



Development Office Housing Program Application

Please call 517-483-4040 if you need assistance filling out this form

City of Lansing Development Office

316 N. Capitol Ave., Suite D-1

Lansing, MI 48933

517-483-4040 Phone

517-483-6036 Fax

GENERAL PROGRAM INFORMATION:

- Land Contracts are not eligible for participation.
- Properties in the flood plain are only eligible for Lead-based paint remediation and repairs to correct life-threatening emergencies. Flood Insurance is required.
- Property taxes must be paid current at time of application
- Landlords must agree that vacant and unregistered rentals must be registered and occupied within 9 months of completion of work and must submit tenant income documentation to the Development Office for verification.
- Mortgage payments must be current for at least one year at time of application, or have an approved work-out plan in place to receive a Housing Rehab Loan.
- You and your tenants agree to be contacted by **the Development Office and/or the Capital Area Housing Partnership** requesting additional information prior to application approval.

PART 1: OCCUPANT INFORMATION

Office Use: Priority Level: _____

Address of Housing Unit: _____ Bedrooms in Unit: _____

Occupant Name: _____ Total Number Living in household: _____

Occupant Phone Number: _____ Alternate Phone Number: _____

Occupant E-Mail Address: _____ Best time to reach you: _____

Number of: Adults (over 18) _____ Does a pregnant woman live here? Y or N

Number of children under age 18 _____ Is the Head of Household a Female? Y or N

_____ List ages of Children under age 6 that live here full time

_____ List ages of Children under age 6 that visit this home regularly

Are you using a Section 8 Housing Choice Voucher to pay rent? Y or N

If yes, is it administered by Lansing Housing Commission? Y or N

PART 2: OCCUPANT DETAIL-ALL OCCUPANTS ARE REQUIRED TO BE LISTED

All occupants, adult and children must be listed and information complete. Include visiting children under age 6 that are regular visitors (for at least six hours a week, ten weeks per year).

This program requires that children under age 6 be tested for blood lead poisoning unless you object. Contact your doctor or local health department to schedule testing.

NAME	DATE OF BIRTH	IS CHILD VISITING? Y OR N	MEDICAID RECIPIENT? Y OR N	HISPANIC OR LATINO? Y OR N	RACE CODE (see table below)	MOST RECENT BLOOD LEAD LEVEL OF CHILDREN UNDER AGE 6 IF KNOWN

Race Code Table: Use the number in front of the appropriate category to complete the chart above.

Single Race Categories	Multi-Race Categories
1. White	6. American Indian or Alaskan Native and White
2. Black or African American	7. Asian and White
3. American Indian or Alaskan Native	8. Black or African American and White
4. Asian	9. Amer. Indian/Alaskan Native and Black/African American
5. Native Hawaiian or Pacific Islander	10. Other Multi-racial: _____

Attach additional information to the application if you run out of space.

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR CHILDREN UNDER AGE 6 List each child under age 6 residing in the unit

Childs Name: _____ Date of Birth: _____ Visiting Y or N
Last First MI

Childs Name: _____ Date of Birth: _____ Visiting Y or N
Last First MI

Childs Name: _____ Date of Birth: _____ Visiting Y or N
Last First MI

Childs Name: _____ Date of Birth: _____ Visiting Y or N
Last First MI

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR CHILDREN UNDER

AGE 6 (Continued) I am the legally authorized representative of the patient listed above. I request the release of the protected health information for the patient listed above as follows:

From: Ingham County Health Department
5303 S. Cedar St.
Lansing MI 48911
(517)887-5403

To: City of Lansing Development Office
316 N. Capitol Ave., Suite D-2
Lansing MI 48933
(517)483-4040 Fax (517)483-6036

Specific information to be released: Blood Lead Levels

From Date: _____ To Date: _____

Purpose of this Release/Disclosure: Blood Lead Levels to be reported to the Department of Housing and Urban Development as part of the Lead Safe Lansing Program.

I acknowledge that if the person/entity that receives this information is not a health care provider or health plan covered by Federal privacy regulations, the information may be disclosed by them and no longer protected by the privacy regulations.

