whether to get a home inspection. A home inspection will be done only if I/we ask for one and schedule it. Your lender may not perform a home inspection and neither FHA nor your lender may guarantee the condition of the home. Health and safety tests can be included in the home inspection if I/we choose.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Signed) Homebuyer Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Signed) Homebuyer Date







# Ten Important Questions to Ask Your Home Inspector

1. **What does your inspection cover?** The inspector should ensure that their inspection and inspection report will meet all applicable requirements in your state if applicable and will comply with a well-recognized standard of practice and code of ethics. You should be able to request and see a copy of these items ahead of time and ask any questions you may have. If there are any areas you want to make sure are inspected, be sure to identify them upfront.
2. **How long have you been practicing in the home inspection profession and how many inspections have you completed?** The inspector should be able to provide his or her history in the profession and perhaps even a few names as referrals. Newer inspectors can be very qualified, and many work with a partner or have access to more experienced inspectors to assist them in the inspection.
3. **Are you specifically experienced in residential inspection?** Related experience in construction or engineering is helpful but is no substitute for training and experience in the unique discipline of home inspection. If the inspection is for a commercial property, then this should be asked about as well.
4. **Do you offer to do repairs or improvements based on the inspection?** Some inspector associations and state regulations allow the inspector to perform repair work on problems uncovered in the inspection. Other associations and regulations strictly forbid this as a conflict of interest.
5. **How long will the inspection take?** The average on-site inspection time for a single inspector is two to three hours for a typical single-family house; anything significantly less may not be enough time to perform a thorough inspection. Additional inspectors may be brought in for very large properties and buildings.
6. **How much will it cost?** Costs vary dramatically, depending on the region, size and age of the house, scope of services and other factors. A typical range might be \$300-\$500 but consider the value of the home inspection in terms of the investment being made. Cost does not necessarily reflect quality. HUD does not regulate home inspection fees.
7. **What type of inspection report do you provide and how long will it take to receive the report?** Ask to see samples and determine whether or not you can understand the inspector's reporting style and if the time parameters fulfill your needs. Most inspectors provide their full report within 24 hours of the inspection.
8. **Will I be able to attend the inspection?** This is a valuable educational opportunity, and an inspector's refusal to allow this should raise a red flag. Never pass up this opportunity to see your prospective home through the eyes of an expert.
9. **Do you maintain membership in a professional home inspector association?** There are many state and national associations for home inspectors. Request to see their membership ID and perform whatever due diligence you deem appropriate.
10. **Do you participate in continuing education programs to keep your expertise up to date?** One can never know it all, and the inspector's commitment to continuing education is a good measure of his or her professionalism and service to the consumer. This is especially important in cases where the home is much older or includes unique elements requiring additional or updated training.



# FACT SHEET

## EPA and HUD Move to Protect Children from Lead-Based Paint Poisoning; Disclosure of Lead-Based Paint Hazards in Housing

### SUMMARY

The Environmental Protection Agency (EPA) and the Department of Housing and Urban Development (HUD) are announcing efforts to ensure that the public receives the information necessary to prevent lead poisoning in homes that may contain lead-based paint hazards. Beginning this fall, most home buyers and renters will receive known information on lead-based paint and lead-based paint hazards during sales and rentals of housing built before 1978. Buyers and renters will receive specific information on lead-based paint in the housing as well as a Federal pamphlet with practical, low-cost tips on identifying and controlling lead-based paint hazards. Sellers, landlords, and their agents will be responsible for providing this information to the buyer or renter before sale or lease.

### LEAD-BASED PAINT IN HOUSING

Approximately three-quarters of the nation's housing stock built before 1978 (approximately 64 million dwellings) contains some lead-based paint. When properly maintained and managed, this paint poses little risk. However, 1.7 million children have blood-lead levels above safe limits, mostly due to exposure to lead-based paint hazards.

### EFFECTS OF LEAD POISONING

Lead poisoning can cause permanent damage to the brain and many other organs and causes reduced intelligence and behavioral problems. Lead can also cause abnormal fetal development in pregnant women.

