

VILLAGE APPLICATION FORM

Applications are due June 3, 2021 by 4 pm EST.

To submit your application:

- Fill out electronically and email to clerk@villageofmancelona.org
- Drop off at Village office at **120 W State Street**, Mancelona, MI 49659.
- Mail to Village office at **PO Box 648**, Mancelona, MI 49659.

Questions? Need printing help? Contact Maureen Naumcheff, Village Clerk, at (231) 587-8331 or clerk@villageofmancelona.org

1. CONTACT INFORMATION

Name: _____

Address: _____

Phone: _____ Email: _____

2. PROGRAM ELIGIBILITY

You must meet all of the following criteria to apply for this program. Check each criteria to confirm and include all attachments indicated with your application. **Your application is incomplete without these attachments.**

___ My property is within Village of Mancelona limits.

___ My property is not under land contract.

___ My property is stick-built or modular, on a permanent foundation.

___ My property complies with applicable land use regulations, including Village zoning.

___ I am requesting funding for eligible improvement(s) according to the Program Guidelines.

___ I am willing to display partnership materials (i.e. yard sign) at my property.

___ I own and occupy my property. **Attach: copy of Warranty Deed**

___ My property is my primary residence.

___ My property is current on taxes. **Attach: copy of Village and County tax payments for prior 3 years (copy)**

___ My property has current home insurance. **Attach: copy of Declarations Page**

___ I am comfortable with providing before/after photos of my home. **Attach: Current pictures of property**

___ My household income meets the following program limits. **Attach: Self-Certification Income Form, 2020 1040 tax form.**

Household Size	1 Person	2	3	4	5	6	7	8 Persons
Income Limit	\$56,400	\$64,440	\$72,480	\$80,520	\$87,000	\$93,480	\$99,960	\$106,320

PROGRAM ELIGIBILITY CONTINUED...

___ I understand that I am personally responsible for project costs that exceed the grant amount funded, if applicable. I understand that I must pay the portion above the grant amount funded directly to my contractor before work begins.

3. HOUSEHOLD/PROJECT INFORMATION

A. What is your property address: _____

B. How much money are you requesting for your project? _____

C. How many dependent children, age 18 years or younger, live in your household? _____

D. Are you 65 years old or older? _____

E. Are you a veteran? _____

F. What year was your home built? _____

G. List and describe the home repair(s) that you are applying for, by your highest (#1) to lowest (#3) priority. If selected for full or partial funding, we will consider your highest priority first.

In your description, provide the **location** and **scope/size** of the repair. See example below.

Example #1: New Porch Roof

Description: Front porch of home, replacement of entire porch roof.

Example #2: Siding Repair

Description: Front and sides of home, patch and repair existing siding.

Example #3: Furnace Repair

Description: Basement of home, furnace needs new blower motor.

#1: _____

Description:

#2: _____

Description:

#3: _____

Description:

4. AUTHORIZATION AND RELEASE

I understand that by submitting this application form, I am authorizing the Village of Mancelona to evaluate my eligibility for home rehabilitation services which includes verification of homeownership, property tax status, and income. I have answered all of the questions on this form truthfully. The original or a copy of this form will be retained by the Village of Mancelona, even if the application is not approved.

I understand that:

- Approved projects shall be completed by November 1, 2021.
- Projects shall meet all local, state, and federal lead/asbestos requirements, if applicable.
- A representative of the Village of Mancelona may inspect the project site and take photos.
- As part of program marketing and the Freedom of Information Act, my name and address may be shared by the Village with members of the public. All information that is not already publicly available (i.e. income and tax documents) will not be shared.

Print Name: _____ **Date:** _____

Signature: _____

How did you learn of the program? Circle all that apply.

News Word of Mouth Facebook Other: