

## MI-HOPE Application

### Assisted Information

MSHDA - MI-HOPE

Were you assisted by an agency filling this out? If so, please list the name here:

\_\_\_\_\_

And Email, if applicable:

### Basic Information

#### Homeowner Name

First Name: \_\_\_\_\_ Middle Initial/name: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Contact Information

\_\_\_\_\_

Email:

\_\_\_\_\_

Phone:

### Where Do You Live?

\_\_\_\_\_

Address

\_\_\_\_\_

Apartment or Unit #

\_\_\_\_\_

City

\_\_\_\_\_

County

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Different Mailing Address?

Yes or No

## Property / Owner Information

**Applicant lives at property?**

Yes or No

**Applicant owns property?**

Yes or No

**Have you owned this property for at least 12 months?**

Yes or No

**How long have you owned this property? Number of years.**

**Applicant Property**

Tenant Occupied or Owner Occupied

**Housing Type?**

Single-family owner occupied with an income qualified household or  
 Single-family non owner-occupied with an income qualified household or  
 Multi-family (attached or detached - up to 3 units) owner occupied with an income qualified household or  
 Multi-family (attached or detached - up to 3 units) non owner-occupied with an income qualified household or  
 Detached Site Condominium units or  
 Modular/Manufactured homes permanently affixed to real property and taxed as real estate

**Do you own any property that is tax delinquent?**

Yes or No

**Is there current insurance on the property?**

Yes or No

**Do you own any property that is subject to any citation of violation of the state and/or local codes and ordinances?**

Yes or No

**Have you been the prior owner of any property transferred to the Treasurer or to a local government as a result of tax foreclosure proceedings?**

Yes or No

**Is this request tied to a weatherization/deferral item?**

Yes or No

**Is your household income below the 300% of the Federal Poverty levels? Please reference the guide below.**

Yes or No

Household Size	1	2	3	4	5	6	7	8
<b>Income Limits 300% FPL</b>	\$38,640	\$52,260	\$65,880	\$79,500	\$93,120	\$106,740	\$120,360	\$133,980

**Are you current on your taxes?**

Yes or No

**Are you currently in a tax repayment plan?**

Yes or No

## Mailing Address

Address

Unit #

City

State

Zip Code

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## Additional Information (Homeowner Only)

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### Basic Info

Are you the head of household?

Can you provide a driver's license number?

Yes or No

Driver's License Number:

If no, please provide a reason you cannot provide a license number:

Can you provide proof of SSN?

Yes or No

SSN:

If no, please provide a reason you cannot provide proof of a SSN:

### Demographics / Other Information

**Ethnicity:**

Hispanic / Latino or Non Hispanic/ Latino or Prefer not to answer

**Race:**

American Indian or  
Alaskan Native or  
Black or African American or  
Native Hawaiian / Pacific Islander or  
White or  
Other / Multi-Race or  
Prefer not to answer

**Gender:**

Female or Male or Non-binary or Other or Prefer not to answer

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**Marital Status:**

Married or Single or Prefer not to answer

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**Do you have a disability?**

Yes or No or Prefer not to answer

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**Are you an individual who identifies as and self attests to a COVID-19 pandemic hardship 3/3/2021?**

Yes or No

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**Are you an individual with limited English proficiency?**

Yes or No

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**Do you pay more than 30% of your monthly household income on housing costs (mortgage, property tax, homeowner insurance and utility costs)?**

Yes or No

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**Are you in an Active Bankruptcy?**

Yes or No

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**Homeowner Income Information**

**Employed or Has Income?**

Yes or No

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**Student Status:**

Part Time or Full Time or N/A

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**Employed?**

Yes or No

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**If Yes, Employer:**

**If Yes, Date Hired:**

**Can you provide proof of current income upon written request?**

Yes or No

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**If No, explain further:**

**Describe your reason for need:**

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**Monthly Income Information**

**Employment Income**

Yes or No

**Monthly Amount:**

\_\_\_\_\_

**Worker's Compensation / Short Term Disability**

Yes or No

**Monthly Amount:**

\_\_\_\_\_

<b>Social Security / Disability / Supplemental</b>	Yes or No	<b>Monthly Amount:</b>	_____
<b>Retirement / Pension/Annuity Income</b>	Yes or No	<b>Monthly Amount:</b>	_____
<b>Unemployment Benefits</b>	Yes or No	<b>Monthly Amount:</b>	_____
<b>Alimony / Child Support</b>	Yes or No	<b>Monthly Amount:</b>	_____
<b>Other Income</b>	Yes or No	<b>Monthly Amount:</b>	_____
<b>Describe:</b>	_____		