### BACKGROUND

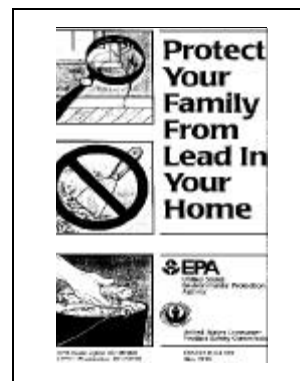
To protect families from exposure to lead from paint, dust, and soil, Congress passed the Residential Lead-Based Paint Hazard Reduction Act of 1992, also

known as Title X. Section 1018 of this law directed HUD and EPA to require the disclosure of known information on lead-based paint and lead-based paint hazards before the sale or lease of most housing built before 1978.

### WHAT IS REQUIRED

Before ratification of a contract for housing sale or lease:

- Sellers and landlords must disclose known lead-based paint and lead-based paint hazards and provide available reports to buyers or renters.
- Sellers and landlords must give buyers and renters the pamphlet, developed by EPA, HUD, and the Consumer Product Safety Commission (CPSC), titled *Protect Your Family from Lead in Your Home*.
- Home buyers will get a 10-day period to conduct a lead-based paint inspection or risk assessment at their own expense. The rule gives the two parties flexibility to negotiate key terms of the evaluation.
- Sales contracts and leasing agreements must include certain notification and disclosure language.
- Sellers, lessors, and real estate agents share responsibility for ensuring compliance.



## WHAT IS NOT REQUIRED

- This rule does not require any testing or removal of lead-based paint by sellers or landlords.
- This rule does not invalidate leasing and sales contracts.

## TYPE OF HOUSING COVERED

Most private housing, public housing, Federally owned housing, and housing receiving Federal assistance are affected by this rule.

## TYPE OF HOUSING NOT COVERED

- Housing built after 1977 (Congress chose not to cover post-1977 housing because the CPSC banned the use of lead-based paint for residential use in 1978).
- Zero-bedroom units, such as efficiencies, lofts, and dormitories.
- Leases for less than 100 days, such as vacation houses or short-term rentals.
- Housing for the elderly (unless children live there).
- Housing for the handicapped (unless children live there).

- Rental housing that has been inspected by a certified inspector and found to be free of lead-based paint.
- Foreclosure sales.

## EFFECTIVE DATES

- For owners of more than 4 dwelling units, the effective date is September 6, 1996.
- For owners of 4 or fewer dwelling units, the effective date is December 6, 1996.

## THOSE AFFECTED

The rule will help inform about 9 million renters and 3 million home buyers each year. The estimated cost associated with learning about the requirements, obtaining the pamphlet and other materials, and conducting disclosure activities is about \$6 per transaction.

## EFFECT ON STATES AND LOCAL GOVERNMENTS

This rule should not impose additional burdens on states since it is a Federally administered and enforced requirement. Some state laws and regulations require the disclosure of lead hazards in housing. The Federal regulations will act as a complement to existing state requirements.

### FOR MORE INFORMATION

- For a copy of *Protect Your Family from Lead in Your Home* (in English or Spanish), the sample disclosure forms, or the rule, call the National Lead Information Clearinghouse (NLIC) at (800) 424-LEAD, or TDD (800) 526-5456 for the hearing impaired. You may also send your request by fax to (202) 659-1192 or by Internet E-mail to [ehc@cais.com](mailto:ehc@cais.com). Visit the NLIC on the Internet at <http://www.nsc.org/nsc/ehc/ehc.html>.
- Bulk copies of the pamphlet are available from the Government Printing Office (GPO) at (202) 512-1800. Refer to the complete title or GPO stock number 055-000-00507-9. The price is \$26.00 for a pack of 50 copies. Alternatively, persons may reproduce the pamphlet, for use or distribution, if the text and graphics are reproduced in full. Camera-ready copies of the pamphlet are available from the National Lead Information Clearinghouse.
- For specific questions about lead-based paint and lead-based paint hazards, call the National Lead Information Clearinghouse at (800) 424-LEAD, or TDD (800) 526-5456 for the hearing impaired.
- The EPA pamphlet and rule are available electronically and may be accessed through the Internet.

