

HOUSING REHABILITATION PROGRAM



0% Interest Loans on Qualified Home Improvements

The City of Farmington Hills offers a Housing Rehabilitation Loan Program to help qualified homeowners make necessary home improvements and repairs.

Program Overview

- Confirm eligibility (see below).
- Submit complete application and all required support documents (additional documents may be requested).
- City staff conducts a preliminary building survey.
- The Housing Rehab Loan Board reviews the application.
- If approved, staff prepares project specification and obtains bids from licensed, insured and approved contractors.
- Loan Board reviews and awards bids.
- Once work is completed, a lien is placed on the home for the amount of the loan.
- The loan is repaid when you sell or transfer title of your home.

Eligibility

- Applicant must be owner-occupant of a single-family home in the City of Farmington Hills.
- Household income must meet current income guidelines.
- Property taxes must be paid.
- Home must not be a part of a trust.

Limits and Terms of Loans

- Loan amount is based on the prioritization of needed improvements and competitive contractor bids.
- Loan approval and amount are determined by the Loan Board.
- Loans are 0% interest with no monthly payments.
- Loan is due and payable in full upon sale, transfer of title, or if you move from the home.

Maximum Income Limits*

1 person: \$56,600	5 people: \$87,300
2 people: \$64,650	6 people: \$93,750
3 people: \$72,750	7 people: \$100,200
4 people: \$80,800	8 people: \$106,700

*2025 income levels, subject to change.

Examples of Eligible Improvements:

- Roof/gutter replacement
- Siding
- Weatherization improvements (i.e. windows, insulation)
- Furnace
- Hot water tank
- Water and sewer hook-up
- Electrical, heating, plumbing repairs

Examples of Ineligible Improvements:

- New construction or additions
- Driveways
- Decks
- Accessory buildings
- Landscaping
- Painting
- Custom or luxury upgrades, or any materials, fixtures, or equipment that exceed standard replacement items.



Community Development Office
Housing Rehabilitation Program
31555 West Eleven Mile Road
Farmington Hills, MI 48336



Scan QR Code
or call 248-871-2545 for more information.



HOUSING REHABILITATION PROGRAM

Thank you for inquiring about the City of Farmington Hills Housing Rehabilitation Program (HRP). The City, through the federally funded Community Development Block Grant, offers financial and technical assistance to low- and moderate- income households to rehabilitate their owner-occupied single-family home. The HRP provides income qualified homeowners with interest-free deferred loans to make needed home improvements and repairs, with payment due upon the sale or transfer of title of the property.

The objective of the HRP is primarily to correct those items that have exceeded their life expectancy, could be hazardous to the life of the occupants, the safety of the structure or the health and welfare of the occupants. The HRP is required to address lead-based paint hazards. Typical improvements include but are not limited to:

- Roof/gutters
- Windows
- insulation
- Furnace
- Siding
- Hot water tanks
- Sewer/water connection
- Electrical, heating or plumbing repairs

Types of rehabilitation work generally **not included** under this program are decks, unattached garages and driveways. Materials, fixtures or equipment of a type or quality which exceed those used on a standard replacement basis and which may be considered a custom or luxury item are not eligible. New appliances are not eligible.

Applicant must be the owner and occupant of a single-family home; taxes must be paid to date (or an acceptable property tax relief agreement with City authorities must be in place); and household income cannot exceed the following:

HOUSEHOLD SIZE	MAXIMUM INCOME	HOUSEHOLD SIZE	MAXIMUM INCOME
1 Person	\$56,600	5 Person	\$87,300
2 Person	\$64,650	6 Person	\$93,750
3 Person	\$72,750	7 Person	\$100,200
4 Person	\$80,800	8 Person	\$106,700

Effective June 1, 2025 and subject to change

Applications and support documentation are reviewed by Staff to ensure eligibility requirements are met. A preliminary building survey is conducted to verify proposed work, with all information provided to the Housing Rehabilitation Loan Board (HRLB). The HRLB approves or denies all applications/proposed work to be completed and authorizes staff to create bid specifications. Bids are obtained and then reviewed by the HRLB for approval. If you are interested in the program, please carefully review and complete the attached application including supporting documentation. Contact the Community Development Office with questions or to schedule an intake appointment at 248-871-2545.