I acknowledge that I may revoke this Authorization in writing at any time by contacting the disclosing party (ICH or other entity). Revocations will not apply to information that already has been released.

I acknowledge that I have read the above, and that I understand the terms and conditions of this Authorization. I understand that the Ingham County Health Department may not require me to sign this Authorization as a condition for treatment, for payment, for enrollment, or for eligibility for benefits.

Authorization for Occupying Child(ren):

This Authorization expires on: _____ or six (6) months after the date signed below if left blank

Specify Expiration Date

Name of person responsible for children residing in the unit (printed): _____

Relationship to patient: Parent Legal Guardian Other (proof of legal authority may be required).

I decline to release information

► Signature: _____

Authorization for Visiting Child(ren)

Name of person responsible for children visiting the unit (printed): _____

Relationship to patient: Parent Legal Guardian Other (proof of legal authority may be required)

I decline to release information

► Signature: _____

Note: Attach additional pages if necessary.

PART 3: PROPERTY INFORMATION

Property Address: _____ Apartment #: _____

City: _____ Zip Code: _____ County: _____

How many apartments in the building: _____ Owner Occupied Rental Property

How did you hear about this program: _____

Has this property ever been enrolled in a lead program? If yes, which one? _____

PART 4: OWNER INFORMATION (complete only if different from occupant information)

Name: _____ Individual LLC Partnership Corporation

Address: _____ Telephone Number: _____

City: _____ State: _____ Zip: _____ Alternate Phone Number: _____

Owner E-Mail Address: _____ Best time to reach you: _____

Are you currently undergoing Bankruptcy? Y or N

Check all that apply: Single Married Separated Divorced

PART 5: PROGRAM QUESTIONS

Please answer all of the questions by checking Yes, No or Don't Know.	Yes	No	Don't Know	Office Use Only
Was the house built before 1978?				
Are property taxes paid up through last billing cycle?				
Is this rental unit registered with Code Enforcement?				
Is there homeowners insurance to cover theft and fire?				
Do you agree to have your child tested for lead poisoning?				
Are the mortgage payments up-to-date?				
Is this house being purchased on a Land Contract?				
How long has the occupant lived at this address?	_____ Years _____ Months			
How much is your rent?	\$_____ per month			
What utilities are included in your rent? Check included utilities.	Electric <input type="checkbox"/> Water <input type="checkbox"/> Gas Heat <input type="checkbox"/> Gas Water Heater <input type="checkbox"/> Electric Heat <input type="checkbox"/> Electric Water Heater <input type="checkbox"/>			

PART 5: INCOME AND ASSETS CHECKLISTS AND DOCUMENTATION REQUIRED

This section must be filled out by the Occupant of the property and income documentation must be attached for the OCCUPANT(s) only. Please check the appropriate boxes if anyone age 18 or older receives any of the following income:

PLEASE INCLUDE DOCUMENTATION TO SUPPORT ANY INCOME CHECKED BELOW. FOR PAYROLL, PLEASE ATTACH A COPY OF ONE MONTH OF CURRENT PAY STUBS OR THE PREVIOUS YEARS W2. FOR ALL OTHER SOURCES OF INCOME RECEIVED, PLEASE ATTACH A COPY OF THE PAYMENT STATEMENT OR AWARD LETTER. All sources of income checked Y must have documentation submitted.

INCOME SOURCE TYPE	RECEIVING? Y OR N	NAME OF PERSON(S) RECEIVING THIS INCOME	GROSS MONTHLY AMOUNT RECEIVED	Docu- mentation Included Y or N
EMPLOYMENT PAYROLL				
SELF EMPLOYED PAYROLL				Must fill out and sign Form 4506-T on Page 10
UNEMPLOYMENT COMPENSTATION				
DISABILITY COMPENSATION				
WORKERS COMPENSATION				
CHILD SUPPORT				
ALIMONY				
SEVERANCE PAY				
DHS CASH ASSISTANCE				
SUPPLEMENTAL SECURITY INCOME (SSI)				
ANNUITY OR RETIREMENT				
PENSION				
SOCIAL SECURITY				
OTHER:				

Attach additional information if you run out of space.