#### Electronic Access:

**Gopher:** [gopher.epa.gov:70/11/Offices/PestPreventToxic/Toxic/lead\\_pm](http://gopher.epa.gov:70/11/Offices/PestPreventToxic/Toxic/lead_pm)

**WWW:** <http://www.epa.gov/opptintr/lead/index.html>  
<http://www.hud.gov>

**Dial up:** (919) 558-0335

**FTP:** [ftp.epa.gov](ftp://ftp.epa.gov) (To login, type "anonymous." Your password is your Internet E-mail address.)



U.S. Department of Housing and Urban Development • Office of Healthy Homes and Lead Hazard Control



HEALTHYHOMES  
Healthy Families | Healthy Children

# RADON

*"You can't see radon. But it may be a problem in your home"*

U.S. Environmental Protection Agency

## Did you know...?

- Radon is the second leading cause of lung cancer, after smoking.<sup>1</sup>
- Approximately 20,000 cancer deaths each year are caused by radon.<sup>2</sup>
- Radon is the leading cause of cancer among nonsmokers.<sup>3</sup>

## What is it?

Radon is a radioactive gas that cannot be seen or smelled and is found naturally around the country. When you breathe air containing radon, cells in your airway may be damaged, increasing your risk of getting lung cancer.

Radon is found in the dirt and rocks beneath houses, in well water, and in some building materials. It can enter your house through soil, dirt floors in crawlspaces, and cracks in foundations, floors, and walls.

All houses have some radon, but houses next to each other can have very different radon levels, so the only way to determine your particular risk is to test your home. Radon is measured in "picoCuries per liter of air," abbreviated "pCi/L." This unit of measure describes the number of radon gas particles in one liter of air. The amount of radon outdoors is usually around 0.4 pCi/L, and indoors is around 1.3 pCi/L. Even though all radon exposure is unhealthy, radon at levels below 4 pCi/L are considered acceptable.

There is no known "safe" level of radon exposure. If your home has a radon level of 4 pCi/L or more, you should take action to lower this level.

*continued on back*

[www.hud.gov/healthyhomes](http://www.hud.gov/healthyhomes)





U.S. Department of Housing and  
Urban Development

Office of Healthy Homes and Lead  
Hazard Control



# RADON

## What can you do?

### Test your Home!

About 1 out of every 15 homes has a radon problem. The only way to know for sure is to test your home. You can buy a radon test at a hardware store or order it by mail. There are two types of tests: short-term tests take 2 to 90 days, while long-term tests take more than 90 days but provide a better estimate of your annual average radon level.

In real estate transactions, short-term tests are more common because of the time limitations. (Consult EPA's Home Buyer's and Seller's Guide for more on radon testing in real estate transactions.

**Follow all the instructions that come with your test kit.**

If possible during the test, keep your windows closed to keep air from escaping. Place your test kit in a room on the lowest level of your home that you use regularly, probably on the first floor or in the basement. When the test is done, send it to a lab to process your results.

You can also hire a professional tester to do the test for you. Contact your state's radon office for a list of qualified testers. ([www.epa.gov/iaq/whereyoulive.html](http://www.epa.gov/iaq/whereyoulive.html))

### Other helpful steps:

1. **Stop smoking** and discourage smoking in your home. Smoking significantly increases the risk of lung cancer from radon.
2. **Increase air flow in your house** by opening windows and using fans and vents to circulate air. Natural ventilation in any type of house is only a temporary strategy to reduce radon.
3. **Seal cracks in floors and walls** with plaster, caulk, or other materials designed for this purpose. Contact your state radon office for a list of qualified contractors in your area and for information on how to fix radon problems yourself. Always test again after finishing to make sure you've fixed your radon problem.
4. **Ask about radon resistant construction techniques** if you are buying a new home. It is almost always cheaper and easier to build these features into new homes than to add them later.

### For more information . . .

Visit HUD's website at [www.hud.gov/healthyhomes](http://www.hud.gov/healthyhomes) for more information about addressing health hazards in homes or to learn if HUD has a Healthy Homes program in your community.

Download a copy of "Help Yourself to A Healthy Home" for more practical steps you can take to make your home a healthy home.

