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MACOMB COUNTY

NEIGHBORHOOD STABILIZATION PROGRAM

APPLICATION FOR HOMEBUYER ASSISTANCE

CASE NO. N-

Information contained herein shall be kept confidential and shall be used only for the purpose of determining eligibility for financial assistance under the Macomb County Neighborhood Stabilization Program.

If you have any questions or need assistance in preparing this application, contact the **Macomb County Department of Planning and Economic Development** at the Administration Building, 7th Floor, One South Main St., Mt. Clemens, MI 48043, or call (586) 469-5285.

APPLICANT INFORMATION

APPLICANT'S NAME			Home Phone ()	
(Last)	(First)	(Middle)		
Present Street Address	City	State	Zip Code	
Marital Status		No. Of Legal Dependents (As defined by the IRS)		
Name & address of Employer		Self-Employed ____ Yes ____ No		
Business Phone ()	Position/Title	Type of Business	No. of Yrs. on Job	

CO-APPLICANT INFORMATION

CO-APPLICANT'S NAME			Home Phone ()	
(Last)	(First)	(Middle)		
Present Street Address	City	State	Zip Code	
Marital Status		No. Of Legal Dependents (As defined by the IRS)		
Name and Address of Employer		Self-Employed ____ Yes ____ No		
Business Phone ()	Position/Title	Type of Business	No. of Yrs. on Job	

How did you learn of this Program?

ETHNICITY OF APPLICANTS (To be used for statistical purpose. Not to be used for eligibility.)

Check most appropriate categories:

White

American Indian/Alaskan Native & White

Black/African American

Asian/White

Asian

Black/African American & White

American Indian/Alaskan Native

American Indian/Alaskan Native & Black/
African American

Native Hawaiian/Other Pacific Islander

Other Multi-Racial

Will there be a physically handicapped person living in the house? Yes No

Do you currently own a home? Yes No

Have you ever owned a home? Yes No

Have you ever been obligated on a home purchase money loan or home improvement loan which resulted in foreclosure, deed in lieu of foreclosure, or judgement? Yes No

Have you ever claimed bankruptcy or had any judgement or garnishment filed against you in the last 7 years? Yes No

Are you related to any employee or elected official of Macomb County? Yes No

Do you intend to include anyone on the deed who will not live with you? Yes No

Do you intend for anyone to live with you who is not a co-applicant or a dependent? Yes No

If you answered yes to any of the above, please attach an explanation or explain below.

ANNUAL INCOME

Source	Applicant	Co-Applicant	Total
Gross Salary, Overtime Earnings, Commissions, Fees, Tips and Bonuses			
Interest and /or Dividends			
Net Income from Business			
Net Rental Income			
Workers Compensation, Annuities, Insurance Policies, Social Security, Pensions, Retirement Funds, Disability Payments, or Death Benefits, etc.,			
Alimony, Child Support			
Public Assistance Payments			
Other Income			
Total			

ASSETS

Type	Cash Value	Annual Income From Asset	Bank or Investment Company
Checking Accounts			
Savings Accounts			
Stocks, Bonds and Mutual Funds			
Life Insurance			
Other (i.e.: property)			

APPLICANT'S CERTIFICATION

The applicant certifies that all the information in this application, and all information furnished in support of this application, for the purpose of obtaining Homebuyer Assistance, are true and complete to the best of the applicant's knowledge and belief. The applicant further certifies that he/she is not currently the owner of a house.

Futhermore, the applicant authorizes the County to make inquiries and verify any of the information from any sources named in this application.

Penalty for False or Fradulent Statement: United States Code. Title 18. Section 1001. provides "whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statement or entry shall be fined not more than \$10,000 or imprisoned not more than five years or both."

Signature of Applicant

Date

Signature of Co-Applicant

Date

INFORMATION CONTAINED IN THIS APPLICATION WILL REMAIN CONFIDENTIAL.

**THE AMOUNT OF FUNDS AVAILABLE AND THE LENGTH OF TIME THAT THESE FUNDS
WILL BE AVAILABLE IS LIMITED.**

Please include with this application all applicable documents.

Copy of: Driver's License and/or Michigan I.D.

Last 2 years' Federal and State Income Tax Forms, including all Schedules (Signed and Dated)
2 consecutive recent Pay Check Stubs

Social Security Determination Letter

Pension Determination Letter

Unemployment Explanation of Benefit

Divorce Decree

Legal Separation Agreement

Death Certificate

Please return completed application with all supportive information to:

Macomb County Department of Planning and Economic Development

Administration Building
7th Floor
One South Main St.
Mt. Clemens, MI 48043

Telephone: (586) 469-5285

FAX: (586) 469-6787

HOTLINE: (586) 469-6285

E-MAIL:
Federal.NSP@macombcountymi.gov