ADDITIONAL REQUIRED DOCUMENTATION:

- Copy of Current Mortgage Statement (if mortgaged)
- Copy of recorded deed proving ownership
- Copy of Homeowners Insurance Declaration Page(s)
- Copy of current Bank Statements from all household members for all accounts
- If self-employed, must sign form 4506-T

PLEASE INCLUDE DOCUMENTATION TO SUPPORT ANY ASSET LISTED BELOW. DOCUMENTATION INCLUDES A CURRENT STATEMENT. All assets checked Y must have documentation submitted.

ASSET TYPE	FAMILY ASSETS Y or N	PERSON(S) WHO ASSET BELONGS TO	VALUE	DOCUMENTATION INCLUDED Y or N
Savings Account(s)				
Checking Account(s)				
Trusts				
Rental Property				
Capital Investments				
Stocks				
Bonds				
Treasury Bills				
Certificates of Deposit				
Mutual Funds or Money Market Accounts				
IRA's				
401(K)				
Keogh Accounts				
Retirement Fund				
Life Insurance Policies available before death (i.e. surrender value of whole life or universal life policy)				
Personal Property held as investment				
Lump Sum or one-time receipts (inheritance, capital gains, lottery winnings, insurance settlements, victims restitution)				
Mortgages or Deeds of Trust held by applicant				

Rental Projects- Need To Know

1. **Remediated units must be rented within 9 months of project completion.** Failure to have units rented to eligible tenants within 9 months of project completion is considered a default of the terms/conditions of said documents. The city retains the right under this default condition to declare the entire indebtedness immediately due and payable.
2. **Lease agreements cannot contain any of the following:**
 - **Agreement to be sued.** Agreement by the tenant to be sued, to admit guilt, or to a judgment in favor of the owner in a lawsuit brought in connection with the lease;
 - **Treatment of property.** Agreement by the tenant that the owner may take, hold, or sell personal property of household members without notice to the tenant and a court decision on the rights of the parties. This prohibition; however, does not apply to an agreement by the tenant concerning disposition of personal property remaining in the housing unit after the tenant has moved out of the unit. The owner may dispose of this personal property in accordance with state law;
 - **Excusing owner from responsibility.** Agreement by the tenant not to hold the owner or the owner's agents legally responsible for any action or failure to act, whether intentional or negligent;
 - **Waiver of notice.** Agreement of the tenant that the owner may institute a lawsuit without notice to the tenant;
 - **Waiver of legal proceedings.** Agreement by the tenant that the owner may evict the tenant or household members without instituting a civil court proceeding in which, the tenant has the opportunity to present a defense, or before a court decision on the rights of the parties;
 - **Waiver of a jury trial.** Agreement by the tenant to waive any rights to a trial by jury;
 - **Waiver of right to appeal court decision.** Agreement by the tenant to waive the tenant's right to appeal, or to otherwise challenge in court, a court decision in connection with the lease; and
 - **Tenant chargeable with cost of legal actions regardless of outcome.** Agreement by the tenant to pay attorneys' fees or other legal costs even if the tenant wins in a court proceeding by the owner against the tenant. The tenant; however, may be obligated to pay costs if the tenant loses.
3. **Termination of Tenancy.** Owner may not terminate tenancy, or refuse to renew a lease of rental units assisted with LSL Rental funds except for:
 - Serious or repeated violation of the terms and conditions of the lease;
 - Violation of applicable federal, state, or local law; for completion of the transitional housing tenancy period;
 - Or other good cause.Any termination or refusal to renew must be preceded by not less than 30 days written notice specifying the grounds for the action by the owner's service to the tenant.
4. **Maintenance & Replacement.** An owner of rental housing assisted with LSL funds must maintain the premises in compliance with all applicable Section 8 housing quality standards and local requirements and standards.

I am aware of, and will comply with stipulations outlined in this document.