### More Federal Resources

US Environmental Protection Agency (EPA)  
[www.epa.gov/radon](http://www.epa.gov/radon)

### Other Resources

State Radon Contacts  
[www.epa.gov/iaq](http://www.epa.gov/iaq)

National Radon Hotline to order radon test kits  
1-800/SOS-RADON (1-800-767-7236)

National Safety Council and EPA Radon Hotline with an operator to answer questions about radon  
1-800-55RADON (1-800-557-2366)

Radon Fix-it Hotline  
1-800-644-6999

American Lung Association  
[www.lungusa.org](http://www.lungusa.org)

**Radon test kits are available at hardware stores  
or by mail**



<sup>1</sup>U.S. Environmental Protection Agency "Indoor Air- Radon" [www.epa.gov/radon](http://www.epa.gov/radon) August 25, 2004

<sup>2</sup>U.S. Environmental Protection Agency "Assessment of Risks from Radon in Homes" [www.epa.gov/radon/risk\\_assessment.html](http://www.epa.gov/radon/risk_assessment.html) August 25, 2004

<sup>3</sup>U.S. Environmental Protection Agency "Indoor Air-Radon" [www.epa.gov/iaq/radon/index.html](http://www.epa.gov/iaq/radon/index.html) August 4, 2008

# FACT SHEET: YOUR FAIR HOUSING RIGHTS

## What is fair housing?

Fair housing is the right to choose housing free from unlawful discrimination. Federal, state and local fair housing laws protect people from discrimination in housing transactions such as rentals, sales, lending, appraisals, and insurance. Specifically, the federal Fair Housing Act and Michigan's Elliott-Larsen Civil Rights Act protect against housing discrimination based on the following protected classes:

- Race
- Color
- Religion
- Sex, including Gender Identity, Sexual Orientation
- National origin
- Familial status
- Disability
- Marital status
- Age



Fair Housing Center  
of West Michigan

20 Hall Street SE  
Grand Rapids, MI 49507  
616-451-2980 phone  
616-451-2657 fax  
866-389-FAIR

[fhcwm.org](http://fhcwm.org)

Some communities in west Michigan also protect people from discrimination in housing based on their source of income or other protected classes. Visit [www.fhcwm.org/laws](http://www.fhcwm.org/laws) to learn more.

Housing discrimination sometimes happens blatantly, but is more often difficult to recognize or fully identify. If you feel like you had a housing experience where you were possibly treated differently than someone else because of a protected class, it may be housing discrimination. If you are a homeseeker looking for information on your fair housing rights, the Fair Housing Center of West Michigan (FHCWM) can help!

## What We Do

Our advocacy and enforcement programs serve to assist individuals in reporting housing discrimination; investigate, mediate and resolve allegations of housing discrimination; remove systemic barriers to housing choice; and ensure the protection of fair housing choice. We also assist with reasonable accommodation (accessible assigned parking) and modification (ramps, grab bars) requests for persons with disabilities.

## About the Fair Housing Center

The FHCWM is a private, non-profit fair housing organization that provides comprehensive fair housing services, including education, outreach, research, advocacy and enforcement. The FHCWM is the front door to housing choice, ensuring that everyone in our community has equal opportunity to choose housing that's right for them. Through education, research and advocacy, we prevent housing discrimination, remove barriers that allow it to persist, and restore housing choice when discrimination happens.

## Our Service Area

We currently serve 12 counties in western Michigan: Allegan, Grand Traverse, Ionia, Isabella, Kent, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola and Ottawa.

## SIGNS OF POSSIBLE DISCRIMINATION, IF BASED ON A PROTECTED CLASS

- Refusing to rent or sell an apartment or a home to you or your family
- The housing is advertised for preferred groups of people only (i.e. "perfect for empty nesters")
- Being restricted to a certain neighborhood or specific floor of an apartment complex
- A refusal to work with you because you request a sign language interpreter or need some other reasonable accommodation, such as meeting in a wheelchair-accessible location
- Being told the housing is not available, even though it is listed or has a sign
- Being told you won't be safe, neighbors won't want you there, or the neighborhood is not 'right' for you
- Terms, conditions, or availability change between phone contact and an in-person visit
- A refusal to provide information about the housing or make a loan to a qualified applicant



# Monthly Budget

Applicant Name(s): \_\_\_\_\_

**Instructions:** Fill out the “Current” column with your average monthly earnings/spending. This helps the Housing Counselor get a sense of where your income and spending are currently at. To calculate the final numbers, move the Total Monthly Expenses (A) to space (F). Then Add B+C+D+E together and put that total in (G). Then subtract (F) - (G), to give you the difference, which will be either the extra money you have at the end of the month, or the amount of money you spent that you didn’t have.