## All Other Household Members

### Basic Info

First Name	Last Name	Date of Birth	Head of Household?	Relationship to Head of Household	Student Status	Employed or Has Income?
			Yes or No	Co-Homeowner or Spouse or Other Adult or Dependent	Part Time or Full Time or N/A	Yes or No
			Yes or No	Co-Homeowner or Spouse or Other Adult or Dependent	Part Time or Full Time or N/A	Yes or No
			Yes or No	Co-Homeowner or Spouse or Other Adult or Dependent	Part Time or Full Time or N/A	Yes or No
			Yes or No	Co-Homeowner or Spouse or Other Adult or Dependent	Part Time or Full Time or N/A	Yes or No
			Yes or No	Co-Homeowner or Spouse or Other Adult or Dependent	Part Time or Full Time or N/A	Yes or No
			Yes or No	Co-Homeowner or Spouse or Other Adult or Dependent	Part Time or Full Time or N/A	Yes or No
			Yes or No	Co-Homeowner or Spouse or Other Adult or Dependent	Part Time or Full Time or N/A	Yes or No

### Income Information

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**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Employed?** Yes or No \_\_\_\_\_

**If Yes, Employer:** \_\_\_\_\_

**If Yes, Date Hired:** \_\_\_\_\_

**Can you provide proof of income?** Yes or No \_\_\_\_\_

**If No, explain further:** \_\_\_\_\_

**Describe your reason for need:** \_\_\_\_\_

### Monthly Income Information

<b>Employment Income</b>	<u>Yes or No</u>	<b>Monthly Amount:</b>	_____
<b>Worker's Compensation / Short Term Disability</b>	<u>Yes or No</u>	<b>Monthly Amount:</b>	_____
<b>Social Security / Disability / Supplemental</b>	<u>Yes or No</u>	<b>Monthly Amount:</b>	_____
<b>Retirement / Pension/Annuity Income</b>	<u>Yes or No</u>	<b>Monthly Amount:</b>	_____
<b>Unemployment Benefits</b>	<u>Yes or No</u>	<b>Monthly Amount:</b>	_____
<b>Alimony / Child Support</b>	<u>Yes or No</u>	<b>Monthly Amount:</b>	_____
<b>Other Income</b>	<u>Yes or No</u>	<b>Monthly Amount:</b>	_____
<b>Describe:</b>	_____		

<b>First Name</b>	_____	<b>Last Name</b>	_____
<b>Employed?</b>	<u>Yes or No</u>	_____	
<b>If Yes, Employer:</b>	_____		
<b>If Yes, Date Hired:</b>	_____		
<b>Can you provide proof of income?</b>	<u>Yes or No</u>	_____	
<b>If No, explain further:</b>	_____		
<b>Describe your reason for need:</b>	_____		

### Monthly Income Information

<b>Employment Income</b>	<u>Yes or No</u>	<b>Monthly Amount:</b>	_____
<b>Worker's Compensation / Short Term Disability</b>	<u>Yes or No</u>	<b>Monthly Amount:</b>	_____
<b>Social Security / Disability / Supplemental</b>	<u>Yes or No</u>	<b>Monthly Amount:</b>	_____
<b>Retirement / Pension/Annuity Income</b>	<u>Yes or No</u>	<b>Monthly Amount:</b>	_____
<b>Unemployment Benefits</b>	<u>Yes or No</u>	<b>Monthly Amount:</b>	_____
<b>Alimony / Child Support</b>	<u>Yes or No</u>	<b>Monthly Amount:</b>	_____

**Other Income** Yes or No **Monthly Amount:** \_\_\_\_\_  
**Describe:** \_\_\_\_\_

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
**Employed?** Yes or No  
**If Yes, Employer:** \_\_\_\_\_  
**If Yes, Date Hired:** \_\_\_\_\_  
**Can you provide proof of income?** Yes or No  
**If No, explain further:** \_\_\_\_\_  
**Describe your reason for need:** \_\_\_\_\_

