Community Development Department
Housing Rehabilitation Office
300 Monroe Avenue NW, Room 440
Grand Rapids, Michigan 49503
Phone 456-3030, Fax 456-3673

IMPORTANT INFORMATION FOR TENANTS

The presence of lead-based paint and/or lead containing dust can pose a serious and immediate health and development risk to your children. The owner of your building has applied to the City of Grand Rapids Lead Hazard Control Program for assistance in controlling potential lead-based paint hazards in your home.

At this time, no lead hazards have been identified in your home.

The Program includes benefits and obligations, both for you and the owner of the property. Your obligations will include taking measures to protect your family and your belongings during and after the lead remediation work.

When the project is completed your home will be lead-safe.

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TENANT APPLICATION PROCESS

The City of Grand Rapids Lead Hazard Control Program is a federally-funded program. In order for your home to be made lead safe, you must:

- Provide the **household membership information** requested for all household members and all children under the age of 6 who regularly visit your home. Be sure to sign and date the form.

- Provide the **income information** requested. The Program will not share this information with your landlord. Follow the step-by-step instructions to determine what documentation is needed.

- Have your children **tested for Blood Lead Levels**. If your children have not been tested recently, these tests will be provided free of charge. The Kent County Health Department will send you a referral form at least 30 days before the work starts.

- Provide a completed **Health Information Release** form for each child under the age of six.

- Allow Lead Hazard Control Specialists, Risk Assessors, and contractors to **make inspections** of your home. Your landlord will notify you of these inspections in advance.

- Keep the **General Information Notice** for your records and sign the **General Information Notice Receipt** and return it with the Application. Comply with **temporary relocation guidelines and requirements**. Make sure you read and understand the notices you have/will receive that provide information about your rights and responsibilities if you must be temporarily relocated.

- Your cooperation in this matter is essential to your Landlord's efforts to **make your home a healthier place for your children**. If you have any questions or need additional forms, please contact us at (616) 456-3030. Su cooperación en esta materia es esencial a los esfuerzos de su propietario para **hacer su hogar un lugar más saludable para sus hijos**. Si usted tiene alguna pregunta o necesita formularios adicionales, póngase en contacto con nosotros en (616) 456-3030.

It is illegal for your landlord to evict you during the time that you are out of your unit.

WHAT TO EXPECT DURING THE LEAD HAZARD CONTROL PROCESS

It is hazardous to your health and against the law for you to be in your home while lead hazard control work is done. The Program expects the work inside your home to be completed within 5 days. **You will be placed in a local hotel during this time. All reasonable out-of-pocket expenses will be reimbursed.** For your own health and safety, you will not be allowed to re-enter your home for any reason until you are notified that it is safe to do so.

TO PROTECT YOURSELF AND YOUR BELONGINGS:

- You must **move your furniture and belongings** to the center of each room in which contractors will work. **The Lead Hazard Control Program and its contractors will not be liable for damages if you do not move your own belongings**.
- You must **take all valuable and hazardous materials with you** (jewelry, firearms, etc.) The Lead Hazard Control Program will not be liable for them.
- You should secure all non-refrigerated **foodstuffs** in sealed plastic bags.
- You must **remove window treatments** (curtains, shades, etc.) from the windows.
- You must **remove fans and air conditioning units** from the windows (if new windows are installed, they may no longer fit).
- You must thoroughly **clean your unit** prior to the start of construction.
- **You must make arrangements for your pets – you cannot leave them and you cannot take them with you to the Hotel.** The Program does not reimburse for boarding/kenneling of pets.

WHAT TO EXPECT AFTER THE WORK IS DONE

Your home will be lead safe when the work is done. It is up to you to help keep it that way for the health and safety of your children.

- You should report any damaged or peeling paint to your landlord as soon as possible.
- You should use lead-safe techniques to clean by windows and doors where lead dust may come in from outside your home. Leaded dust can collect in carpet – vacuum well and often.
- You should have your children under 6 years old tested regularly for Blood Lead Levels.

Your rent will not be increased as a result of this lead remediation project. Any rent increases in the next three years will not exceed Program-approved rent levels.

All families with children under 6 years of age should seek housing that has been made lead safe. Ask us about the Lead-Safe Housing Registry.

Community Development Department
Housing Rehabilitation Office
300 Monroe Avenue NW, Room 440
Grand Rapids, Michigan 49503
Phone 456-3030, Fax 456-3673

LEAD HAZARD CONTROL PROGRAM
TENANT APPLICATION

HOUSEHOLD MEMBER INFORMATION WORKSHEET

Provide the following information for each member of your household. Also include any children under 6 who regularly visit your residence each week. List additional members on reverse side. If you include visiting children under the age of six, please complete the **Non-resident Child Certification** form on the next page.

Property address: _____#_____ Tenant Ph #**:** _____

All Household Members and Regularly Visiting Children							Children Under Six Only	
Name (List Head of Household first)	**Relation to Head of Household**	**Date of Birth**	**Sex**	**Race - see below**	**Hispanic or Latino?**	**Resident or Visitor** (R / V)	**Child on Medicaid** (Y/N)	**Child's Legal Guardian**
	Myself					R		

Marital Status: Head of Household is (check one)**:** ☐Married ☐Single ☐Widowed ☐Divorced ☐Separated

RACE TABLE: USE THE NUMBER IN FRONT OF THE APPROPRIATE CATEGORY TO COMPLETE THE CHART ABOVE:			
SINGLE RACE CATEGORIES		MULTI-RACE CATEGORIES	
1	White	**6**	American Indian or Alaskan Native *and* White
2	Black or African American	**7**	Asian *and* White
3	American Indian or Alaskan Native	**8**	Black or African American *and* White
4	Asian	**9**	Amer. Indian/Alaskan Native *and* Black/African Amer.
5	Native Hawaiian or Pacific Islander	**0**	Other multi-racial:

Rent Certification:

My rent is $_____/Month. My unit has _____ bedrooms.

In addition to my rent I also pay the following utilities:

☐ Gas ☐ Electricity ☐ Trash ☐ Water & Sewer ☐ Stove ☐ Refrigerator

Non-resident Child Certification:
Please provide the following information for all children under the age of six that are listed as "Visitor" in your home.

Child's Name	Legal Guardian		
	Name	Address	Phone #
1			
2			

These children are regularly in my home during these hours:

Child 1	Sun	Mon	Tue	Wed	Thu	Fri	Sat
From:							
To:							

Child 2	Sun	Mon	Tue	Wed	Thu	Fri	Sat
From:							
To:							

_____
Signature of Visiting child(ren)'s Parent or Legal Guardian

Income Certification:
Household income limits apply to this Program. Please follow the instructions below to determine what documentation you will need to provide:

1) Do you receive Section 8 Rental Assistance?
   - **No**: proceed to #2.
   - **Yes**: Is EVERY person who lives in the unit listed on the Section 8 documents?
     - No: proceed to #2.
     - Yes: STOP HERE. Nothing else is needed.

2) Can one or more Federal Tax Returns be provided that list household members as either a Filer or a Dependent?
   - **No**: proceed to #4
   - **Yes**: proceed to #3

3) Submit the Federal 1040, 1040EZ, or 1040A form(s).
   - Each person over age 18 must provide two recent consecutive check stubs for each job.
   - Each person over age 18 must complete the IRS Form 4506-T included in this packet.

   If EVERY member of the household is listed on a tax return, STOP HERE.

   If ANY member of the household is NOT listed on a tax return, proceed to #4.

4) Each person over age 18 who is NOT listed on a tax return for the prior year must complete an Income Checklist and provide the documentation specified for each item checked "Yes."

   Two copies of the Income Checklist and IRS Form 4506-T are included with this Application. If more are needed, please call 456-3030 to request additional forms.

Lead Hazard Information Pamphlet:
I have read and understand the pamphlet, "**Protect Your Family from Lead in Your Home**." _____
If you have any questions you may call the Kent County Health Department's Childhood Lead Poisoning Prevention Program at 632-7058. You may also contact the Lead Hazard Control Program at 456-3030 or the Healthy Homes Coalition at 241-3300.

AUTHORIZATION AND CERTIFICATION

I/We certify that the above statements are true, accurate and complete to the best of my/our knowledge and belief. Providing false information on this application and required application attachments will be grounds for denial of assistance and/or termination from the program.

I hereby authorize the release to the City of Grand Rapids Community Development Department of any and all information concerning my household and income necessary to establish my eligibility to occupy an assisted unit, including information provided to any agency in order to secure Section 8 rental assistance. I further authorize the City of Grand Rapids Community Development Department to obtain a credit report in my name.

I understand information obtained will remain confidential and will be used solely for the purpose of determining Program eligibility.

I understand that during lead hazard remediation in my unit I may be required to temporarily relocate. I understand that if I am eligible for relocation assistance, I and my family will be placed in a local hotel chosen and paid for by the Program. I understand that if I am eligible for relocation assistance, I will receive a food allowance of $30 a day ($50 for families of 5 or more) and will be reimbursed for all reasonable, documented out-of-pocket expenses resulting from my temporary relocation. I understand that if I am eligible for relocation assistance, I may choose to accept a daily stipend of $50 ($70 for families of 5 or more) in place of the food allowance and documented actual expenses.

Printed Name	Signature	Social Security #	Date
			___ / ___ / ___
			___ / ___ / ___
			___ / ___ / ___
			___ / ___ / ___

Mail completed application to:

City of Grand Rapids
Lead Hazard Control Program
300 Monroe Ave NW Ste 440
Grand Rapids, MI 49503

For assistance completing this application, please call 456-3030

KENT COUNTY HEALTH DEPARTMENT

COMMUNITY NURSING DIVISION
CHILDHOOD LEAD POISONING PREVENTION PROGRAM
700 FULLER NE
GRAND RAPIDS MICHIGAN 49503
616/632-7058 - FAX 616/632-7016

AUTHORIZATION FOR RELEASE OF INFORMATION

I,_____, (parent/guardian), DOB_____
Hereby authorize the Kent County Health Department Community Nursing – Lead Poisoning Prevention Program, its director or designee, to release information contained in the client records of:

_____ Date of Birth _____
(first) (middle) (last)
_____ DOB _____
_____ DOB _____
_____ DOB _____

to:

The City of Grand Rapids, HUD Lead Hazard Control Program

only under the conditions list below:

1. Extent or nature of information to be disclosed, relevant to the Program if applicable, and dates of service, if necessary: Information pertaining to the Kent County Health Department Childhood Lead Poisoning Prevention Program, including case management information, blood test results and environmental investigations.

2. The authorized purpose or need for such disclosure: Case management, coordination of care and/or coordination of lead hazard remediation efforts.

All information will be treated confidentially and will be for professional use only. Further release of information so disclosed is prohibited unless consistent with the authorized purpose stated above. Any persons receiving such information shall be so advised. (Section 748, Mental Health Code)

I understand that this authorization may be withdrawn by me at any time. Revocation of this authorization will not affect any information already released. If no express revocation is issued, **this authorization will expire one year from date signed.**

SIGNED: _____ DATE: _____

Release witnessed by: _____. Witness is responsible to assure that if client signs he or she was competent to give informed consent. If the witness does not feel the client is competent, refer to R330.6011 (3)-(4), Michigan Department of Mental Health Emergency Rules. INFORMATION MAY BE WITHHELD IF IT IS NOT REVELANT TO THE STATED AUTHORIZED PURPOSE.
Released to _____By _____ Date _____
Retain release in client's file at releasing Agency.

☐ **For religious and/or personal reasons, I choose not to have my child(ren) tested for lead.**

_____
Parent/Guardian's signature **Date**

CITY OF GRAND RAPIDS
HOUSING REHABILITATION PROGRAM
and LEAD HAZARD CONTROL PROGRAM

INCOME CHECKLIST

IMPORTANT - Submit a separate checklist for each household member 18 years of age or older and **provide a copy of your complete federal, state, and local tax returns for the previous tax year, including all schedules and attachments. Also attach supporting documentation for any item checked yes.** Completion of this checklist is required in order to determine eligibility to receive assistance.