Note: The “Revised” Column will be completed later with a Housing Counselor.

Monthly Income	Current	Revised
Applicant Income		
Co-Applicant Income		
Social Security/SSI/Disability		
Child Support		
Food Stamps/FIA Income		
Other		
<b>Total Monthly Income (A)</b>		

Fixed Expenses	Current	Revised
Housing – Rent/Mortgage		
Car Loan #1		
Car Loan #2		
Car Insurance & Registration		
Student Loan		
Loan (Other)		
Child Support		
Child Care		
Savings		
Other		
<b>Total Fixed Expenses (B)</b>		

Flexible Expenses	Current	Revised
Food – Groceries		
In Between Grocery Expenses		
Toiletries/Cosmetics		
Natural Gas/Propane		
Electric		
Trash Removal		
Water Bill		
Telephone		
Cell Phone		
Automobile Gas, Oil, Antifreeze		
Automobile Repair, Maintenance		
Internet		
Cable/Movies/Movie Rental/Streaming Services		
Laundry/Dry Cleaning		
Activities/Going Out		
Dinners Out		
Lunches Out		
Kids School Lunches		
Dues/Subscriptions/Phone App costs		
Medical Insurance (Not Taken Out of Paycheck)		
<b>Continue to next page</b>		

Flexible Expenses Continued	Current	Revised
Gym Membership		
Money Orders or Cashier's Checks		
Fees: Bank, Checking, ATM, Check Cashing, Overdraft, etc.		
Rent to Own (furniture, appliances, etc.)		
Hair Care: products, styling, salon/barber, cuts, etc.		
Nail Care: salon visits, at home materials, etc.		
Clothing		
Gambling/Casinos/Lotto		
Recreational Substance Use (ie. Cigarettes/Vape/Cigars/Marijuana/Edibles/Alcohol/etc.)		
Charity/Tithing		
Education/Tuition		
Storage Unit		
Pets		
Allowance/Children's Activities		
Other		
<b>Total Flexible Expenses</b> (C)		

Occasional Expenses	Current	Revised
Renters Insurance		
Medical/Dental/Vision (copays, coinsurance, RX, glasses)		
Birthdays		
Christmas/Holidays		
Vacation		
Other		
<b>Total Occasional Expenses</b> (D)		

Debt Reducing Expenses	Current	Revised
Credit Card #1		
Credit Card #2		
Credit Card #3		
Credit Card #4		
Credit Card #5		
Credit Card #6		
Credit Card #7		
Credit Card #8		
Credit Card #9		
Credit Card #10		
Other		
<b>Total Debt Reducing Expenses</b> (E)		

Final Calculations	Current	Revised
Total Monthly Income ( <i>Amount from "A"</i> ) (F)		
Total Monthly Expenses ( <i>Add B+C+D+E</i> ) (G)		
Difference - either a gain or a loss. ( <i>Subtract F from G</i> )		

Printed Name	Signature	Date
Printed Name	Signature	Date

\*\*\*Please Note: If you think you struggle with gambling or substance use and would like support, let us know. We can provide you with resources to help.



**Request for Copy of Tax Return**

- **Do not sign this form unless all applicable lines have been completed.**
- **Request may be rejected if the form is incomplete or illegible.**
- **For more information about Form 4506, visit [www.irs.gov/form4506](http://www.irs.gov/form4506).**

OMB No. 1545-0429

**Tip.** You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return**, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." or call 1-800-908-9946.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) (last 4 digits)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	

**4** Previous address shown on the last return filed if different from line 3 (see instructions)

**5** If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.

**Caution:** If the tax return is being mailed to a third party, ensure that you have filled in lines 6 and 7 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax return to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your return information, you can specify this limitation in your written agreement with the third party.

