



MI Neighborhood (MIN) Program with Housing and Community Development Fund

Household Income Certification Form

Grantee Agency Name: City of Ironwood

Grant Number: NDD-2023-72-MIN

Applicant Name(s): _____

Home Address: _____

Address Area Median Income (AMI) Limit Restriction:

☐ 60% AMI or below *Note: 20% of all assisted units per grant must be restricted to households at or below 60% AMI

☐ 80% - 61% AMI

☐ 120% - 81% AMI

All income limit documentation is posted on the MIN website to obtain numbers below.

County Name: Gogebic								
Income Limit Year: 2024								
Household Size	1	2	3	4	5	6	7	8
Income Limit Maximum	\$44,600	\$51,000	\$57,350	\$63,700	\$68,800	\$73,900	\$79,000	84,100

I, the undersigned MIN Grant Eligible Recipient, have read or had this form read to me, agree to its terms, and certify the following:

1. My property address received MIN assistance through a Subrecipient Agency.
2. My household size is _____. I have _____ number of dependent adult (18 years or older) full-time students within my household. I have _____ number of dependents (minors) in my household.
3. My combined gross household income is \$_____ annually.
4. The household size and income in items #2 and #3 above does not exceed the property's restricted area median Income or my household size and the county in which I live and/or intend to live in with the use of these grant funds.

Project Type:

☐ New Unit or ☒ Rehabilitation

AND

☒ Owner Occupied or ☐ Tenant Occupied

Must check one box below and provide the applicable document:

☐ Attached is ownership documentation

OR

☐ Attached is a fully executed lease document.

I also certify the following based on my property type:

New Unit and Rehabilitation - Owner Occupied

Rehabilitation Only

- The applicant is the owner and occupies the assisted property.
- 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.

New Unit Owner Occupied Only

- The home I am purchasing is located in Michigan and will be my principal, permanent year-round residence.
- I understand that no portion of the home I am purchasing may be rented.
- I understand that I am required to purchase and maintain homeowner's insurance for the home I am purchasing and that I must provide proof of insurance to the Michigan State Housing Development Authority upon request.
- I understand that in purchasing the home, I am required to have fee simple ownership over the home and that I must record my deed.
- I understand that I am purchasing a MIN assisted home and must remain current with my mortgage payments, taxes, and homeowner's insurance.

New Unit and Rehabilitation - Tenant Occupied

Rehab Only: The tenant occupies the assisted property and understands that work will occur based on the project description above and will grant access to the property as needed.

New Unit and Rehab:

The tenant does not own the property.

The tenant has a signed lease agreement with the landlord.

There is current insurance coverage on the property through the homeowner.

BY MY SIGNATURE BELOW, I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM REFLECTS THE HOUSEHOLD'S ANNUAL INCOME AND NUMBER OF PERSONS RESIDE IN MY HOME. I FURTHER CERTIFY THAT I AM ABLE TO DOCUMENT MY ANNUAL INCOME WITH PAYSTUBS, AND/OR PROVIDE OTHER SUPPORTING EVIDENCE REQUIRED BY THE GRANTEE. AND THE OCCUPANT HOUSEHOLD INCOME IS AT OR BELOW THE PROPERTY'S RESTRICTED COUNTY'S AREA MEDIAN INCOME PERCENTAGE.

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

Eligible Owner(s) and/or Tenant(s) Signature(s), as applicable:

Printed Name of Above Signer:	<input type="text"/>	Date
<input type="checkbox"/> Owner	or	<input type="checkbox"/> Tenant

Printed Name of Above Signer:	<input type="text"/>	Date
<input type="checkbox"/> Owner	or	<input type="checkbox"/> Tenant

I have reviewed the information, as certified above, for accuracy and certify to the authenticity thereof.

Agency Representative Signature:

Printed Name of Above Signer:	<input type="text"/>	Date
Title:	<input type="text"/>	
Agency:	<input type="text" value="City of Ironwood"/>	