



**City of Inkster  
Community Development Block Grant (CDBG)  
Application for Minor Home Repair Assistance  
Sidewalk Replacement**

Please complete this application as accurately as possible. Documentation verifying all sources of income, benefits, and assets must be submitted with this application. If you are unsure of which documents to submit, please contact the Planning Department @ 313.563.7709. If you wish to provide additional information or explanation, you may use the back of this form. *All responses should be provided by the loan applicant(s).*

**You may drop off or mail your application to: City of Inkster, Planning, Building and Economic Development, 26215 Trowbridge, Inkster, MI 48141.**

**Please type or print legibly**

Date:	Application#:
Applicant Name(s):	
Current Address <span style="float: right;">City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip Code</span></span>	
Please circle the appropriate status: Renter <span style="margin-left: 50px;">Owner-Occupant</span> <span style="margin-left: 100px;">Other</span>	
Home Phone: (    ) <span style="margin-left: 150px;">Work Phone: (    )</span> <span style="margin-left: 150px;">Alt. Phone: (    )</span>	

**Starting with the Head of Household, list all persons residing in the household.**

Name	Social Security#	Date of Birth	Relationship to Head of Household
A:			
C:			
HM:			
HM:			
HM:			
HM:			
HM:			

**Employer Information A=applicant C=Co-applicant HM=Household member**

NAME and ADDRESS	POSITION	TELEPHONE #	No. Of Years

**WAGES/SALARIES (Include all people living in the home and all sources)**

A=applicant C=Co-applicant HM=household member	Recipient	Amount per pay period/frequency <b>WORK INCOME</b>	Amount/month <b>SOCIAL SECURITY INCOME</b>	Amount/month <b>DISABILITY INCOME</b>	Amount/month, bi-weekly <b>OTHER INCOME (SPECIFY: Overtime, Unemployment, etc.)</b>



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## **Checklist of Required Documentation**

- Complete, signed and dated application
- Income verification – Submit all that apply for the entire household (6 weeks)
- Copy of previous year’s income tax return
- Identification (State driver’s license or State ID for applicant and social security cards for all household members).
- Last Recorded warranty deed or last recorded quit-claim deed.
- Death certificate (if deceased is on deed).
- Current monthly mortgage statement - including the escrow analysis.
- Copy of homeowner’s insurance policy declaration page.
- Affidavit Regarding Conflict of Interest (this document must be notarized).
- Property taxes - must be paid and current to participate in this program (records are drafted from tax department and kept on file).
- Emergency Declaration – for emergencies only, as approved by Community Development.

### **For Office Use Only**

- Income Calculations:
- Total Household Income from All Sources:
- Household AMI:
- Inspections:
- Work Scheduled:
  
- Total Grant Amount:

WAYNE COUNTY CDBG PROGRAM  
AFFIDAVIT REGARDING CONFLICT OF INTEREST

I (we) the undersigned, being duly sworn, do certify that, to the best of my (our) knowledge:

My (our) income is less than or equal to 80% of the area median income for a household of \_\_\_\_\_ person(s) which is the first requirement to be a recipient of CDBG assistance.

I (we) have not granted any gratuitous funds to any related party of an organization under contract to manage a CDBG program or the County and are not related to any employee or officer of an organization under contract to manage a CDBG program or the County of Wayne or of the U.S. Department of Housing and Urban Development (HUD) who has a decision-making or monitoring relationship with the Wayne County CDBG Program.

I (we) understand the following citation from 24 CFR Part 570.611 (b) and, to the best of my (our) knowledge none of the following situations or relationships applies to me (us):

**24 CFR Part 570.611 (b) Conflicts prohibited.** No persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to activities assisted with CDBG funds or who are in a position to participate in a decision-making process or gain inside information with regard to these activities, may obtain a financial interest or benefit from a CDBG-assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

**24 CFR Part 570.61 t (c) Persons covered.** The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient, or of any designated public agencies, or of subrecipients that are receiving CDBG funds.

All covered persons in paragraph (c) who do not violate paragraph (b) must first obtain a waiver from the U.S. Department of HUD before receiving CDBG assistance.

WITNESSES

HOMEOWNERS

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

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

STATE OF MICHIGAN        )  
  )ss  
COUNTY OF WAYNE        )

On \_\_\_\_\_, before me, a Notary Public in Wayne County, personally appeared, \_\_\_\_\_ who acknowledged and executed this document.

\_\_\_\_\_  
Notary Public, Wayne County Michigan  
My Commission Expires: \_\_\_\_\_