



# City of Battle Creek

## Minor Home Repair Program

The Minor Home Repair Program is available to qualifying, low-income homeowners who need assistance with necessary, eligible home repairs. Approved applicants can receive up to \$5,000 of home repair assistance. The amount may be increased up to \$15,000 for a new roof.

Eligible Repairs	
<b>Exterior</b>	<b>Interior</b>
<ul style="list-style-type: none"> <li>• Roof (house only – no garages)</li> <li>• Handrails &amp; Guardrails</li> <li>• Steps &amp; Ramps</li> <li>• Water/Sewer Service Lines</li> <li>• Electrical Service</li> </ul>	<ul style="list-style-type: none"> <li>• Furnace or other heating system</li> <li>• Water Heater</li> <li>• Water pipes, sewer pipes, drains</li> <li>• Toilet, faucets</li> <li>• Electrical Service Panel</li> </ul>

### You may qualify if:

- You own and live in the home for which you are seeking repair assistance and the home is within the city limit of Battle Creek
- You have owned and occupied the home for at least six months
- Your home is not on land contract terms
- Your property taxes are not in forfeiture status
- Your home is insured
- You have not received assistance from this program in the past
- Your annual household income is at or below the amount listed:

Household Size	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Income Limit	\$36,150	\$41,300	\$46,450	\$51,600	\$55,750	\$59,900	\$64,000	\$68,150

*Household size is the total number of persons living in the home. Annual income is the total of all sources of gross income received by each household member during a one-year period.*

**To apply, submit a completed application with copies of these documents:**

- Applicant's driver's license or State-issued photo ID
- Recorded deed to the property
- Property Tax Printout from City or County
- Policy Declarations Page from current homeowner's insurance policy
- Proof of income for all household members

**Contact the City's Housing Intake Specialist to ask questions or to submit your application.**

**Laura Rounds, Housing Intake Specialist**

**Phone: 269-966-3315 ext 1524 email: [LLrounds@battlecreekmi.gov](mailto:LLrounds@battlecreekmi.gov)**

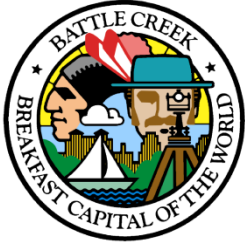
**Fax: 269-966-3555**

**What to expect after you apply:**

1. The Housing Intake Specialist will review your application and contact you about the status.
2. If your application meets all requirements, Community Development staff will schedule an inspection of your home to determine the eligibility of the requested repair.
3. If a necessary, eligible repair is identified, contractors will be solicited for bids.
4. If a responsible, cost reasonable bid is received, you will be given the opportunity to accept the bid and sign a contract.
5. The contractor will contact you to schedule and complete the repair.
6. Upon completion, City staff will perform a final inspection.

*The Minor Home Repair Program is administered by the City of Battle Creek with Community Development Block Grant (CDBG) funds from the Department of Housing and Urban Development (HUD).*

*On occasion, the City may deny applications that otherwise qualify due to factors such as: lack of program funds; substantial rehab needed beyond the scope of the program; costs exceeding program limits; title issues; extensive code compliance issues or violations; conditions that may pose health and safety risks to contractors/City staff; etc.*



**City of Battle Creek**  
 Community Development Division  
 10 N Division St  
 Room 117  
 Battle Creek, MI 49014  
 269-966-3315



## MINOR HOME REPAIR APPLICATION

**PART I: APPLICANT INFO**  
*If more than one person owns the home, the Applicant is the owner who is considered the head of household.*

Name:		Street Address:		Zip Code:
Phone #1:	Phone #2:	Email Address:		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single/Widowed/Divorced		If Married or Separated, Name of Spouse:		

*If someone is assisting you with your application and you wish for them to be the primary contact person, provide their contact info below (This may be a family member, guardian, social worker, etc.).*

Name:		Relationship to Applicant:		
Phone #1:	Phone #2:	Email Address:		

*The following info is collected to ensure compliance with federal civil rights law. Your response will not affect consideration of your application.*

Ethnicity of Applicant/Head of Household: <i>Select One</i>  <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race of Applicant/Head of Household: <i>Select All that Apply</i>  <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Multi-Racial
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**PART II: HOUSEHOLD INFORMATION**

How long have you lived in the home?		Total # of people living in the home:	
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*Complete this section for each individual who lives in the home, starting with Applicant.*

Household Member #1 (Applicant):		
Name:	Date of Birth:	Relationship to Applicant: Self
Did you file a federal income tax return for last year?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Income Sources: <i>Select all sources you currently receive</i> <input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Interest/Dividend <input type="checkbox"/> Unemployment <input type="checkbox"/> Pension/Annuity <input type="checkbox"/> Rental Income <input type="checkbox"/> Self-employment <input type="checkbox"/> IRA Distributions <input type="checkbox"/> Other:	

Household Member #2:		
Name:	Date of Birth:	Relationship to Applicant:
Did this person file a federal income tax return for last year?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Income Sources: <i>Select all sources this person currently receives</i> <input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Interest/Dividend <input type="checkbox"/> Unemployment <input type="checkbox"/> Pension/Annuity <input type="checkbox"/> Rental Income <input type="checkbox"/> Self-employment <input type="checkbox"/> IRA Distributions <input type="checkbox"/> Other:	

