



1809 Durand St., Saginaw, MI 48602
Ph: 989-921-0569 • Fax: 989-754-1654

NEIGHBORHOOD IMPACT PROGRAM (NIP) CHECKLIST

PROVIDE COPIES OF ALL REQUESTED DOCUMENTATION.

APPLICATION MUST BE COMPLETE AND YOU MUST HAVE ALL REQUESTED DOCUMENTS WHEN YOU ARRIVE OR YOU WILL HAVE TO RESCHEDULE YOUR APPOINTMENT

A non-refundable processing fee of \$145 applies; if your application is rejected for any reason, all funds will be returned minus the processing fee.

- A. Completed NIP Application**
- B. Verification of Earnings**
 - SSI Determination Letter
 - Retirement Income (4 consecutive stubs)
- C. Homeowner's Insurance Declaration page**
- D. Pay Stubs (4 consecutive pay stubs)**
- E. Income Tax Returns with W2's (past 2 years). All Schedules**
- F. Three estimates from Licensed Contractors**
 - Contact Circle of Love CDC office to obtain an estimate
 - Contact two other Licensed Contractors for 2nd and third estimate
- G. Cashier's check/money order in the amount of processing fee - \$145.00**
- H. Driver's License**
- I. Social Security Card**
- J. Warranty Deed (must have lived in home 18 months from date on deed)**
- K. Verification that Property Taxes are current**
- L. Open checking/savings account at Chemical Bank**
- M. Before and After Photos**
- N. If deceased spouse is still on you deed:**
 - We will need a copy of death certificate

- A \$.10 charge applies to all copies we have to make.

Program description

The Neighborhood Impact Program (NIP) is part of the Homeownership set-aside program. NIP provides rehabilitation assistance to homeowners with household incomes at or below 80% of the area median income. NIP matches other funds to increase a homeowner's total source of funds to rehabilitate a home.

The maximum subsidy that can be requested per household is as follows:

1. \$10,000, if recipient is receiving 3:1 matching funds from government entity, forgivable or deferred loan from an eligible state or local home improvement loan program, member home equity loan or if the member is the first lien holder of the mortgaged property.
2. \$7,500, if no matching funds from above-listed eligible sources

Recipient requirements

Recipients of NIP funds must meet all of the following requirements:

- Has household income that is equal to or less than 80% of the area median income (AMI) adjusted for family size as published annually by HUD charts).
- Be owner-occupants of the home to be rehabilitated (must be primary residence) and have resided in the home, as a primary residence, for at least 18 months prior to application with the member institution.
- If ownership has been obtained through transfer by deed, a warranty deed is the minimum acceptable manner of transfer. A quitclaim deed is not sufficient.
- Duplexes are eligible as long as the homeowner occupies one-half as the primary residence and 75% of the projected income generated from the other unit(s) is included in the NIP income qualification process. Projected income must be included in household income whether or not homeowner intends to rent the other unit(s).
- Non-residential investment property is not eligible.
- Lease/purchase arrangements and land contracts are not eligible ownership structures.
- All properties must be titled as real estate and be permanently affixed to a permanent foundation.
- All individuals in title to the property must occupy the property for which subsidy is being provided and must sign retention documents described above. Transactions that require or involve non-occupying co-borrowers, co-owners, co-signers, guarantors are not eligible for NIP.
- Provide all documentation to the member as required for participation in the program.
- Applicants may not be students with part-time or no income while in school who ordinarily would have a reasonable prospect for a substantial increase in income exceeding the AHP income eligibility limit upon entering the workforce full-time. In determining an applicant's eligibility, the FHLBI will consider factors including, but not limited to, the applicant's current student status, number of hours currently enrolled, anticipated date of graduation and field of study. Supporting documentation will be required.

Eligible Improvements

The following types of repairs are eligible for funding under NIP:

- Repair/replacement of existing heating, ventilation, air conditioning
- Repair/replacement of existing well/septic system
- Repair/replacement of existing water heater
- Energy conservation improvements - includes repair/replacement of existing:
 - Windows
 - Soffit and Fascia
 - Siding
 - Roofing
 - Gutters
 - Downspouts
 - Caulking
 - Exterior doors
 - Weather stripping, attic and wall insulation
- Improvements for easier accessibility for disabled individuals - includes widening doorways for wheelchair access, lowering kitchen cabinets, installing exterior ramps, installing grab bars, etc. Documentation of need is required
- Installation/repair of existing basement waterproofing system

- Before and after pictures are required.

Ineligible improvements

In general, improvements in functionality/modernization, changes for elimination of obsolescence, luxury items, improvements that do not become a permanent part of the property, and installation or repair of items listed below are not eligible improvements. The list is not an all-inclusive list.

Any exceptions should be pre-approved by the FHLBI.

- Additions or alterations for commercial use
- Porches, detached garages, etc.
- Finishing of attics, basements, etc.
- Furniture and appliances
- Landscaping or tree work
- Fences
- Room additions
- Driveways and sidewalks
- Awnings and shutters
- Electrical
- Plumbing

Accessibility Modification Program - AMP

Accessibility Modification Program is a grant through the Federal Home Loan Bank of Indianapolis. The grant is for accessibility modification home rehabilitation. This program is for eligible senior home owners or owner-occupied household with a person(s) with a permanent disability. The grant does not have to be repaid if the family continues to live in the house for a period of 5 years. If the family sells the house they owe the portion equal to the time they did not live there.

Income Qualified Program

AMP assists existing homeowners whose incomes fall within the stated amount for their family household size. Qualifying families can receive up to 10,000 for eligible repairs.

- 1 person household at or below \$30,050
- 2 person household at or below \$34,350
- 3 person household at or below \$38,650
- 4 person household at or below \$42,900
- 5 person household at or below \$46,350

Program Elements

- Existing homeowners with incomes at or below what is stated above for their family size
- Owner-occupants must have resided in home 18 months
- must agree to continue to live in the house for a period of 5 years
- Eligible properties are single-family homes and duplexes as all as the owner resides in one half.
- Must meet age requirement of 62. Exception may be made if Disability is permanent.

Eligible Repairs

- Ramps / zero step entries
- Handrails
- Levered door handles
- Self-closing hinges (internal/external doors)
- Pocket doors or swing hinges
- Bathroom modification : walk/roll-in shower, grab bars, re-bath – easy entry bath, ADA – approved toilets/drop down grab bar, Roll-under vanity, Lower level ½ bath conversions
- Kitchen modification: Lowering existing cabinets or replacing with ADA- approved cabinets and Lower and/or roll under ADA-approved counters
- Internal chair and wheelchair lifts
- Widen door-ways
- Installation of smoke detectors or carbon monoxide detectors
- Universal Design floor coverings
- Exclusion may apply

Other Repair up to 25% of AMP funds

Repair/replacement of existing heating, ventilation, air conditioning

Repair/replacement of existing water heater

Windows

Siding

Roofing

Gutters

External doors

Application can be obtain at CircleofLoveCDC.org and additional documentation may be required.

Application for Rehab

To be completed by the homeowner and the agency facilitating rehab grant and repairs and submitted to the financial institution. Do not send to the FHLBI.

Agency information

Agency: Circle of Love CDC	
Contact: Pam Brazil	Phone: 989 921-0569

Applicant information

Homeowner name:			
Street address:			
City, State, ZIP:			
Home phone:		Work phone:	
No. persons in household:	> 18 yrs:	> 55 yrs:	< 18 yrs:
Income verified by: <input type="checkbox"/> W-2s <input type="checkbox"/> Pay stubs <input type="checkbox"/> VOE <input type="checkbox"/> Other:			
Please list requested home repairs in priority order with estimated cost:			
1.			\$
2.			\$
3.			\$
4.			\$

Disclosure/Privacy Statement

Services will be provided without discrimination. The agency indicated above is requesting information necessary to comply with the requirements of this program. I understand that the information on this form will be kept confidential but may be shared with other agencies to which I may be referred for services. I understand that I may be requested to verify these statements, and give my consent to this agency to make necessary contacts to verify any statements. I hereby certify that the above information is correct and true to the best of my knowledge.

Homeowner signature

Date

Printed name



HOMEOWNERSHIP DIVISION
MSHDA's Homeownership Counseling Program

Household Profile

Section I – Must be completed for all clients				Date:	
Client Name (First, Middle Initial, Last):			Social Security Number:		
Street Address (do not use PO Box):		City:	State:	Zip:	
Home or Cell Phone Number:	Email Address:		Married:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Disabled:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
County Client Resides In:	Current Housing Situation:		Have you been a homeowner within the last three years?		
	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Homeless	<input type="checkbox"/> Living with Family			
Job Duration:	Farm Worker:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		

For statistical purposes, circle or check appropriate answer as it applies to Client:

Ethnicity (You must select one): Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to respond <input type="checkbox"/>			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Single Race: 1. American Indian/Alaskan Native 2. Asian 3. Black/African American 4. Native Hawaiian/Pacific Islander 5. White 6. Choose Not to Respond		Multi-Race: 7. American Indian/Alaskan Native and White 8. Asian and White 9. Black/African American and White 10. American Indian/Alaska Native and Black/African American 11. Other Multiple Race		Household Type: 1. Single adult 2. Female-headed single parent 3. Male-headed single parent 4. Married without children 5. Married with children 6. Two or more unrelated adults 7. Other	

For statistical purposes, please indicate clients highest level of education:

<input type="checkbox"/> Doctoral or Professional Degree	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> High School Diploma or Equivalent
<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Postsecondary Non-Degree Award	<input type="checkbox"/> Less than High school
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Some College, No Degree	

Co-Client Name (First, Middle Initial, Last):			Social Security Number:		
Street Address (do not use PO Box):		City:	State:	Zip:	
Home or Cell Phone Number:	Email Address:		Married:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Disabled:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
County Client Resides In:	Current Housing Situation:		Have you been a homeowner within the last three years?		
	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Homeless	<input type="checkbox"/> Living with Family			
Job Duration:	Farm Worker:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		

For statistical purposes, please circle or check appropriate answer as it applies to Client:

Ethnicity (You must select one): Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to respond <input type="checkbox"/>			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Single Race: 12. American Indian/Alaskan Native 13. Asian 14. Black/African American 15. Native Hawaiian/Pacific Islander 16. White 17. Choose Not to Respond		Multi-Race: 18. American Indian/Alaskan Native and White 19. Asian and White 20. Black/African American and White 21. American Indian/Alaska Native and Black/African American 22. Other Multiple Race		Household Type: 8. Single adult 9. Female-headed single parent 10. Male-headed single parent 11. Married without children 12. Married with children 13. Two or more unrelated adults 14. Other	

For statistical purposes, please indicate clients highest level of education:

<input type="checkbox"/> Doctoral or Professional Degree	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> High School Diploma or Equivalent
<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Postsecondary Non-Degree Award	<input type="checkbox"/> Less than High school
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Some College, No Degree	

List **ALL** Household Members including Client and **ALL** sources of income for adult members of the household. Include unearned income of minor children. **DO NOT** include earned income of minor children. **Income sources:** Wages, Worker's Comp, Veteran Benefits, Unemployment, SSI, Social Security Benefits, Retirement, Public Assistance, Military, Child Support, Alimony, Other: amounts must be broken down per category per recipient.
 List **All** sources of revolving credit and installment loan debt. **Debt sources:** Credit Cards, Automobile Loan, Mortgage, Student Loans, Child Support, Alimony, etc.