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HOUSING REHABILITATION PROGRAM APPLICATION

HRP#

ADDRESS OF PROPERTY TO BE IMPROVED (THE HOME MUST BE A SINGLE-FAMILY OWNER-OCCUPIED PROPERTY):							
House Number/Street Name/Zip code:							
Original Purchase Price: \$				Year Purchased			
Do you own any other single-family property? <input type="checkbox"/> Yes <input type="checkbox"/> No				Market or State Equalized Value: \$			
BORROWER				CO-BORROWER			
Last Name		First Name		Middle		Gender	
						<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:				Date of Birth:			
Social Security Number:				Social Security Number:			
<input type="checkbox"/> Unmarried <small>(single, divorced, widowed)</small>		<input type="checkbox"/> Married		<input type="checkbox"/> Separated			
SINGLE PARENT, HEAD OF HOUSEHOLD <input type="checkbox"/> YES <input type="checkbox"/> NO							
FEMALE, HEAD OF HOUSEHOLD <input type="checkbox"/> YES <input type="checkbox"/> NO							
Phone #: () -				Phone #: () -			
Phone #: () -				Phone #: () -			
E-Mail Address:				E-Mail Address:			
<input type="checkbox"/> Employed		<input type="checkbox"/> Unemployed		<input type="checkbox"/> Retired			
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Unemployed Since:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Unemployed Since:	
Name of Employer:				Name of Employer:			
Occupation:				Occupation:			
Hire Date:				Hire Date:			
<input type="checkbox"/> Hourly		<input type="checkbox"/> Salary		<input type="checkbox"/> Hourly		<input type="checkbox"/> Salary	
If Hourly, Usual Hours Per Pay Period:				If Hourly, Usual Hours Per Pay Period:			
<input type="checkbox"/> Paid Bi-Weekly		<input type="checkbox"/> Paid Weekly		<input type="checkbox"/> Paid Bi-Weekly		<input type="checkbox"/> Paid Weekly	
Name of 2 nd Employer:				Name of 2 nd Employer:			
Occupation:				Occupation:			
Hire Date:				Hire Date:			
<input type="checkbox"/> Hourly		<input type="checkbox"/> Salary		<input type="checkbox"/> Hourly		<input type="checkbox"/> Salary	
If Hourly, Usual Hours Per Pay Period:				If Hourly, Usual Hours Per Pay Period:			
<input type="checkbox"/> Paid Bi-Weekly		<input type="checkbox"/> Paid Weekly		<input type="checkbox"/> Paid Bi-Weekly		<input type="checkbox"/> Paid Weekly	

List Below All Persons Living in the Household		
Name:	Age:	Relationship to Borrower
Total Monthly Income from ALL Sources of ALL Household Members, Including Unrelated Persons. Documentation will be required.		
\$	Wages	
\$	Unemployment Benefits	
\$	Pension	
\$	Social Security Benefits	
\$	IRA or Trust Benefits	
\$	Child or Spousal Support	
\$	Gift Money (attach letter stating amount and frequency of money received)	
\$	Other (describe)	
\$	Other (describe)	
List ALL Financial Assets		
Name of Institution	Type (Savings, Checking, CDs, Traditional & Roth IRAs, 401(k)m 403(b), SEPA, Stocks, Bonds, Mutual Funds, Etc.)	Balance
Monthly Utility Expenses		
Consumers Energy: \$ (estimate) DTE Energy: \$ (estimate)		

List Mortgages and/or Home Equity Lines of Credit				
Name	Date Obtained	Original Balance	Outstanding Balance	Monthly Payment
1 st Mortgage Co.				
2 nd Mortgage Co.				
Home Equity Line of Credit				
Prior Foreclosure or FHA Default?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Have You Declared Bankruptcy in the Last 7 Years?				
<input type="checkbox"/> No <input type="checkbox"/> Yes (if Yes, Submit a Copy of the Discharge of Bankruptcy with Your Application)				
How Did You Hear About This Program?				
LIST YOUR PROPOSED IMPROVEMENTS BY PRIORITY (Use additional paper if necessary):				
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Do you have heat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your house roof leaking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The following HEAD OF HOUSEHOLD information is obtained for statistical reporting only.

SINGLE RACE
<u>Complete for Head of Household only</u>
<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hawaiian/Other Pacific Islander

MULTI-RACE
<u>Complete for Head of Household only</u>
<input type="checkbox"/> Black/African American & White <input type="checkbox"/> Asian & White <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Other Multi-Racial

ETHNICITY

Complete for Head of Household Only

☐ Hispanic/Latino

Number of **HANDICAPPED PERSON/S** in household? _____

Number of **UNRELATED PERSON/S** living in household? _____

Number of **BEDROOMS IN THE HOUSE?** _____

APPLICANTS CERTIFICATION: The applicant certifies that all information in this application, and all information furnished in support of this application is for the purpose of obtaining funds for the improvement of the above-mentioned property, and that these statements are true to the best of the applicants knowledge and belief.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec. 1001, provides: Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies... or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing, or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both."

