

**OGEMAW COUNTY HOME IMPROVEMENT PROGRAM**

806 W. Houghton Avenue  
 West Branch, MI 48661  
 Telephone 989 345-5390 / Fax 989 343-1071 \ TDD 1-800-649-3777

**CHECKLIST**

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

Complete a separate form for each household member who is age 18 or older, and be prepared to provide ORIGINAL verification (not photocopies) for items checked YES. Provide address, phone number, fax number, and additional information for all YES answers as requested. Complete in ink, initial any/all changes. Failure to comply could result in the denial/termination of assistance.

**NOTE:** Ogemaw County Home Improvement Program uses up-front income verification (UIV) to obtain and clarify income.

Household Member Name:	Head of Household:	
	Address:	City:

**Each item must be fully completed. Please print clearly using black or blue ink.**

**Section A - Income**

Yes No

A-1   I am self-employed. If yes, describe \_\_\_\_\_

A-2   I earned \$ \_\_\_\_\_ in the last 12 months. I have \_\_\_\_\_ job(s) and receive money/wages. (List separately.)

Name of Employer: 1) \_\_\_\_\_ 2) \_\_\_\_\_

**Date of Hire:** \_\_\_\_\_

Date of Termination: \_\_\_\_\_

**Street Address:** \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax#: \_\_\_\_\_

List Pretax Deductions (HB programs only): \_\_\_\_\_

If more than two jobs, provide additional information on a separate sheet.

A-3   I receive tips. If yes, in the amount of \$ \_\_\_\_\_ per week.

A-4   I am unemployed. If yes, I have been unemployed since \_\_\_\_\_ (date).

A-5   I receive unemployment/subpay benefits since \_\_\_\_\_ (date). I will  will not  receive an extension.

A-6   I am disabled and have a new job or wage increase in the last 12 months.

If yes, New job date: \_\_\_\_\_ Wage increase date: \_\_\_\_\_

A-7   I receive periodic payments from Workers' Compensation. If yes, Amount \$ \_\_\_\_\_

A-8   I receive military active duty allotments. If yes, Amount \$ \_\_\_\_\_

A-9   I receive Veteran's Administration benefits. If yes, Amount \$ \_\_\_\_\_ VA File # \_\_\_\_\_

A-10   I receive Social Security. If yes, Amount \$ \_\_\_\_\_

A-11   I receive Supplemental Security Income (SSI). Federal Amount \$ \_\_\_\_\_ State Amount \$ \_\_\_\_\_

A-12   I receive periodic payments from retirement funds or pensions. If yes, how many? \_\_\_\_\_

Source Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ FAX# \_\_\_\_\_

Email Address: \_\_\_\_\_ Account# \_\_\_\_\_

Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

If received from more than one source, please provide additional information on a separate sheet.



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A-13   I receive disability or death benefits **other than Social Security**.

If yes, from how many sources? \_\_\_\_\_ (List each source separately. Provide additional information on separate sheet.)

Source Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ FAX# \_\_\_\_\_  
Email Address: \_\_\_\_\_ Account# \_\_\_\_\_

A-14   I receive Food Assistance Program benefits from the Department of Health and Human Services (DHHS).

DHHS Caseworker Name: \_\_\_\_\_ Amount: \_\_\_\_\_  
Street Address: \_\_\_\_\_ DHHS Case \_\_\_\_\_  
City, State Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Fax#: \_\_\_\_\_

A-15   I receive a **CASH** Public Assistance grant (FIP, SDA, RAP).

DHHS Caseworker Name: \_\_\_\_\_ DHHS Case #: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

A-16   I receive Medicaid. NOTE: Not Adult Medical Program (formerly State Medical Program).

A-17   I receive child support.

If yes, from how many persons do you receive support? \_\_\_\_\_ From how many Friends of Court? \_\_\_\_\_

If yes, is child support paid directly to Department of Health and Human Services (DHHS)? Yes  No

If not paid directly from DHHS:

Friend of the Court Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ per \_\_\_\_\_ PIN# \_\_\_\_\_

If received from more than one Friend of the Court, provide additional information on a separate sheet.

A-18   I receive alimony

If yes, from how many persons do you receive alimony? \_\_\_\_\_ From how many Friends of Court? \_\_\_\_\_

If yes, is alimony paid directly to DHHS? Yes  No

If not paid directly to DHHS:

Friend of the Court Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ per \_\_\_\_\_ PIN# \_\_\_\_\_

If received from more than one Friend of the Court, provide additional information on a separate sheet.



A-19   I receive adoption assistance payments. If yes, from how many sources? \_\_\_\_\_

Source Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

If received from more than one source, provide additional information on a separate sheet.

A-20   I receive periodic payments from a trust, annuity or inheritance. If yes, how many sources? \_\_\_\_\_

Source Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ per \_\_\_\_\_ Account# \_\_\_\_\_

If received from more than one source, provide additional information on a separate sheet.

