



COUNTY ADMINISTRATOR'S OFFICE Tim Ladd, Administrator/Controller

Osceola County Administration Building
602 W. Upton Avenue, Reed City, MI 49677
(231) 832-6196; (231) 832-6197 Fax
oscadmin@osceolacountymi.com

Dear Osceola County Homeowner:

Thank you for your interest in the Housing Emergency Repair Program. Enclosed is an application for your review and completion.

Osceola County has funding available to provide emergency home repairs for dwellings owned by income-eligible homeowners. Examples of emergency repairs may include:

- a. Repairs to a roof that is leaking.
- b. Malfunctioning hot water equipment or heating equipment.
- c. Plumbing repairs in cases where water supply or drainage lines have ruptured and the house is without running water.
- d. Septic tank is overflowing or the drain field has deteriorated.
- e. Electrical or gas repairs in electrical fire or gas hazard situations and/or cases where the faulty electrical wiring has resulted in total lack of illumination in the household or inability to use such necessary major appliances as the refrigerator, range, furnace or water heater.
- f. Structural damage that creates an emergency safety situation.
- g. Emergency Handicapped accessibility improvements, such as installation of a ramp, can be approved with an emergency health-triggering event.

To qualify, homeowners must own and have lived in the home for at least one year, property taxes and insurance must be paid and up to date. The homeowner must meet the following income limits based on household family members:

Family Size	Annual Income	Family Size	Annual Income
1	\$40,050	5	\$61,800
2	\$45,800	6	\$66,400
3	\$51,500	7	\$70,950
4	\$57,200	8	\$75,550

Qualifying homeowners should complete an application, then contact the Mecosta/Osceola Emergency Repair Program to set up an appointment. The following information will be needed for the appointment:

- a. Property Deed
- b. Proof that homeowner's insurance is paid to date

Mecosta/Osceola Emergency Repair Program
Application Letter
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- c. Proof that property taxes are paid to date
- d. Mortgage statement reflecting the current balance
- e. Federal Income Tax Return (most recent)
- f. Proof of current income
- g. Identification and Social Security cards

Please note, based on the project cost, a Promissory Note and Mortgage resulting in a Lien may be placed against the property. Program funds are a deferred Loan at 0% interest with repayment due upon sale of the home or death of the homeowner.

Completed applications (with supporting documentation) are processed by the Big Rapids Housing Commission and are submitted to their office at:

Mecosta/Osceola Emergency Repair Program
Big Rapids Housing Commission
9 Parkview Village
Big Rapids, MI 49307
(231) 796-8689 / (231) 796-8696 Fax
admin@bigrapidshousing.org

Questions may be directed to the Big Rapids Housing Commission.

Applicants will not be approved or denied based on race, color, religion, national origin, sex, familial status, age, disability, weight, height or marital status.



**MECOSTA/OSCEOLA COUNTY
APPLICATION FOR EMERGENCY REPAIR PROGRAM
C/O BIG RAPIDS HOUSING COMMISSION
9 PARKVIEW VILLAGE
BIG RAPIDS, MI 49307
231-796-8689 * 231-796-8696 FAX
admin@bigrapidshousing.org**

PART I: GENERAL INFORMATION

Name of Applicant:		Date of Birth:		Social Security No.:	
Name of Co-Applicant:		Date of Birth:		Social Security No.:	
Address:		City:	State: MI	County/Township:	Zip Code:
Home Phone #:		Work Phone #:		Mobile Phone #:	
Marital Status: (CHECK ONE) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes widowed, divorced, or single)					
E-mail Address:					
Contact Person: (person to contact in your absence)		Home Phone #:		Work Phone #:	
Address:		City:	State:	Zip Code:	Relationship:
How long have you lived at this address?					
Year house was built?					
Is this a Land Contract? (CHECK ONE) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please explain the emergency repair needed:					

<p>The information below is required solely for the purpose of determining compliance with Federal civil rights law and your response will not affect consideration of your application.</p>	
Gender of Applicant: (CHECK ONE)	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female
Race/Ethnicity of Applicant: (CHECK ONE)	1. <input type="checkbox"/> White not Hispanic 2. <input type="checkbox"/> Black not Hispanic 3. <input type="checkbox"/> Hispanic 4. <input type="checkbox"/> American Indian or Alaskan Native 5. <input type="checkbox"/> Asian or Pacific Islander

PART II: HOUSEHOLD INFORMATION

Is there anyone listed on the title to your property who does not live in the household? (CHECK ONE)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<small>(If (Yes) please list Name(s) and Relationship below.)</small>	
	NAME	RELATIONSHIP		
a.				
b.				
c.				
How many people live permanently in your household?				
How many bedrooms are in your home?				
List all household members, their monthly gross income and source of income including: Social Security Number, Wages, Pensions, DHS, Child Support or Alimony, SSI, General Assistance, self-employment, farm income, and rental income: (For self-employed persons, farm and rental property income, use the appropriate line for "adjusted gross income" from the 1040 IRS Income Tax Return.)				
	NAME	AGE	MONTHLY GROSS INCOME	SOURCE OF INCOME
a.				
b.				
c.				
d.				
e.				
Have you made all your monthly payments (housing payments, utilities, loans, credit cards) in a timely manner? (CHECK ONE)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<small>(If "No" please explain below.)</small>
Have you ever received a Loan/Home Repairs through the a County Rehab Program? (CHECK ONE)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<small>(If "Yes" please explain below.)</small>

FOR HOMEOWNER REHABILITATION PROGRAM ONLY: From your last property tax statement: (answer the following)	
What is the estimated market value of your home?	
What are your yearly property taxes?	
Are your property taxes current? (CHECK ONE)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your home insured? (CHECK ONE)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list the name of your home insurance company.	

PART III: EMPLOYMENT

Occupation of Applicant:		Employer:			
Employer Address:	City:	State:	Zip Code:	Phone Number:	
Occupation of Co-Applicant:		Employer:			
Employer Address:	City:	State:	Zip Code:	Phone Number:	

PART IV: CREDIT HISTORY

Please answer the questions listed below. If you answer "Yes" to any question, please attach a written explanation.

Are there any financial judgments or liens against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you declared Bankruptcy within the last 36 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you lost any property through foreclosure or given title or deed to anyone to avoid foreclosure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a co-signer on any note or loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART V: EXPENSES

Please list household expenses

Heat (gas, oil, etc.)	\$	Homeowners Insurance	\$
Property Taxes	\$	Other Expenses	\$
Health Insurance	\$	Other Expenses	\$
Electricity	\$		\$
Cell Phone	\$		\$

PART VI: DEBTS

Please list all current financial obligations, child support or alimony, installment account, charge accounts, debts to banks, finance companies, mortgage companies, land contract holders and government agencies.

Creditor	Year Loan Account was Opened	Amount Borrowed	Present Balance	Monthly Payments	Is Debt Business Related?
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

PART VII: CERTIFICATION

I certify that the information stated above is true and correct to the best of my knowledge. I understand that giving false information will result in disqualifying me from assistance in the Homeowner or Homebuyer Rehabilitation Program.

Applicant Signature

Date

Co-Applicant Signature

Date