Signature - Borrower

Date

Signature – Co-Borrower

Date

REQUIRED DOCUMENTATION – DO NOT MAIL ORIGINAL DOCUMENTS

Please submit **copies** of the following documentation with your application. If needed, we can make copies of your documents for you; contact the office to make an appointment (248-871-2545). NOTE: Additional information may be required.

☐ Deed to property - Recorded Warranty Deed and any Quit Claim Deeds

☐ Homeowner's Insurance - Declarations page showing current term

☐ Mortgage Payment statement - Must include current principal balance, interest rate, and next due date

☐ Current Bank Statements

☐ Driver's License (front & back) - for all household members

☐ Federal & State Income Tax Returns for past two years including all forms and Schedules for all household members, where applicable

☐ Annual Social Security Award letter (if applicable). If you do not have a copy contact Social Security at 800-772-1213.

**ONCE APPLICATION IS COMPLETED AND DOCUMENTS ARE GATHERED,
PLEASE CALL TO SET UP AN INTAKE APPOINTMENT.**

Phone (248) 871-2545

City of Farmington Hills - Community Development
Housing Rehabilitation Program
31555 West Eleven Mile Rd.
Farmington Hills, MI 48336

FOR OFFICE USE ONLY:

DATE RECEIVED

HRP#



Equal Housing
Opportunities
Version 25.03.11

To: Owners and Tenants & Purchasers
of Housing Constructed before 1978

NOTIFICATION

Watch Out For Lead-Based Paint Poisoning

The property was constructed before 1978. There is a possibility it contains lead-based paint. Please read the following information concerning lead-based paint poisoning.

SOURCES OF LEAD BASED PAINT

The interiors of older homes and apartments often have layers of lead-based paint on the walls, ceilings, window sills, doors and door frames. Lead-based paint and primers may also have been used on outside porches, railings, garages, fire escapes and lamp posts. When the paint chips, flakes or peels off, there may be a real danger for babies and young children. Children may eat paint chips or chew on painted railings, window sills or other items when parents are not around. Children can also ingest lead even if they do not specifically eat paint chips. For example: when children play in an area where there are loose paint chips or dust particles containing lead, they may get these particles on their hands, put their hands into their mouths, and ingest a dangerous amount of lead.

HAZARDS OF LEAD-BASED PAINT

Lead poisoning is dangerous – especially to children under the age of seven (7). It can eventually cause mental retardation, blindness and even death.

SYMPTOMS OF LEAD-BASED PAINT POISONING

Has your child been especially cranky or irritable?
Is he or she eating normally?
Does your child have stomachaches and vomiting?
Does he or she complain about headaches?
Is your child unwilling to play?

These may be signs of lead poisoning. Many times though, there are no symptoms at all. Because there are no symptoms does not mean that you should not be concerned if you believe your child has been exposed to lead-based paint.

ADVISABILITY AND AVAILABILITY OF BLOOD LEAD LEVEL SCREENING

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has an elevated blood lead level, treatment is available. Contact your doctor or local health department for help or more information. Lead screening and treatment are

available through the Medicaid Program for those who are eligible. If your child is identified as having an elevated blood lead level, you should immediately notify the Community Development or other agency to which you or your landlord is applying for rehabilitation assistance so the necessary steps can be taken to test your unit for lead-based paint hazards. If your unit does have lead-based paint, you may be eligible for assistance to abate that hazard.

PRECAUTIONS TO TAKE TO PREVENT LEAD-BASED PAINT POISONING

You can avoid lead-based paint poisoning by performing some preventive maintenance. Look at your walls, ceilings, doors, door frames and window sills. Are there places where the paint is peeling, flaking, chipping, or powdering? If so, there are some things you can do immediately to protect your child:

- (a) Cover all furniture and appliances;
- (b) Get a broom or stiff brush and remove all loose pieces of paint from walls, woodwork, window wells and ceilings;
- (c) Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspaper. Put these packages in the trash can. DO NOT BURN THEM;
- (d) Do not leave paint chips on the floor in window wells. Damp mop floors and window sills in and around the work area to remove all dust and paint particles. Keeping these areas clear of paint chips, dust and dirt is easy and very important; and
- (e) Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.

HOMEOWNER MAINTENANCE AND TREATMENT OF LEAD-BASED PAINT HAZARDS

As a homeowner, you should take the necessary steps to keep your home in good shape. Water leaks from faulty plumbing, defective roofs and exterior holes or breaks may admit rain and dampness into the interior of your home. These conditions damage walls and ceilings and cause paint to peel, crack or flake. These conditions should be corrected immediately. Before repainting all surfaces that are peeling, cracking, chipping or loose should be thoroughly cleaned by scraping

or brushing the loose paint from the surface then repainted with two (2) coats of non-lead paint. Instead of scraping and repainting, the surface may be covered with other material such as wallboard, gypsum, or paneling. Beware that when lead-based paint is removed by scraping or sanding, a dust is created, which may be hazardous. The dust can enter the body either by breathing it or swallowing it. The use of heat or paint removers could create a vapor or fume, which may cause poisoning if inhaled over a long period of time. Whenever possible, the removal of lead-based paint should take place when there are no children or pregnant women on the premises. Simply painting over defective lead-based paint surfaces does not eliminate the hazard.

Remember that you as an adult play a major role in the prevention of lead poisoning. Your actions and awareness about the lead can make a difference.

TENANT AND HOMEBUYER RESPONSIBILITIES

You should immediately notify the management office or the agency through which you are purchasing your home if the unit has flaking, chipping, powdering or peeling paint, water leaks from plumbing, or a defective roof. You should cooperate with that office's effort to repair the unit.

☐ I have received a copy of the Notice entitled "Watch Out for Lead Paint Poisoning"

Date

Print Full Name

Signature

**CITY OF FARMINGTON HILLS
HOUSING REHABILITATION PROGRAM**

RETURN TO OFFICE

LEAD- BASED PAINT COMPLIANCE CERTIFICATION FORM

HRP# _____

NAME: _____

SIDWELL NO: _____

ADDRESS: _____ **4833**

1. Was the house constructed prior to 1978? ☐ Yes ☐ No ☐ Unknown

2. Are there likely to be children aged seven and under living in the house? ☐ Yes ☐ No ☐ Unknown

If yes or unknown, continue; if no, stop.

3. Are there any children living in the house with elevated blood levels? ☐ Yes ☐ No ☐ Unknown

If yes or unknown, go to 9; if no, continue.

4. Are there defective interior/exterior paint surfaces? ☐ Yes ☐ No ☐ Unknown

If yes or unknown, continue; if no, stop.

5. Were defective paint surfaces tested for lead content? ☐ Yes ☐ No ☐ Unknown

If yes or unknown, continue to 7; if no, continue to 6.

6. Abate defective paint surfaces. ☐ Yes ☐ No ☐ Unknown
Date abatement completed _____

7. Did defective surfaces have unacceptable levels of lead content? ☐ Yes ☐ No ☐ Unknown

If yes, continue; if no, stop.

8. Abate defective surfaces.
Date abatement completed _____

9. Test all painted surfaces for lead content. Abate all surfaces with unacceptable lead content.
Test date _____ Date abatement completed _____

I, the homeowner hereby certify that: the undersigned has received the Federal Department of Housing and Urban Development (HUD) notification "Watch Out for Lead Paint Poisoning" and, to the best of my knowledge, there are no children residing at this home who have elevated blood lead levels.

Homeowner Signature

Date

**CITY OF FARMINGTON HILLS
HOUSING REHABILITATION PROGRAM****PRE-APPLICATION SURVEY FORM****HRP#** _____
(Office use)**NAME:** _____
(Please Print)**DATE:** _____**ADDRESS:** _____ 4833

Did you:

- _____ 1. Read the brochure about the Farmington Hills Housing Rehabilitation Program?
- _____ 2. Know that a City Inspector will conduct a survey at your home prior to the loan application review?
- _____ 3. Know that a lien will be placed on the property in the amount of the loan?
- _____ 4. Know once work is completed, an official from the U.S. Department Housing and Urban Development may inspect the rehabilitation work at your home?
- _____ 5. Receive the notification "Watch Out For Lead-based Paint Poisoning"?
- _____ 6. Know that "profiteering" or selling the house after construction profit is prohibited. Under most circumstances houses must be held by the borrower for a minimum of one (1) year.

Signature_____
Date