A-21   I receive periodic payments from insurance policies. If yes, how many sources? \_\_\_\_\_

Source Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ per \_\_\_\_\_ Account# \_\_\_\_\_

If received from more than one source, provide additional information on a separate sheet.

A-22   I receive periodic payments from lottery winnings.

Source Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

If received from more than one source, provide additional information on a separate sheet.

A-23   I am a full-time student.

Name of School: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Number of Credit Hours Enrolled: \_\_\_\_\_

If attending more than one school, provide additional information on a separate sheet.

A-24   I receive **CASH** contributions or gifts including rent, groceries, car payments, or utility payments on an ongoing basis from persons not living with me. If yes, from how many sources? \_\_\_\_\_ (List each source separately.)

Source Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ Fax: \_\_\_\_\_

If received from more than one source, provide additional information on a separate sheet. .



**To be filled out on Head-of-Household's form only – Leave blank if you are not the Head-of-Household.**

Yes No

A-25   I have a family member(s) age 17 or under who has **unearned** income (examples: Social Security, SSI).

List their names and type(s) of income:

Name	Type	Amount	Name	Type	Amount

A-26   I have a family member(s) age 17 or under who has **earned** income (list each job separately).

Name	Amount	Name	Amount

Yes No

**Section B - Assets**

B-1   I have the following accounts):  Savings  Checking

Retirement account provided by Employer (please check below:)

IRAs or Keogh  Other \_\_\_\_\_

How many banks, credit unions, savings and loans, etc. do you have account with? \_\_\_\_\_ (Please list separately)

Name of Bank: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax#: \_\_\_\_\_

Account Number: \_\_\_\_\_

If more than two financial institutions, please provide additional information on a separate sheet.

B-2   I own additional real estate. Describe: \_\_\_\_\_

B-3   I have a land contract(s). Describe: \_\_\_\_\_

B-4   I own a mobile home. Describe: \_\_\_\_\_

B-5   I receive income from rental of real estate or personal property. Describe: \_\_\_\_\_

B-6   I receive income from Indian Trust Land. Describe: \_\_\_\_\_



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B-7   I have personal property held for investment purposes (gems, jewelry, coin or stamp collections, etc.). Describe: \_\_\_\_\_

B-8   I have Treasury Bills, Stocks or Bonds. Check which one(s):  Treasury Bills  Stocks  Bonds

How many do you have? \_\_\_\_\_ (List each separately.)

Name of source: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax#: \_\_\_\_\_

Account Number: \_\_\_\_\_

If more than two, please provide additional information on a separate sheet.

B-9   I have a life insurance policy **with a cash surrender value**.

Source Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Fax #: \_\_\_\_\_

If received from more one source, please provide additional information on a separate sheet.

B-10   I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years.

List items: \_\_\_\_\_ Sale Amount: \$ \_\_\_\_\_

B-11   I have income/assets from sources **other** than those listed above. Describe: \_\_\_\_\_

Source Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Fax #: \_\_\_\_\_

If received from more one source, please provide additional information on a separate sheet.

**To be filled out on Head-of-Household's form only – Leave blank if you are not the Head-of-Household.**

Yes No

B-12   I have a family member(s) age 17 or under who has assets (examples: savings accounts, bonds, etc.).

List their names and type(s) of income:

Name	Type	Amount	Name	Type	Amount

How many banks, credit unions, savings and loans, etc. do you have accounts with? \_\_\_\_\_ (List each separately.)

Name of bank: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax#: \_\_\_\_\_

Account Number: \_\_\_\_\_

If more than two financial institutions, provide additional information on a separate sheet.



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**Section C – Rental Rehabilitation**

**NA for Homebuyer Programs**

Yes No

C-1   I am disabled and receive Supplemental Security Income (SSI).

**To be filled out on Head-of-Household’s form only – Leave blank if you are not the Head-of-Household.**

Yes No

C-2   I have a family member(s) under age 6 who has an *identified* environmental intervention blood lead level (EIBLL).

List their names: \_\_\_\_\_

\_\_\_\_\_

Please return to:

**OGEMAW COUNTY HOME IMPROVEMENT PROGRAM**  
806 W. Houghton Avenue, Room 107  
West Branch, MI 48661

**Certification:**

I certify that only the people listed on the Family Composition form will occupy the unit. I certify the house will be my principal residence and I will not obtain duplicate federal housing assistance while receiving assistance from Ogemaw County Home Improvement Program (OCHIP). I will not live anywhere else without notifying OCHIP immediately in writing. I will not sublease my assisted residence.

I hereby attest that I have reviewed this entire form, and all information has been accurately reported. I understand that providing false information will result in denial or termination of benefits.

\_\_\_\_\_  
Signature Date

Si no puedes leer este documento porque usted no lee a Inglés, o desea que esta comunicación sea interpretada o traducida y nadie que sabe usted puede traducir, por favor llame a nuestra oficina para obtener una lista de intérpretes o traductores. Nuestro número de teléfono es 989-826-1167.



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