**Monthly Income Information**

**Employment Income** Yes or No **Monthly Amount:** \_\_\_\_\_

**Worker's Compensation / Short Term Disability** Yes or No **Monthly Amount:** \_\_\_\_\_

**Social Security / Disability / Supplemental** Yes or No **Monthly Amount:** \_\_\_\_\_

**Retirement / Pension/Annuity Income** Yes or No **Monthly Amount:** \_\_\_\_\_

**Unemployment Benefits** Yes or No **Monthly Amount:** \_\_\_\_\_

**Alimony / Child Support** Yes or No **Monthly Amount:** \_\_\_\_\_

**Other Income** Yes or No **Monthly Amount:** \_\_\_\_\_  
**Describe:** \_\_\_\_\_

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
**Employed?** Yes or No  
**If Yes, Employer:** \_\_\_\_\_  
**If Yes, Date Hired:** \_\_\_\_\_  
**Can you provide proof of income?** Yes or No  
**If No, explain further:** \_\_\_\_\_  
**Describe your reason for need:** \_\_\_\_\_



## Monthly Income Information

<b>Employment Income</b>	Yes or No _____	<b>Monthly Amount:</b>	_____
<b>Worker's Compensation / Short Term Disability</b>	Yes or No _____	<b>Monthly Amount:</b>	_____
<b>Social Security / Disability / Supplemental</b>	Yes or No _____	<b>Monthly Amount:</b>	_____
<b>Retirement / Pension/Annuity Income</b>	Yes or No _____	<b>Monthly Amount:</b>	_____
<b>Unemployment Benefits</b>	Yes or No _____	<b>Monthly Amount:</b>	_____
<b>Alimony / Child Support</b>	Yes or No _____	<b>Monthly Amount:</b>	_____
<b>Other Income</b>	Yes or No _____	<b>Monthly Amount:</b>	_____
<b>Describe:</b>	_____		

<b>First Name</b>	_____	<b>Last Name</b>	_____
<b>Employed?</b>	Yes or No _____		
<b>If Yes, Employer:</b>	_____		
<b>If Yes, Date Hired:</b>	_____		
<b>Can you provide proof of income?</b>	Yes or No _____		
<b>If No, explain further:</b>	_____		
<b>Describe your reason for need:</b>	_____		

## Monthly Income Information

<b>Employment Income</b>	Yes or No _____	<b>Monthly Amount:</b>	_____
<b>Worker's Compensation / Short Term Disability</b>	Yes or No _____	<b>Monthly Amount:</b>	_____
<b>Social Security / Disability / Supplemental</b>	Yes or No _____	<b>Monthly Amount:</b>	_____
<b>Retirement / Pension/Annuity Income</b>	Yes or No _____	<b>Monthly Amount:</b>	_____
<b>Unemployment Benefits</b>	Yes or No _____	<b>Monthly Amount:</b>	_____

