

Michigan Housing Opportunities Promoting Energy-Efficiency (MI-HOPE) Household Income Self-Certification Form

Subrecipient Name: _____

Grant Number: _____

Applicant Name _____

- This is a homeowner occupied property or This is a tenant occupied property

Assisted Property Address _____

Project Description _____

Income Attestation Statement:

- 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.

Applicant Qualifications

- The applicant is the **owner** and **occupies** the **assisted** property.
Or the applicant is the **owner** and a **tenant occupies** the **assisted** property and has a written lease.
- The applicant does **not** own any property that is **tax delinquent**.
- There is **current insurance** coverage on the property.
- The applicant does **not** own any property that is subject to any **citation of violation** of the state and/or local codes and ordinances.
- The applicant has **not** been the **prior owner** of any property transferred to the Treasurer or to a local government as a result of tax foreclosure proceedings.

In order to participate, the occupant household income must be at or below 300% of the Federal Poverty Levels

Federal Poverty Levels								
Household Size	1	2	3	4	5	6	7	8
Income Limits 300% FPG	\$38,640	\$52,260	\$65,880	\$79,500	\$93,120	\$106,740	\$120,360	\$133,980

Occupant Income Verification Statement:

BY MY SIGNATURE BELOW, I CERTIFY THAT MY INDIVIDUAL INCOME OR HOUSEHOLD INCOME IS NO MORE THAN \$ _____ ANNUALLY AND _____ NUMBER OF PERSONS RESIDE IN MY HOME.

Please indicate total number of household members over 18 that are not a full-time student: _____

Please indicate the total number of household members under 18 or are a full-time student: _____

- I FURTHER CERTIFY THAT I AM ABLE TO DOCUMENT MY ANNUAL INCOME WITH PAYSTUBS, OR OTHER REQUIRED EVIDENCE AND HAVE PROVIDED THE SUPPORTING DOCUMENTATION ALONG WITH THIS FORM.
- In addition, I further certify that I am able to provide applicable Pandemic Hardship Self-Attestation that began on or after March 3, 2021.

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

- Decrease in household income
 - Reduction in work hours
 - Layoff
 - Other _____ (Limit Characters to 40)
- and/or

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

- Utility Expenses
- Food Expenses
- Childcare Expenses
- Medical Expenses
- Other _____ (Limit Characters to 40)

Under penalties of perjury, I declare that I have examined this certification statement, and to the best of my knowledge and belief, the supporting documentation provided, and the household eligibility facts provided are consistent, true, correct, and complete.

I also understand and provide consent for MSHDA and/or its Subrecipient Agency to verify accuracy of the certified information and determine if it is in compliance with the program's requirements and policies and federal regulations.

In addition, I understand that there is a formal on-line process to report fraud concerns:

[How to Report Fraud \(michigan.gov\)](https://www.michigan.gov/how-to-report-fraud)

PRINTED NAME SIGNATURE OF OWNER (APPLICANT):

DATE:

PRINTED NAME AND SIGNATURE OF OCCUPANT – Head of Household:

DATE:

PRINTED NAME AND SIGNATURE OF AGENCY OFFICIAL

DATE:

False Statements - Parties signing this certification form understand that making false statements or claims in connection with this award is a violation of federal law and may result in criminal, civil, or administrative sanctions, including fines, imprisonment, civil damages and penalties, debarment from participating in federal awards or contracts, and/or any other remedy available by law.

AUTHORIZATION TO RELEASE INFORMATION

To Michigan State Housing Development Authority and Housing Agency (HA):

I/we, the individual/household member(s) below is/are a current tenant of the residence located at _____, _____ Michigan and is/are an applicant or participant in the _____ Neighborhood Housing Initiatives Division Program. This program is funded by the Michigan State Housing Development Authority (MSHDA) and administered by _____ Housing Agency (HA). In order to be eligible for this Neighborhood Housing Initiatives Division Program, my household income is collected along with other information in my/our program file including my/our address, household size, household member names and photographs. 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.

Signatures:

Date:

Head of Household

Spouse

Other Family Member/Occupant over age 18

Other Family Member/Occupant over age 18

Other Family Member/Occupant over age 18

Other Family Member/Occupant over age 18