**6** **Tax return requested.** Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ► \_\_\_\_\_

**Note:** If the copies must be certified for court or administrative proceedings, check here ☐

**7** **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The City of Grand Rapids will NOT be requesting a copy of your tax return from the IRS. This form authorizes the City to maintain a copy of your tax return in your City loan file and must only be completed if you are submitting a copy of any tax returns with your application.

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

☐ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506.** See instructions.

Phone number of taxpayer on line 1a or 2a

**Sign Here**

► Signature (see instructions)

Date

► Title (if line 1a above is a corporation, partnership, estate, or trust)

► Spouse's signature

Date





## HOME Investment Partnerships Program City of Grand Rapids Household Eligibility for Purchase

The house you are interested in purchasing was built or rehabbed with funding from the HOME Investment Partnerships Program. A Buyer's gross household income must be under 80% of the area median income (AMI) to purchase the house. The purchase is contingent on household income verification and approval by the City of Grand Rapids Community Development Department.

### **Household.**

Complete the Household Composition chart below. Include the head of household, all persons 18 years of age and older, and all children who reside in the household. Include children who are subject to shared custody agreements and reside within the household at least 50% of the time. DO NOT INCLUDE: foster children, live-in aides and children of live-in aides, unborn children, and children being pursued for legal custody or adoption who do not currently live within the household. Additional household members can be included on a separate sheet of paper if there is insufficient room.

Name	Relationship to Head of Household	Sex M/F	Birth Date Mo/Day/Yr	Student		Has income?	
				Yes	No	Yes	No
	self						

**Marital Status.** Head of Household is (check one): ☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Separated

**Ethnicity.** Head of Household is (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

**Race.** Head of Household is (check one):

- |  |   |
|--|---|
| <input type="checkbox"/> Alaskan Native or American Indian   | <input type="checkbox"/> Alaskan Native or American Indian <i>and</i> White |
| <input type="checkbox"/> Asian                               | <input type="checkbox"/> Alaskan Native or American Indian <i>and</i> Black |
| <input type="checkbox"/> Black or African American           | <input type="checkbox"/> Asian <i>and</i> White                             |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Black or African American <i>and</i> White         |
| <input type="checkbox"/> White                               | <input type="checkbox"/> Other multi-racial _____                           |

### **Homebuyer Counseling.**

In order to purchase this house, you are required to complete an approved homebuyer counseling course. Please check the appropriate box below:

☐ I have completed a HUD approved homebuyer education course and am including a copy of my completion certificate.

☐ I have not yet completed a HUD approved course but plan to do so on \_\_\_\_\_ (insert date of course).

### **Authorization to Release Information Form & Income Checklist.**

Complete the accompanying Authorization to Release Information Form and Income Checklist. Note that a separate Income Checklist must be completed by each household member age 18 and older.

## City of Grand Rapids Authorization to Release Information

Your signature on this Eligibility Release Form and the signatures of each member of your household who is 18 years of age or older authorize the City of Grand Rapids to obtain information from a third party relative to your eligibility to purchase a house built or rehabbed with funding from the HOME Investment Partnerships Program.

**Privacy Act Notice Statement:** The Department of Housing and Urban Development is requiring the collection of information to determine an applicant's eligibility in a federally assisted program and the amount of assistance necessary using federal funds. This information will be used to establish level of benefit on the federal program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate federal, state, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval.

**Authorization:** I authorize the City of Grand Rapids to obtain information about me and my household that is pertinent to eligibility for home purchase. Specifically, I authorize the City to obtain any and all income and employment information and documentation that is needed. In the event that I purchase the home, I authorize the City to communicate with my home insurance company to ensure the City is listed as second mortgagee as applicable. I acknowledge that:

- 1) A photocopy of this form is as valid as the original.
- 2) I have the right to review information obtained using this form (accompanied by a person of my choosing).
- 3) I have the right to a copy of information obtained using this form and to request correction of information I believe inaccurate.
- 4) To be eligible, all household members age 18 and older must sign this form and cooperate with the City and other parties in this process.

This authorization to release information expires 15 months after the date this form is signed.

\_\_\_\_\_  
Name of Head of Household (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Household Member (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Household Member (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Household Member (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date