**Alimony / Child Support** Yes or No **Monthly Amount:** \_\_\_\_\_

**Other Income** Yes or No **Monthly Amount:** \_\_\_\_\_

**Describe:** \_\_\_\_\_

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Employed?** Yes or No

**If Yes, Employer:** \_\_\_\_\_

**If Yes, Date Hired:** \_\_\_\_\_

**Can you provide proof of income?** Yes or No

**If No, explain further:** \_\_\_\_\_

**Describe your reason for need:** \_\_\_\_\_

### Monthly Income Information

**Employment Income** Yes or No **Monthly Amount:** \_\_\_\_\_

**Worker's Compensation / Short Term Disability** Yes or No **Monthly Amount:** \_\_\_\_\_

**Social Security / Disability / Supplemental** Yes or No **Monthly Amount:** \_\_\_\_\_

**Retirement / Pension/Annuity Income** Yes or No **Monthly Amount:** \_\_\_\_\_

**Unemployment Benefits** Yes or No **Monthly Amount:** \_\_\_\_\_

**Alimony / Child Support** Yes or No **Monthly Amount:** \_\_\_\_\_

**Other Income** Yes or No **Monthly Amount:** \_\_\_\_\_

**Describe:** \_\_\_\_\_

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Employed?** Yes or No

**If Yes, Employer:** \_\_\_\_\_

**If Yes, Date Hired:** \_\_\_\_\_

**Can you provide proof of income?** Yes or No

**If No, explain further:** \_\_\_\_\_

**Describe your reason for need:** \_\_\_\_\_

**Monthly Income Information**

<b>Employment Income</b>	<u>Yes or No</u>	<b>Monthly Amount:</b>	_____
<b>Worker's Compensation / Short Term Disability</b>	<u>Yes or No</u>	<b>Monthly Amount:</b>	_____
<b>Social Security / Disability / Supplemental</b>	<u>Yes or No</u>	<b>Monthly Amount:</b>	_____
<b>Retirement / Pension/Annuity Income</b>	<u>Yes or No</u>	<b>Monthly Amount:</b>	_____
<b>Unemployment Benefits</b>	<u>Yes or No</u>	<b>Monthly Amount:</b>	_____
<b>Alimony / Child Support</b>	<u>Yes or No</u>	<b>Monthly Amount:</b>	_____
<b>Other Income</b>	<u>Yes or No</u>	<b>Monthly Amount:</b>	_____
<b>Describe:</b>	_____		

**Total Household Monthly Income:** \_\_\_\_\_

## Repair Request(s)

**Total Requested:** \_\_\_\_\_

If you have gotten an estimate on the repair costs please add the details below

Repair Needs	Date of estimate	Estimated cost of repairs	Source of estimate (could be the contractor's name or self-determined)
Yes or No    Roof			
Yes or No    Storm Doors/Exterior Doors			
Yes or No    Windows			
Yes or No    Insulation			
Yes or No    Modification for modernization/efficiency purposes or replacement of heating (furnaces or boilers)/cooling (full home only)/ventilation systems and water heater upgrades including on demand retrofitting			
Yes or No    Functioning and up to date exterior security lighting			
Yes or No    Appliance upgrades to energy star rating ex: stove, refrigerator			
Yes or No    Electrical upgrades or replacement - wiring of home (partial or full)			

## Hardships

**Have you had a coronavirus pandemic related material reduction in income before and/or continued AFTER January 21, 2020?**

Yes or No

**The financial hardship caused by the coronavirus pandemic was (select all that apply)**

Yes or No    **Decrease in income**

Yes or No    **Reduction in hours**

Yes or No    **Layoff**

Yes or No    **Other hardships**

**If Other Please Explain**

**Have you had a coronavirus pandemic related material increase in living expenses before and/or continued AFTER January 21, 2020?**

Yes or No

**The financial hardship caused by the coronavirus pandemic was an increase of (select all that apply)**

Yes or No    **Utility expenses**

Yes or No    **Food expenses**

Yes or No **Childcare expenses**

Yes or No **Other increases**

**If Other Please Explain**

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## UTILITY INFORMATION

**Please List Your Utility Companies**

Name	Account Number

**Please enter your average monthly utility costs into the fields below**

**Water:** \_\_\_\_\_

**Electric:** \_\_\_\_\_

**Gas:** \_\_\_\_\_

**Have any of the following services been conducted on your home? If yes provide the document demonstrating estimated savings.**

**Home Energy Rating Systems (HERS) Rater, RESNET**

Yes or No \_\_\_\_\_

**Utility Company Energy Rater Program, i.e., Consumers Power or DTE Energy**

Yes or No \_\_\_\_\_

**National Energy Audit Tool (NEAT)**

Yes or No \_\_\_\_\_

**U.S. Department of Energy (Home Energy Saver) tool Home Energy Saver (<http://lbl.gov>)**

Yes or No \_\_\_\_\_

## **Release and Signatures Third Party Authorization**

“I” and “My” means and refers to individually and collectively the undersigned Applicant/Owner and Co-Applicant/Owner (if any.)

“Servicer” means MSHDA or other MI-HOPE identified program partner listed below.

“Third Party” means individually and collectively the third parties (including their employees, contractors, subcontractors, agents, successor, and assigns) identified below.

I authorize the Servicer and any Third Party to obtain, share, release, discuss, and otherwise provide to and with each other and with my public and non-public personal information contained in or related to my mortgage loans, insurance policies and associated premiums, tax and homeowner payment obligations, and utility services. This information may include (but is not limited to) the name, address, telephone number, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Owner and non-owner. I also understand and consent to the disclosure of my personal information and the terms of any applications, agreements, or other communications under the MI-HOPE program by Servicer or State HFA to the U.S. Department of the Treasury or their agents in connection with their responsibilities under the American Rescue Plan Act of 2021.

The subrecipient and any Third Party is authorized to take such steps as it may deem reasonable to verify the identity of an applicant but has no responsibility or liability to verify the identity of such applicant. MSHDA also has no responsibility or liability for what a subrecipient does with such information.

All MI-HOPE applicants should sign this Third Party Authorization. This Third Party Authorization is not revocable except as otherwise required by applicable law.

I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD-PARTY AUTHORIZATION.

## **Conflict Of Interest Policy**

The following conflict of interest standards apply to all recipients of and participants in any program administered by the Michigan State Housing Development Authority (the “Authority”) using American Rescue Plan Coronavirus State and Local Fiscal Recovery Funds (the “SLFRF Program”), including, but not limited to, officers and employees of the Authority and any vendors, agents, contractors, and subcontractors working with the Authority in connection with the SLFRF Program.

### **Conflict of Interest**

A conflict of interest occurs when an employee that either works on the SLFRF Program (i.e., participates in the selection, award, or administration) or is receiving an award from the SLFRF Program (this includes both permanent or limited term and contract employees; collectively, “Employee”) or an immediate family member of the Employee has a direct, actual financial or ownership interest in a development, program or matter pending before the Authority. In such a case, the Employee or immediate family member must either withdraw from the interest that creates the conflict or remove the matter from the Authority’s consideration. Conflict of interests will be subject to the Authority’s Code of Ethics and may be reviewed by the Authority’s Ethics Committee.

A conflict of interest may also occur if friends, family members, or business associates of an Employee apply for and receive program benefits. To avoid such a conflict, the Employee must disclose any family, friend, or business associate relationship with a program applicant to the Authority’s Director of the SLFRF Program and/or Operations Manager and must not participate in the processing, approval, underwriting, or administration of such application for assistance, or any other related decision-making.

A conflict of interest may also occur if an Employee or an Employee’s immediate family member receives a gift, gratuity, favor, loan of money, or other thing of value from a person or organization applying to a SLFRF Program or otherwise doing business with the Authority. An Employee or an Employee’s immediate family member may not solicit or accept any

money, gift, loan, services, goods, or other thing of value from a person or organization applying to, or doing business with, the Authority except under the following circumstances:

- a. A de minimis gift of \$20 or less in value.
- b. Meals or beverages paid for by a person or organization doing business with the Authority if incidental to a business meeting, seminar, training session, or other organized function that has a purpose beyond the providing of the meal or beverage.

A conflict of interest may also occur based on the appearance of a conflict, whether or not an actual conflict exists. An Employee must treat any apparent conflict in the same manner as an actual conflict.

If you believe a conflict or potential conflict or the appearance of a conflict exists, please report in writing to the Authority's Director of the SLFRF Program and/or Operations Manager, the Authority's Director of Legal Affairs, and the United States Department of the Treasury.

#### Employee and Immediate Family Member Participation in SLFRF Programs

An Employee of the Authority or the SLFRF Program and/or that Employee's immediate family member may apply for assistance through a SLFRF Program. To avoid any actual or perceived favoritism or conflict of interest, the Employee and the Authority must observe the following principles and guidelines:

- a. The Employee and/or the Employee's immediate family member must meet all eligibility criteria required of program participants.
- b. The Employee cannot supervise or participate in the processing of their application.
- c. The Employee's direct subordinates cannot participate in the approval of the Employee's application or in any decision or recommendation regarding the Employee's participation.
- d. The Authority's Director of the SLFRF Program and/or Operations Manager, the Authority's Director of Legal Affairs, and the United States Department of the Treasury may require additional documentation.
- e. The Authority's Director of the SLFRF Program and/or Operations Manager must approve the Employee's participation in writing.

Before an Employee and/or the Employee's immediate family member applies for any SLFRF Program, the Employee must follow the following procedures:

- a. The Employee must notify the Authority's Director of the SLFRF Program and/or Operations Manager and the Authority's Director of Legal Affairs of their intent to apply for assistance prior to submitting an application.
- b. The Employee must follow all program application procedures. The Authority's SLFRF Program staff will review and process the Employee's application, with a recommendation to the Authority's Director of the SLFRF Program and/or Operations Manager and the Authority's Director of Legal Affairs regarding approval.

