

City of Holland Community & Neighborhood Services
Home Repair Program- Property Rehabilitation Application

Please complete and return to City Hall, 270 S. River Avenue, 3rd floor, Holland, MI 49423 616.355.1330

Owner(s) Name: _____

Address: _____ City/State/Zip: _____

Day Phone: _____ Evening Phone: _____

Email: _____ Cell Phone: _____

Preferred method of contact (Email, cell phone, etc.): _____

Is the property a single family, owner occupied home with NO rental portion? Yes No

Names and ages of all people living in the home: _____

REQUIRED DOCUMENTS: Applications without complete documentation WILL NOT be processed.

- Copy of recorded warranty deed or recorded land contract
- Copy of the declarations pages of your homeowners insurance policy WITH proof of payment
- Copy of paid property taxes
- Proof of income (fill out Income checklist for EACH PERSON 18 years old and older, and bring necessary proof as outlined on checklist): Most recent *signed* tax return with ALL supporting documents (W-2s, etc.). You must include ALL forms of income you receive including, but not limited to: social security, rental property income, business income, child support, alimony, pension, interest earned, & job wages.
- 4 x 6 photo of required work and of the house from the street
- Proof your mortgage is paid up to date
- Three (3) comparable estimates from contractors off the City's Contractor List (in packet)

Do you have working smoke detectors in your home? _____
If yes, are they hardwired? _____

PROGRAM REQUIREMENTS (including but not limited to):

- Applicants must sign a grant agreement
- Staff **may** require applicants to meet with them before getting estimates, to fill out a bid estimation form
- Applicants must agree to having a **5 year lien** placed on their property for the amount the City contributes toward the project
- Any properties owned by the applicant may not be involved in court action with any City Department
- Three estimates are required. Owners may choose which contractor to use, but must pay the difference from the lower bid on top of their portion.
- Funds will not be paid for work already started or completed. All applications must be approved prior to the start of the work.

This information is requested for statistical purposes only, to track our compliance with Equal Opportunity Laws. Completing this section is optional.

62 years old or over: Yes No **Female Headed Household:** Yes No

Ethnicity: Hispanic (if you check this please also check your race below)

Race:

- White Black/African American Asian
- American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander
- Multi-Race Asian & White Multi-Race Black/African American & White
- Multi-Race American Indian/Alaskan Native and Black/African American Multi-race other

I certify that the information provided is true and accurate to the best of my knowledge. I have received, read and understand the EPA brochure.

Signature: _____ Date: _____

Property Rehabilitation Needs Checklist

Please place a check next to all the items at your property that need repair (not necessarily what you are applying for help with right now, but a collective list of all the things that need to be addressed).

EXTERIOR:

SIDING		FOUNDATION		PORCH		WINDOWS
Needs siding- none now		Cracks		Front		1 st floor (# __)
Needs re-siding				Back		2 nd floor (# __)
		FLATWORK		Side		Basement (# __)
CHIMNEY/ROOF		Sidewalk		Wooden steps		Porch (How many__)
Chimney repair		Steps		Railings		
New roof needed		Driveway				EXTERIOR DOORS
Roof vents needed				GARAGE		Front door
How old is roof? _____				Roof		Back door
		TREE REMOVAL		Windows		Side door
CONNECTION TO CITY MAIN		Tree is dead		Siding		Storm door
Sewer				Door		
Water				Other		

INTERIOR:

ELECTRICAL		FURNACE		WATER HEATER		PLUMBING
Old wiring		Needs replacing		Needs replacing		Kitchen
Outlets		Need vents/ducts				Bathroom (down)
Switches				<i>Age of water heater</i> ____		Bathroom (up)
Smoke Detectors		<i>Age of furnace</i> ____				
Service box						
INTERIOR DOORS		WALLS/CEILINGS		INSULATION		
Bedroom		Need repair		Attic		
Bathroom		Where?		Sidewalls		
Basement				Around windows/doors		

In your own words, please list all the repairs you feel are necessary, and in what order...

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____