Household Member's Name _____ Social Security # _____

Property Address _____ Phone Number _____

Answer each item. Please print clearly:

Yes	No	
☐	☐	I am employed and receive a salary or wages. I earn $_____ per year. (Attach copies of two recent pay stubs) Employer(s): Name _____ Name_____ Phone # _____ Phone # _____
☐	☐	The employment described above is the same employment I had for 12 months of the previous tax year
☐	☐	I receive tips. If yes, how much? $_____/per week
☐	☐	I currently have savings of $ _____ (Attach copies of most recent savings statements)
☐	☐	I currently have investments of $_____ (Attach copies of most recent investment statements)
☐	☐	I receive alimony or separate maintenance payments of $_____/month
☐	☐	I am self-employed as a _____ and earned $_____ last year. (Attach written documentation of your income and/or tax returns for the past two years.)
☐	☐	I had $_____ in capital gains/(losses) in the previous tax year
☐	☐	I had $_____ in other gains/(losses) in the previous tax year
☐	☐	I receive IRA distributions of $_____/month (Attach statement of benefits)
☐	☐	I receive rental income of $_____/month from real estate
☐	☐	I receive income of $_____/month from royalties, partnerships, S corporations, and/or trusts, etc.

Yes	No	
☐	☐	I am currently unemployed and have been unemployed since _____
☐	☐	I receive unemployment benefits of $_____/week (Attach copy of approval letter)
☐	☐	I have applied for unemployment benefits but do not currently receive benefits. Please explain: _____
☐	☐	I receive pension and/or annuity payments of $_____/month (check all that apply)

_ Pension / 401k / 403b / 457b

_ Disability or death benefits other than Social Security

_ Military retirement pay

_ Other:_____

☐	☐	I receive Social Security benefits of $_____/month (Attach copy of annual award letter)
☐	☐	I receive Supplemental Security Income (SSI) of $_____/month (Attach copy of annual award letter)
☐	☐	I have a family member 17 years of age or younger who has unearned income (for example, Social Security or SSI). Please list below. (Attach copy of annual award letters)

Name _____ Type of Income _____Amount $_____/month

Name _____ Type of Income _____Amount $_____/month

☐	☐	I receive Child Support payments of $_____/month
☐	☐	I receive income from sources not mentioned here. Please explain below. (For example, worker's compensation, insurance or trust payments, VA or GI Bill benefits, gambling winnings, jury duty pay, awards, etc.)

_____

_____

☐	☐	I have adjustments to my income on my tax return for the following (please check all that apply):

_ Educator expenses

_ Business expenses per IRS Form 2106

_ Health savings account

_ Self-employment tax, SEP or SIMPLE plans, or health insurance deduction

_ Penalty for early withdrawal of savings

_ Alimony I pay $_____/month

_ IRA deduction

_ Student loan interest deduction, tuition and/or fees

Yes	No	
☐	☐	I receive benefits other than Medicaid for myself or my children from the Department of Human Services (DHS). (List the benefit(s) in the appropriate section below and attach a copy with all pages of your most recent Notice of Case Action with an "Income Summary" section)

FIA Caseworker's Name_____ Phone # _____

FIA Case # _____

List the bills and amounts paid for you directly to providers by the DHS.

(For example: house payment, gas, electric, or water bills, or childcare providers.)

Paid to/Reason _____Amount $_____/month

Paid to/Reason _____Amount $_____/month

I receive Food Assistance Program benefits or food stamps from the DHS.

Amount $_____/month

I receive Cash Assistance from the DHS.

Amount $_____/month

☐	☐	I receive benefits from another public service organization besides DHS.

From _____ Reason _____Amount $_____/month

From _____ Reason _____Amount $_____/month

Certification

☐ I have attached a copy of my complete federal, state, and local tax returns, including all schedules and attachments, for the previous tax year. If I am self-employed, I have attached complete returns for the last two years.

☐ I have attached documentation such as check stubs, bank statements, or award letters for all items on this list checked "Yes."

I certify that the copies of income tax returns provided with this income checklist are copies of actual forms I submitted to taxing authorities for the previous tax year. I also certify to the best of my knowledge that the information provided on this Income Checklist is true and I have no income other than indicated herein.

Providing false information is grounds for denial of assistance and/or termination from the City of Grand Rapids Housing Rehabilitation Program and/or Lead Hazard Control Program. Any false statement or representation made with the intent of fraudulently obtaining Housing Rehabilitation Program and/or Lead Hazard Control Program assistance constitutes a felony punishable by fine and/or imprisonment.

_____ _____

Signature Date

CITY OF GRAND RAPIDS
HOUSING REHABILITATION PROGRAM
and LEAD HAZARD CONTROL PROGRAM

AUTHORIZATION TO VERIFY INFORMATION

Name: _____

Address: _____

Last 4 digits of Social Security Number: XXX-XX- _____

I am an applicant for property rehabilitation assistance under the Community Development Act of 1974 and/or the Lead Hazard Control Program, or an adult member of an applicant's household, and I hereby authorize the City of Grand Rapids Community Development Department:

1) To obtain a credit report in my name.
2) To verify my income and employment information.
3) To verify any and all other information necessary to establish the applicant's eligibility to receive property rehabilitation assistance.
4) To provide copies of documentation regarding my loan application including credit reports, income and employment information, and any other information needed to Mercantile Bank, the Federal Home Loan Bank of Indianapolis, or any other parties providing funding through the City of Grand Rapids Community Development Department.

I understand information obtained will remain confidential and will be used solely for the purpose of determining eligibility to receive Housing Rehabilitation Program and/or Lead Hazard Control Program assistance.

_____ _____

Signature Date

Form **4506-T**
(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ **Request may be rejected if the form is incomplete or illegible.**

OMB No. 1545-1872

Complete Lines 1 - 4 and sign below

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return.** There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	**1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)**
2a If a joint return, enter spouse's name shown on tax return.	**2b Second social security number or individual taxpayer identification number if joint tax return**

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.

City of Grand Rapids Community Development Dept, 300 Monroe Ave NW-Rm 440, Grand Rapids, MI 49503 Phone (616)456-3030

Caution. *If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.*

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ 1040

a **Return Transcript,** which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . . ☐

b **Account Transcript,** which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . ☐

c **Record of Account,** which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . . ☐

7 **Verification of Nonfiling,** which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . ☐

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2010, filed in 2011, will not be available from the IRS until 2012. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . ☐

Caution. *If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.*

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. 2012

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return . . . . . ☐

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** *For transcripts being sent to a third party, this form must be received within 120 days of the signature date.*

Phone number of taxpayer on line 1a or 2a

Sign Here

▶ **Signature** (see instructions) — Date

▶ **Title** (if line 1a above is a corporation, partnership, estate, or trust)

▶ **Spouse's signature** — Date

CITY OF GRAND RAPIDS
HOUSING REHABILITATION PROGRAM
and LEAD HAZARD CONTROL PROGRAM

INCOME CHECKLIST

IMPORTANT - Submit a separate checklist for each household member 18 years of age or older and **provide a copy of your complete federal, state, and local tax returns for the previous tax year, including all schedules and attachments. Also attach supporting documentation for any item checked yes.** Completion of this checklist is required in order to determine eligibility to receive assistance.

Household Member's Name _____ Social Security # _____

Property Address _____ Phone Number _____

Answer each item. Please print clearly:

Yes	No	
☐	☐	I am employed and receive a salary or wages. I earn $_____ per year. (Attach copies of two recent pay stubs) Employer(s): Name _____ Name_____ Phone # _____ Phone # _____
☐	☐	The employment described above is the same employment I had for 12 months of the previous tax year
☐	☐	I receive tips. If yes, how much? $_____/per week
☐	☐	I currently have savings of $ _____ (Attach copies of most recent savings statements)
☐	☐	I currently have investments of $_____ (Attach copies of most recent investment statements)
☐	☐	I receive alimony or separate maintenance payments of $_____/month
☐	☐	I am self-employed as a _____ and earned $_____ last year. (Attach written documentation of your income and/or tax returns for the past two years.)
☐	☐	I had $_____ in capital gains/(losses) in the previous tax year
☐	☐	I had $_____ in other gains/(losses) in the previous tax year
☐	☐	I receive IRA distributions of $_____/month (Attach statement of benefits)
☐	☐	I receive rental income of $_____/month from real estate
☐	☐	I receive income of $_____/month from royalties, partnerships, S corporations, and/or trusts, etc.

Yes	No	
☐	☐	I am currently unemployed and have been unemployed since _____
☐	☐	I receive unemployment benefits of $_____/week (Attach copy of approval letter)
☐	☐	I have applied for unemployment benefits but do not currently receive benefits. Please explain: _____
☐	☐	I receive pension and/or annuity payments of $_____/month (check all that apply)

_ Pension / 401k / 403b / 457b

_ Disability or death benefits other than Social Security

_ Military retirement pay

_ Other:_____

☐	☐	I receive Social Security benefits of $_____/month (Attach copy of annual award letter)
☐	☐	I receive Supplemental Security Income (SSI) of $_____/month (Attach copy of annual award letter)
☐	☐	I have a family member 17 years of age or younger who has unearned income (for example, Social Security or SSI). Please list below. (Attach copy of annual award letters)

Name _____ Type of Income _____Amount $_____/month

Name _____ Type of Income _____Amount $_____/month

☐	☐	I receive Child Support payments of $_____/month
☐	☐	I receive income from sources not mentioned here. Please explain below. (For example, worker's compensation, insurance or trust payments, VA or GI Bill benefits, gambling winnings, jury duty pay, awards, etc.)

_____

_____

☐	☐	I have adjustments to my income on my tax return for the following (please check all that apply):

_ Educator expenses

_ Business expenses per IRS Form 2106

_ Health savings account

_ Self-employment tax, SEP or SIMPLE plans, or health insurance deduction

_ Penalty for early withdrawal of savings

_ Alimony I pay $_____/month

_ IRA deduction

_ Student loan interest deduction, tuition and/or fees

Yes	No	
☐	☐	I receive benefits other than Medicaid for myself or my children from the Department of Human Services (DHS). (List the benefit(s) in the appropriate section below and attach a copy with all pages of your most recent Notice of Case Action with an "Income Summary" section)

FIA Caseworker's Name_____ Phone # _____

FIA Case # _____

List the bills and amounts paid for you directly to providers by the DHS.

(For example: house payment, gas, electric, or water bills, or childcare providers.)

Paid to/Reason _____Amount $_____/month

Paid to/Reason _____Amount $_____/month

I receive Food Assistance Program benefits or food stamps from the DHS.

Amount $_____/month

I receive Cash Assistance from the DHS.

Amount $_____/month

☐	☐	I receive benefits from another public service organization besides DHS.

From _____ Reason _____Amount $_____/month

From _____ Reason _____Amount $_____/month

Certification

☐ I have attached a copy of my complete federal, state, and local tax returns, including all schedules and attachments, for the previous tax year. If I am self-employed, I have attached complete returns for the last two years.

☐ I have attached documentation such as check stubs, bank statements, or award letters for all items on this list checked "Yes."

I certify that the copies of income tax returns provided with this income checklist are copies of actual forms I submitted to taxing authorities for the previous tax year. I also certify to the best of my knowledge that the information provided on this Income Checklist is true and I have no income other than indicated herein.

Providing false information is grounds for denial of assistance and/or termination from the City of Grand Rapids Housing Rehabilitation Program and/or Lead Hazard Control Program. Any false statement or representation made with the intent of fraudulently obtaining Housing Rehabilitation Program and/or Lead Hazard Control Program assistance constitutes a felony punishable by fine and/or imprisonment.

_____ _____

Signature Date

CITY OF GRAND RAPIDS
HOUSING REHABILITATION PROGRAM
and LEAD HAZARD CONTROL PROGRAM

AUTHORIZATION TO VERIFY INFORMATION

Name: _____

Address: _____

Last 4 digits of Social Security Number: XXX-XX- _____

I am an applicant for property rehabilitation assistance under the Community Development Act of 1974 and/or the Lead Hazard Control Program, or an adult member of an applicant's household, and I hereby authorize the City of Grand Rapids Community Development Department:

1) To obtain a credit report in my name.
2) To verify my income and employment information.
3) To verify any and all other information necessary to establish the applicant's eligibility to receive property rehabilitation assistance.
4) To provide copies of documentation regarding my loan application including credit reports, income and employment information, and any other information needed to Mercantile Bank, the Federal Home Loan Bank of Indianapolis, or any other parties providing funding through the City of Grand Rapids Community Development Department.

I understand information obtained will remain confidential and will be used solely for the purpose of determining eligibility to receive Housing Rehabilitation Program and/or Lead Hazard Control Program assistance.

_____ _____

Signature Date

Form **4506-T**
(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ **Request may be rejected if the form is incomplete or illegible.**

OMB No. 1545-1872

Complete Lines 1 - 4 and sign below

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return.** There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	**1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)**
2a If a joint return, enter spouse's name shown on tax return.	**2b Second social security number or individual taxpayer identification number if joint tax return**

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.

City of Grand Rapids Community Development Dept, 300 Monroe Ave NW-Rm 440, Grand Rapids, MI 49503 Phone (616)456-3030

Caution. *If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.*

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ 1040

a **Return Transcript,** which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . . ☐

b **Account Transcript,** which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . ☐

c **Record of Account,** which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . . ☐

7 **Verification of Nonfiling,** which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . ☐

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2010, filed in 2011, will not be available from the IRS until 2012. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . ☐

Caution. *If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.*

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. 2012

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return . . . . . ☐

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** *For transcripts being sent to a third party, this form must be received within 120 days of the signature date.*

Phone number of taxpayer on line 1a or 2a

Sign Here

▶ **Signature** (see instructions) — Date

▶ **Title** (if line 1a above is a corporation, partnership, estate, or trust)

▶ **Spouse's signature** — Date

Community Development Department
Housing Rehabilitation Office
300 Monroe Avenue NW, Room 440
Grand Rapids, Michigan 49503
Phone 456-3030, Fax 456-3673

GENERAL INFORMATION NOTICE
RESIDENTIAL TENANT NOT DISPLACED

Dear Tenant:

The City of Grand Rapids Lead Hazard Control Program has accepted an application from your Landlord for financial assistance to remediate lead paint hazards in the rental unit that you occupy.

This notice is to inform you that, if the assistance is provided, you will not be displaced. Therefore, we urge you not to move anywhere at this time. (If you do elect to move for reasons of your choice, you will not be provided relocation assistance.)

If the application is approved and Federal assistance provided for lead hazard remediation, you will be able to lease and occupy your present apartment (or another suitable, decent, safe and sanitary apartment in the same building) upon completion of the hazard remediation. Of course, you must comply with standard lease terms and conditions. After the hazard remediation, your rent will be determined by policy.

If you must move temporarily so that the hazard remediation can be completed, suitable housing will be made available to you for the temporary period, and you will be reimbursed for all reasonable extra expenses. You must continue to pay your rent and comply with all other lease terms and conditions.

Again, we urge you not to move. If the project is approved, you can be sure that we will make every effort to accommodate your needs. Because Federal assistance would be involved, you would be protected by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended.

- **This is not a notice to vacate the premises.**
- **This is not a notice of relocation eligibility.**

This notice is important, and should be retained. If the application is approved, you will be contacted. In the meantime, if you have any questions, please contact the Lead Hazard Control Program, at 456-3030.

Sincerely,

Douglas J Stek

Douglas J. Stek
Lead Hazard Control Project Director

C: Case File

(NOTE: Pursuant to Public Law 105-117, aliens not lawfully present in the United States are not eligible for relocation assistance, unless such ineligibility would result in exceptional hardship to a qualifying spouse, parent, or child. All persons seeking relocation assistance will be required to certify that they are a United States citizen or national, or an alien lawfully present in the United States.)

Community Development Department
Housing Rehabilitation Office
300 Monroe Avenue NW, Room 440
Grand Rapids, Michigan 49503
Phone 456-3030, Fax 456-3673

GENERAL INFORMATION NOTICE RECEIPT
RESIDENTIAL TENANT NOT DISPLACED

(RETURN WITH APPLICATION)

Tenant Name (print)

Unit Address Unit

I have received and understand the General Information Notice as required by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended.

Tenant Signature Date