#### Definitions

In interpreting the foregoing provisions, the following definitions apply:

- a. "immediate family member" means an Employee's grandparent, grandchild, parent, parent-in-law, stepparent, sibling, spouse, child, or stepchild. 1
- b. "family member" means an Employee's relative by blood, marriage, partnership or adoption, including an Employee's spouse, partner, parent, sibling, grandparent, child, grandchild, aunt or uncle, or cousin, and step-, half- or in-law relations of the same types of family members.
- c. "friend" means an individual not related by blood, marriage, or partnership with whom an Employee enjoys a close personal relationship.
- d. "business associate" means a person associated with an Employee to achieve a common financial objective.

By signing this document you agree to the following:

I have read this Conflict of Interest Policy, and I agree to comply with the provisions herein.

## Income Attestation

Initials

I/We attest that all household income is truthful and accurately disclosed for all members of the household including dependents 18 years or older that are not full-time students. I/We knowingly understand that submitting false information may violate Federal or State law and may prohibit my/our participation in the MI-HOPE program.

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## Hardship Attestation

Initials

I/We attest that the coronavirus pandemic hardship information is truthful and accurately reported. I/We knowingly understand that submitting false information may violate Federal or State law and may prohibit my/our participation in the MI-HOPE program.

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## Authorization to Release Information

Initials

I, am the owner of the residence located at:

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Michigan and is/are an applicant or participant in the MI-HOPE Neighborhood Housing Initiatives Division Program. This program is funded by the Michigan State Housing (MSHDA) and administered by the Subrecipient Housing Agencies (HA). In order to be eligible for this Program, my household's income is collected along with other information in my/our program file including my/our address, home repair requests, and pandemic hardship attestation. MSHDA and the HA are requesting Consent to release this file information for marketing and program purposes. However, the information will not be otherwise disclosed or released outside of MSHDA or the HA, except as permitted or required by law. MSHDA and the HA will protect the file information in accordance with any applicable State privacy law.

## Written Participation and Certification Agreement

Initials

The property has no unaddressed mortgage and/or tax delinquencies.  
The property is not subject to a foreclosure proceedings, court-order receivership, or nuisance abatement.  
The property has utility services turned on.  
The property has a formal written lease agreement and rents cannot be increased during the first year after the completion of MI-HOPE Housing Enhancement activities.  
The property is affixed to a permanent foundation.  
The occupant household is income eligible. Tenant is required to complete the Tenant Household Self Certification form.  
The rental insurance policy recommendation is to list MSHDA as an additional insured.  
The property may not be used for any illegal activity. The Landlord(s) must keep the home in reasonably good repair and free from code violations. Must keep all debris to a minimum to reduce fire, health, and safety hazards.

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Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.



## Signature of Applicant/Property Owner

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**Printed Name**

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**Signature**

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**Date**

## Supporting Documents

MI-HOPE Doc List: <https://www.michigan.gov/mshda/-/media/Project/Websites/mshda/neighborhoods/HOPE/MI-HOPE-acceptable-docs.pdf>

### Proof of Identification

Only required for one Property Owner. But all property owner(s) must be willing to participate and sign a written authorization.

- Driver's license
- Passport
- State Issued ID
- Permanent Resident Card
- Other government issued photo ID

### Proof of Social Security Number (Optional)

- Social Security Card
- W2/1099 Tax Form (most recent year)
- 1040 IRS Tax Form (first two pages only; most recent tax year)
- Other legal document (showing name & complete SSN)

### Proof of Household Income

(All Residents including Dependents 18 & older/NOT full-time Student - unless full-time student is the head of household - then income is required). Not all of these items may be relevant, just provide all applicable documentation.

- One pay statement w/YTD earning from each employer
- 1040 IRS Tax Form (first two pages only; most recent tax year), if self-employed
- W2/1099 Tax Form (most recent year)
- Unemployment/benefit statement or payment history
- Government benefit statement
- Retirement/Pension statement
- Child support payment history
- Alimony payment statement

### Proof of Property Eligibility

- Property Deed
- Mortgage Statement for each mortgage lien (most recent month)
- Property tax statement or repayment plan documents showing current (most recent quarter)
- Homeowner insurance policy
- Utility bill for each provider, electric, gas, etc.