Owner Signature

Date

Tenant Displacement Need To Know

- You may not displace tenants as a direct result of remediation. This includes the displacement of tenants prior to application into the City of Lansing Development Office’s LSL Programs.
- Uniform Relocation Requirements are triggered at the time the application is submitted, when the Loan Commitment is executed, and when the remediation is completed.
- A displaced person is any person (family, individual, business, farm, or non-profit organization) that moves from the real property, permanently, because of remediation, rehabilitation, demolition, or acquisition for a project with federal funds.
- Only a permanently displaced person is eligible for moving, and related expenses.
- The City of Lansing Development Office’s LSL Program does not allow for the unlawful displacement of tenants.

I have read and understand the information provided above.

▶ _____
Owner Signature _____ **Date**

Uniform Relocation Act General Information Notice

- This is to inform you that if this application is approved, you will not be displaced by lead-based paint relocation, but may be required to move temporarily while certain work is being done. We will keep you informed of the status of the rehabilitation application. We urge you not to move anywhere at this time.
- When work on the building is complete, you will be able to lease and occupy your present apartment at an affordable rent. You will be offered a standard lease at that time.
- If you must move temporarily while work is underway on the unit or building, suitable temporary housing will be made available to you for that period.
- Again, we urge you not to move. If the application for assistance is approved, you can be sure that we will make all efforts to accommodate your needs. Because federal funds would be involved, you would be protected by the Uniform Relocation Act.
- If you have any questions about temporary relocation, please call Barbara Kimmel at 517-483-4053.

▶ _____
Tenant Signature _____ **Date**

Receipt of Lead Information Booklet

I have received a copy of the notice entitled "**RENOVATE RIGHT**"

▶ _____
Occupant Signature _____ **Date**

CLUTTER NOTICE: ATTENTION OCCUPANTS

- A complete inspection of your home will need to be done in order to determine what work needs to be completed to bring your home up to current code.
- We will need access to all rooms of your home, including attic and basement spaces, and exterior buildings.
- Your home must be free from debris and clutter, and kept in a sanitary condition during the time you are participating in our program.
- Failure to comply can result in the project being dropped immediately.
- I/we have read and understand this Clutter Notice.

▶ _____
Owner Signature _____
Date

▶ _____
Tenant Signature _____
Date

NOTE: TENANTS AND OWNERS!!

Failure to submit required documentation requested within this application may be cause for program denial. Make certain that you have attached all required documentation prior to submission.

- ✓ **Income documentation is required for all sources of income listed for all tenant household members in the income chart on Page 5.**
- ✓ **Additional required documentation listed on the checklist on page 5 is required for processing this application.**
- ✓ **TENANTS WHO ARE SELF-EMPLOYED ARE REQUIRED TO FILL OUT THE FORM 4506-T ON PAGE 11**

AUTHORIZATION TO RELEASE INFORMATION

The undersigned authorize the City of Lansing Development Office and Capital Area Housing Partnership (CAHP) to contact any agencies, offices, groups, organizations, lenders or employers to obtain information or materials deemed necessary to complete my application for the Lead Safe Lansing Program.

The undersigned authorizes the City of Lansing Development Office to share information within this application and it's submissions with other organizations that offer housing repair and energy efficiency programs that may benefit the occupants.

This authorization expires one year from today's date unless otherwise stipulated in writing.

▶ _____
Tenant Name/Date _____
Tenant Signature

▶ _____
Owner Name/Date _____
Owner Signature

PARTICIPATION AGREEMENT

The undersigned grants permission to have inspections of the property, contractor(s) to have bid and work access, and for any monitoring of this project by government agencies.

By signing below, I verify that the answers provided above are accurate to the best of my knowledge. Penalty for false or fraudulent statements: U.S.C. title 18, sec. 1001, provides: "Whoever, in any manner within the jurisdiction of any department or agency of the United States knowingly falsifies, or makes, or uses any false writing or document containing 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".

▶ _____ Tenant Name/Date
_____ Tenant Signature

▶ _____ Owner Name/Date
_____ Owner Signature



Request for Transcript of Tax Return

▶ **Do not sign this form unless all applicable lines have been completed.**
 ▶ **Request may be rejected if the form is incomplete or illegible.**
 ▶ **For more information about Form 4506-T, visit www.irs.gov/form4506t.**

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

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Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Phone number of taxpayer on line 1a or 2a

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

