



**CITY OF WESTLAND HOMELESS PREVENTION FUND ~ CDBG-CV APPLICATION**

32150 Dorsey Road, Westland, MI 48186 ~ 734.713.9390

*"Equal Housing Opportunity"*

The information provided shall be kept confidential and used only for the purpose of determining eligibility for financial assistance.

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_, Westland Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

List individuals living in home:

	Name	Relationship	Age
Applicant			
Other Adult			
Person 3			
Person 4			
Person 5			
Person 6			

**INCOME DATA**

Enter all regular monthly income, for every person living in the house, in the appropriate columns below.

Anticipated Income					
Family Members	Monthly Wages/Salaries	Monthly Benefits/Pensions	Monthly Public Assistance	Other Monthly Income	
				Amount	Specify
Applicant					
Other Adult					
Person 3					
Person 4					
Person 5					
Person 6					
<b>Monthly Totals</b>	<b>a.</b>	<b>b.</b>	<b>c.</b>	<b>d.</b>	
<b>Total Monthly Anticipated Income (add a, b, c, and d and enter the result in e.)</b>				<b>e.</b>	
<b>Total Annual Anticipated Income (multiply e by 12 and enter result in t)</b>				<b>f.</b>	

Has any household member lost employment due to the effects of the Coronavirus? \_\_\_\_Yes \_\_\_\_No

Employer Name: \_\_\_\_\_ Unemployment/Date Applied: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Unemployment/Date Applied: \_\_\_\_\_

**MORTGAGE PAYMENT**

Are mortgage payments current? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not current, explain \_\_\_\_\_

Are property tax and water payments current? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not current, explain \_\_\_\_\_

Mortgage	Name/Address/Email of Mortgage Holder	Current Balance Due	Mortgage Start Date & End Date

**SAVINGS, INVESTMENTS, ASSETS**

	Amount:	Name of Bank/Institution:
Checking		
Savings		
Investments/Other Assets		
<b>TOTAL</b>		

**FAMILY CHARACTERISTICS**

Female head of household \_\_\_\_\_ Yes \_\_\_\_\_ No Ethnicity: \_\_\_\_\_ Hispanic \_\_\_\_\_ Non-Hispanic

Race: \_\_\_\_\_ White \_\_\_\_\_ Black/African American \_\_\_\_\_ Asian \_\_\_\_\_ American Indian/Alaskan Native  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

Multi Race: \_\_\_\_\_ American Indian/Alaskan Native & White \_\_\_\_\_ Black/African American & White  
\_\_\_\_\_ American Indian/Alaskan Native & Black/African American  
\_\_\_\_\_ Asian & White \_\_\_\_\_ Other

**HUD 2021 INCOME LIMITS, Effective April 2021**

HUD program guidelines set income limits for eligibility, based on family size and total family income.

Family Size	1 person	2 persons	3 persons	4 persons	5 persons	6 persons
80% AMI	44,800	51,200	57,600	64,000	69,150	74,250

**APPLICANT AGREEMENT**

**Penalty for False or Fraudulent Statements:**

*US. C. Title 18, Sec. 1001, provides: "whoever, in any matter, within the jurisdiction of any department or agency of the United States knowingly falsifies ... or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."*

**Data Privacy Act:** *The information being collected is considered private and will not be available to the public. This information will be used only to determine eligibility for the CDBG-CV Homeless Prevention Fund. Failure to provide the requested information may jeopardize the application for rent/mortgage assistance.*

1. I/We understand that verification of the information provided above may be obtained from any source.
2. I/We understand, if I/we provide false information or fail to disclose full information as to any material fact/s, that this application may be rejected, may be terminated, and that I/we may be liable in a civil action or other legal remedy at the option of the City of Westland.
3. I/We fully understand that it is a federal crime if I/we knowingly make any false statements for the purpose of obtaining this counseling assistance, and that it is punishable by fine or imprisonment, or both.
4. I/We certify that all information in this application is true and complete to the best of my/our knowledge and belief.
5. I/We certify that I/We occupy the address above.
6. I/WE certify that we will not receive duplication of benefits from another agency.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

***MUST BE SIGNED BY ALL HOUSEHOLE MEMBERS OVER 18 YEARS OF AGE***

**RETURN APPLICATION, WITH SUPPORTING DOCUMENTATION TO:**

**NATIONAL FAITH HOMEBUYERS**

**32150 DORSEY RD., WESTLAND, MI 48186 or [www.nationalfaith.org](http://www.nationalfaith.org)**

Applications will be reviewed on a first-come, first-served basis. Applications will be accepted until the grant funds are exhausted or the City of Westland determines that grant funds are no longer necessary to mitigate the negative effects of the COVID-19 pandemic.

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Application approved: \_\_\_\_\_ Yes      No \_\_\_\_\_ Reason: \_\_\_\_\_

City of Westland: \_\_\_\_\_ Date: \_\_\_\_\_