



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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## 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	
<b>1</b>	White	<b>6</b>	American Indian or Alaskan Native <i>and</i> White
<b>2</b>	Black or African American	<b>7</b>	Asian <i>and</i> White
<b>3</b>	American Indian or Alaskan Native	<b>8</b>	Black or African American <i>and</i> White
<b>4</b>	Asian	<b>9</b>	Amer. Indian/Alaskan Native <i>and</i> Black/African Amer.
<b>5</b>	Native Hawaiian or Pacific Islander	<b>0</b>	Other multi-racial:

**Rent Certification:**

My rent is \$ _____ /Month.	My unit has _____ bedrooms.
In addition to my rent I also pay the following utilities:	
<input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Trash <input type="checkbox"/> Water & Sewer <input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator	

PRE-PROJECT LEAD HAZARD CONTROL TENANT APPLICATION

**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:

<u>Child 1</u>	Sun	Mon	Tue	Wed	Thu	Fri	Sat
From:							
To:							

<u>Child 2</u>	Sun	Mon	Tue	Wed	Thu	Fri	Sat
From:							
To:							

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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 \$15 per person, per day, in place of the food allowance and documented actual expenses.**

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

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**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 RELEVANT 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**

# CITY OF GRAND RAPIDS HOUSING REHABILITATION PROGRAMS

PROGRAM OFFICES: 300 MONROE AVE. NW SUITE 440 (616) 456-3030

## RESIDENTIAL ENERGY EFFICIENCY ASSISTANCE PROGRAM PARTICIPATION AGREEMENT

Property Address: \_\_\_\_\_

The City of Grand Rapids Community Development Department participates with local utility companies in the Residential Energy Efficiency Program. The Program provides rebates to housing development and weatherization organizations that assist property owners in making eligible improvements.

The Community Development Department will apply for all available rebates for assisted energy efficiency improvements to your home. All rebates will be issued to the City of Grand Rapids as the agency financing the project. The City will use the funds to continue to grant energy and water efficiency improvements to you and your neighbor's homes.

You may be eligible for certain tax incentives. Please address this with your tax professional.

### NOTICES

1. All warranty issues must be directed to the contractor completing the work, or the City.
2. DTE Energy reserves the right to inspect the work performed for which rebates were issued.
3. Participation in the program does not in any way imply a DTE Energy endorsement of the City of Grand Rapids Housing Rehabilitation or other Programs.
4. DTE Energy reserves the right to alter or terminate this program at any time.

DTE Energy account # \_\_\_\_\_

Certification by Property owner:

I hereby agree to allow the City of Grand Rapids Community Development Department to apply for and retain all available Residential Energy Efficiency Program rebates. I further agree, if requested, to allow utility company representatives reasonable access to the assisted property for the purposes of inspecting installations potentially eligible for a rebate.

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Date

Certification by Tenant:

I hereby agree to allow the City of Grand Rapids Community Development Department to apply for and retain all available Residential Energy Efficiency Program rebates. I further agree, if requested, to allow DTE Energy representatives reasonable access to the assisted property for the purposes of inspecting installations potentially eligible for a rebate.

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date



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

# Request for Copy of Tax Return

(July 2017)

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506, visit [www.irs.gov/form4506](http://www.irs.gov/form4506).

OMB No. 1545-0429

Department of the Treasury  
Internal Revenue Service

**Tip.** You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return**, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." or call 1-800-908-9946.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> If the tax return 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, Ste 460, Grand Rapids, MI 49503; (616)456-3030**

**Caution:** If the tax return is being mailed to a third party, ensure that you have filled in lines 6 and 7 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 tax return 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 return information, you can specify this limitation in your written agreement with the third party.

**6 Tax return requested.** Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶ \_\_\_\_\_

**Note:** If the copies must be certified for court or administrative proceedings, check here

**7 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 eight years or periods, you must attach another Form 4506.


**The City of Grand Rapids will NOT be requesting a copy of your tax return from the IRS. This form authorizes the City to maintain a copy of your tax return in your City loan file and must only be completed if you are submitting a copy of any tax returns with your application.**

**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 return requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, 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 on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

**Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506. See instructions.**

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)
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- 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
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**Yes**   **No**

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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- \_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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OMB No. 1545-0429

Department of the Treasury  
Internal Revenue Service

**Tip.** You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return**, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." or call 1-800-908-9946.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> If the tax return 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, Ste 460, Grand Rapids, MI 49503; (616)456-3030**

**Caution:** If the tax return is being mailed to a third party, ensure that you have filled in lines 6 and 7 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 tax return 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 return information, you can specify this limitation in your written agreement with the third party.

**6 Tax return requested.** Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶ \_\_\_\_\_

**Note:** If the copies must be certified for court or administrative proceedings, check here

**7 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 eight years or periods, you must attach another Form 4506.


**The City of Grand Rapids will NOT be requesting a copy of your tax return from the IRS. This form authorizes the City to maintain a copy of your tax return in your City loan file and must only be completed if you are submitting a copy of any tax returns with your application.**

**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 return requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, 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 on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

**Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506.** See instructions.

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)**

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Tenant Name (print)

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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.

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Tenant Signature

Date