Household Member #3:		
Name:	Date of Birth:	Relationship to Applicant:
Did this person file a federal income tax return for last year?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Income Sources: <i>Select all sources this person currently receives</i> <input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Interest/Dividend <input type="checkbox"/> Unemployment <input type="checkbox"/> Pension/Annuity <input type="checkbox"/> Rental Income <input type="checkbox"/> Self-employment <input type="checkbox"/> IRA Distributions <input type="checkbox"/> Other:	

Household Member #4:		
Name:	Date of Birth:	Relationship to Applicant:
Did this person file a federal income tax return for last year?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Income Sources: <i>Select all sources this person currently receives</i> <input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Interest/Dividend <input type="checkbox"/> Unemployment <input type="checkbox"/> Pension/Annuity <input type="checkbox"/> Rental Income <input type="checkbox"/> Self-employment <input type="checkbox"/> IRA Distributions <input type="checkbox"/> Other:	

Household Member #5:		
Name:	Date of Birth:	Relationship to Applicant:
Did this person file a federal income tax return for last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Income Sources: <i>Select all sources this person currently receives</i> <input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Interest/Dividend <input type="checkbox"/> Unemployment <input type="checkbox"/> Pension/Annuity <input type="checkbox"/> Rental Income <input type="checkbox"/> Self-employment <input type="checkbox"/> IRA Distributions <input type="checkbox"/> Other:	

Household Member #6:		
Name:	Date of Birth:	Relationship to Applicant:
Did this person file a federal income tax return for last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Income Sources: <i>Select all sources this person currently receives</i> <input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Interest/Dividend <input type="checkbox"/> Unemployment <input type="checkbox"/> Pension/Annuity <input type="checkbox"/> Rental Income <input type="checkbox"/> Self-employment <input type="checkbox"/> IRA Distributions <input type="checkbox"/> Other:	

Household Member #7:		
Name:	Date of Birth:	Relationship to Applicant:
Did this person file a federal income tax return for last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Income Sources: <i>Select all sources this person currently receives</i> <input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Interest/Dividend <input type="checkbox"/> Unemployment <input type="checkbox"/> Pension/Annuity <input type="checkbox"/> Rental Income <input type="checkbox"/> Self-employment <input type="checkbox"/> IRA Distributions <input type="checkbox"/> Other:	

Household Member #8:		
Name:	Date of Birth:	Relationship to Applicant:
Did this person file a federal income tax return for last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Income Sources: <i>Select all sources this person currently receives</i> <input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Interest/Dividend <input type="checkbox"/> Unemployment <input type="checkbox"/> Pension/Annuity <input type="checkbox"/> Rental Income <input type="checkbox"/> Self-employment <input type="checkbox"/> IRA Distributions <input type="checkbox"/> Other:	

*If you have more than eight household members, contact the Housing Intake Specialist for additional forms.*

Is there anyone named on the deed who does not live in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, list their name(s), date of birth, and relationship.</i>		
Name:	Date of Birth:	Relationship to Applicant:

Are you or any members of your household related to anyone employed by the City? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, list their name(s), department, and relationship.</i>		
City Employee Name:	Department:	Relationship:

**PART III: PROPERTY INFORMATION**

Are your property taxes and all assessments current? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, provide details:</i>
Does the property have any pending Code Compliance repair orders or violations? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, provide details:</i>
Are you current on your mortgage and all loans secured by the property? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <i>If No, provide details:</i>

<i>List all mortgages or other loans/liens secured by the property.</i>				
Creditor	Type of Loan/Lien	Amount Borrowed	Present Balance	Monthly Payment

**PART IV: REPAIRS NEEDED**

List or describe the repairs for which you are requesting this assistance:


**PART V: SUPPORTING DOCUMENT CHECKLIST**  
 Submit the following documents with your completed application. Applications will not be considered without supporting documents.

	Copy of Applicant’s Driver’s License or State-issued Photo ID
	Copy of Recorded Deed
	Property Tax Printout from City or County
	Copy of Homeowner’s Insurance Policy Declarations Page or Binder
	Copies of Income Source Documents for Each Household Member
<i>Submit a previous year’s federal income tax return for each household member who filed one.</i>	
<i>Submit applicable source documents listed below for household members who did not file a tax return or to document income sources not included on previous year’s return.</i>	
Employment	Two months of consecutive and current paystubs
Unemployment	Determination Letter from State Unemployment Agency
Self-employment/Business	Previous two years federal income tax returns and all schedules
Social Security	Benefits Letter from Social Security Administration
Pension or Annuity	Previous Tax Year 1099-R or statements
Interest or Dividend	Previous Tax Year 1099-INT, 1099-DIV, or account statements
Other	Ask Housing Intake Specialist for income sources not listed here

**PART VI: CERTIFICATION/SIGNATURE**

Note: the information provided in this application is subject to verification by the Department of Housing and Urban Development (HUD). HUD funds and monitors the City of Battle Creek’s Minor Home Repair Program and may select this application and related files for audit after completion of repairs. Providing false information will result in disqualification from the Minor Home Repair Program and may lead to punitive action per Title 18, Section 1001 of the U.S. Code.

**I certify that the information provided in this application is true and correct to the best of my knowledge.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**FOR COMMUNITY DEVELOPMENT STAFF USE**

**Recommendation:**

- ( ) 1. Review of this application and supporting documentation indicates that the application meets all the requirements for the Minor Repair Program and approval is recommended.
  
- ( ) 2. Review of this application and supporting documents indicates that the application does not meet all the requirements for the Minor Repair Program and approval is not recommended.

\_\_\_\_\_  
**Signature of City Official and Title**

\_\_\_\_\_  
**Date**

**Explanation of Denial:**

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