Name	Date of Birth	High School Student	Gross Annual Income	Primary Source of Income	Relationship to Client
		<input type="checkbox"/>			Client
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

Total Household Income: (Excluding minor children's) \$

Total Household Debt: \$

Section II – Complete this section for Foreclosure or National Foreclosure Mitigation Counseling; otherwise leave blank and go to Section III:

Name of Originating Lender (if available):		Original Loan Number (if available):	
Name of Current Servicer:		Loan number assigned by Current Servicer:	
When did you purchase your home?		Does your name appear on the deed and mortgage or land contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Monthly Payment (PITI) at intake:		What is your current interest rate?	
If type of loan at intake is an ARM, has the interest rate already reset? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does client have a second loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Credit Score at Intake: _____ Source: TransUnion <input type="checkbox"/> EquiFax <input type="checkbox"/> Experian <input type="checkbox"/> Tri-merge <input type="checkbox"/>		Current status of Loan: <input type="checkbox"/> Current <input type="checkbox"/> 30-60 days late <input type="checkbox"/> 61-90 days late <input type="checkbox"/> 91-120 days late <input type="checkbox"/> 120 + days late	
Total amount delinquent on Mortgage? \$	Are your property taxes delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$	Is your homeowner's insurance delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$	
Have you been notified of a date for a Sherriff's Sale? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has there been a Sherriff's Sale of this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the date of the Sherriff's Sale?		Have you filed bankruptcy in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently working with an attorney regarding the delinquency of your mortgage or land contract? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide attorney information?			
Have you been a victim of Housing Discrimination? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been a victim of Predatory Lending? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Select type of first loan product:

<input type="checkbox"/> Hybrid ARM	<input type="checkbox"/> FHA or VA ARM	NFMC Foreclosure Mitigation Counseling <input type="checkbox"/> Reporting on First loan <input type="checkbox"/> Reporting on Second loan
<input type="checkbox"/> Option ARM	<input type="checkbox"/> Privately held <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Interest only <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other	
<input type="checkbox"/> FHA or VA fixed rate loan	<input type="checkbox"/> Unknown	

NFMC Foreclosure Mitigation Counseling – must select type of first loan product below: <input type="checkbox"/> Fixed rate currently under 8% <input type="checkbox"/> Fixed rate currently 8% or greater <input type="checkbox"/> ARM currently under 8% <input type="checkbox"/> ARM currently at 8% or greater <input type="checkbox"/> Fixed rate currently under 8% as a result of loan modification in last six months <input type="checkbox"/> Fixed rate currently 8% or greater as a result of loan modification in last six months <input type="checkbox"/> ARM currently under 8% as a result of loan modification in last six months <input type="checkbox"/> ARM currently at 8% or greater as a result of loan modification in last six months <input type="checkbox"/> Client did not disclose	Select primary reason for default: <input type="checkbox"/> Reduction in income <input type="checkbox"/> Poor budget management skills <input type="checkbox"/> Loss of income <input type="checkbox"/> Medical issues <input type="checkbox"/> Increase in Expense <input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Death of Family member <input type="checkbox"/> Business Venture Failed <input type="checkbox"/> Increase in loan payment <input type="checkbox"/> Other
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Please provide the following information for the mortgage servicer or land contract holder that you make your payments to:			
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	
Please describe the circumstance(s) that occurred which resulted in the mortgage or land contract payments getting behind?			
What was the date (month/year) of the event leading up to the delinquent mortgage or land contract payments?		Do you feel that you have recovered from the situation listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section III – Must be completed for ALL Counseling Services		
How did client hear about MSHDA's Homeownership Counseling Programs:		
<input type="checkbox"/> Referral from MSHDA	<input type="checkbox"/> Referral from a Real Estate Professional	<input type="checkbox"/> Referral from Habitat
<input type="checkbox"/> Referral from Department of Human Services	<input type="checkbox"/> Referral from a Community Organization	<input type="checkbox"/> Walk in Self-Referral
<input type="checkbox"/> Referral from Lender	<input type="checkbox"/> Referral from Friend/Relative	<input type="checkbox"/> Radio, TV, or PSA
		<input type="checkbox"/> Other:
If client is looking to purchase a home, list the county they intend to reside in:		

I hereby certify that the information given above is accurate and complete. I understand that if information I provided is discovered to be false or misleading, my participation may be denied or terminated.

_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date

Section IV – To be completed by Homeownership Counselor for MSHDA Homeownership Counseling Program(s) eligibility.	
Verified Family Income: \$ _____	Family Maximum Income Limit: \$ _____
Family is Eligible for Pre-Purchase Counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No	Family is Eligible for Post-Purchase Counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Name: Circle of Love Community Development Corporation	Agency Phone Number: 989-921-0569
Counselor Name: _____	Counselor Signature Verifying Information: _____ Date: _____

**MSHDA's Homeownership Division
Counseling Agreement and Release of Information**

Select Service Type:
 Homeownership Counseling
 Foreclosure Counseling
 NFMC Foreclosure Counseling

MSHDA Approved Counseling Agency: Circle of Love CDC		Loan Number:
Homeowner Address: 1809 Durand Street	City: Saginaw	Zip: 48602

In signing this agreement and release, I am agreeing to actively participate in the Homeownership Counseling Program being offered by this Michigan State Housing Development Authority (MSHDA) counseling agency in order to receive counseling services. Participation in this program is voluntary and requires me to establish the reason for my delinquency and to develop an Action Plan in cooperation with the Counselor, and understand that I will receive a copy of that Plan.

1. I may be referred to other housing services of the organization or another agency as appropriate that may be able 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. I understand that this Agency receives funds through MSHDA, HUD and NFMC Programs 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. If the services received from this agency are funded by the NFMC Program, I give permission for NFMC program administrators and/or evaluators to follow-up with me for up to three (3) years from the date of this signed form for the purposes of program evaluation.
4. I understand 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.
5. I understand that this Agency provides both pre-purchase and post-purchase counseling services and I will receive a written Action Plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies or organizations as appropriate.
6. I understand that this Agency provides information and education on numerous housing programs and loan products and I further understand that the housing counseling I receive from this Agency in no way obligates me to choose any of these particular housing programs or loan products.

Failure to sign the consent form may result in denial of program assistance or termination of counseling program benefits.

CONSENT: I/We hereby allow this Agency its agents, employees, or its affiliates to request and obtain income and asset information, mortgage, credit bureau and personal information pertinent to MSHDA's Homeownership Counseling Program. I/We allow contact to be made on my/our behalf with representatives from mortgage, attorney, collection and credit bureau companies.

For Pre-Purchase Counseling Services only:

I acknowledge the agency provided me with both HUD Inspection Documents: "Ten Important Questions to Ask a Home Inspector" and "For Your Protection Get a Home Inspection."

NOTE: If you feel you have been unfairly steered or pressured into a certain mortgage loan, real estate, or other housing related services, please contact MSHDA's Homeownership Counseling Program at (517)373-6840.

_____	_____	_____
Client's Printed Name	Signature	Date
_____	_____	_____
Client's Printed Name	Signature	Date
_____	_____	_____
Counselor's Printed Name	Counselor's Signature	Date signed
Circle of Love CDC	Saginaw, MI 48602	989 921-0569
Name of Counseling Agency	City - Location of Agency	Contact Number



AUTHORIZATION TO OBTAIN CREDIT INFORMATION

I hereby authorize Circle of Love CDC to verify my past and present employment earnings record, bank accounts, stock holding, and other asset balances that are needed to process my application. I further authorize Circle of Love CDC to order a consumer credit report and verify other credit information, including past and present landlord references. It is understood that a photocopy of this form will also serve as authorization.

The information Circle of Love CDC obtains is only to be used in the processing of my application and can be shared with various agencies that fund the Circle of Love CDC Partnership programs.

To establish "proper identification", as required by the Fair Credit Report Act, please complete the following identifying information and supply the consumer interviewer with two (2) pieces of proper identification.

Name: _____

Address: _____

Previous Address (less than two yrs) _____

Phone#: _____ Birth Date: _____

SS#: _____ Employer: _____

Length of Employment: _____

I am the person named above and I understand that Federal Law provides that a person who obtains information from a consumer-reporting agency under false pretense shall be fined not more than \$5,000 or imprisoned for not more than one year or both.

COLCDC Representative

Client Signature

Witness

CO-Client Signature