

Please note: There is currently a waiting list for this program!

City of Dearborn First-Time Homebuyer Program



City of Dearborn Neighborhood Stabilization Program activities include the "Acquisition and Rehabilitation" of residential properties intended for the benefit of and ***sale to income qualified homebuyers.***

This flyer contains a representative sample of program rules and regulations. Other terms, conditions, exclusions and exceptions may apply. All terms and conditions are subject to modification without notice.

Who is Eligible? Individuals or families interested in acquiring move-in ready residential property from the City of Dearborn must—

1. Be a **"first-time homebuyer,"** a homebuyer who does not and has not owned any residential property for the past two years.
2. Successfully **complete an 8-hour HUD-approved homebuyer counseling program.**
3. Be "mortgage ready," as determined by a HUD-approved counseling agency.
4. Be **"pre-approved for a mortgage"** from a lender who is compliant with bank regulator guidance. [Alternate provisions are available for cash purchase transactions.]
5. Have annual household income that is at or below the income limit established by the funding agency. Limits vary by funding source and are subject to change without notice.

Family Size:	1	2	3	4	5	6	7	8
Low Income:	25,450	29,050	32,700	36,300	39,250	42,150	45,050	47,950
Moderate Income:	40,720	46,480	52,320	58,080	62,800	67,440	72,080	76,720

6. Make a personal contribution to the down payment that is not less than \$1,000 for low-income households or \$2,000 for moderate-income households.
7. Agree to live in the home as your primary residence.
8. Special consideration for full-time police officers, fire fighters and emergency medical technicians, Dearborn teachers, full-time or non-seasonal part-time City of Dearborn employees, and US Veterans.

Selected homebuyers will have the opportunity to **purchase a renovated home in move-in condition!!!** and may also receive "homebuyer financial assistance" to—

1. Subsidize the mortgage principal amount so that mortgage payments will be affordable.
2. Provide up to \$5,000 down payment or closing cost assistance.
3. Homebuyer financial assistance provided as a zero-interest, deferred loan that is due in full upon sale, transfer or default of the conditions for assistance.

**For more information call:
Economic and Community Development Department
(313) 943-2180 ext. 7 or TDD: (313) 943-2074**



Program funding provided by U.S. Department of Housing and Urban Development





City of Dearborn
First-Time Homebuyer-Home Sales Program
Assistance Application



HB

Applicants/Homebuyers: _____		Home Phone: _____
Current Address: _____ City/Zip: _____		Work Phone: _____
<input type="checkbox"/> Rent/Lease Expires: _____ <input type="checkbox"/> Rent/Month-to-Month <input type="checkbox"/> Live with Family/Others		Email: _____
How long have you lived at this address? _____ years _____ months		Other Contact: _____
Landlord (Property Owner) Name, Address, Telephone: _____		
Rental Payment: \$ _____ / month	Payments Current: <input type="checkbox"/> Yes <input type="checkbox"/> No	Payment Includes: <input type="checkbox"/> Utilities
Personal funds available for down payment: \$ _____ Source: _____		
Race: (check all that apply) <input type="checkbox"/> Amer.Indian/Alaska <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African Amer. <input type="checkbox"/> Hawaiian/Pacific		Hispanic or Latino: <input type="checkbox"/> Yes Arab Ancestry: <input type="checkbox"/> Yes
Applicant/Homebuyer is US Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever owned any residential property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide names, addresses and dates of ownership for any residential property owned. (List most recent first.)		
Owner/Titleholder: _____		Dates of Ownership: _____
Address/City/Zip: _____		
Owner/Titleholder: _____		Dates of Ownership: _____
Address/City/Zip: _____		
Owner/Titleholder: _____		Dates of Ownership: _____
Address/City/Zip: _____		

Related to City Official, Elected Official, or City Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship:
Name:	Department/Position:	
Related to Contractors/Vendors of the City of Dearborn? <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship:
Contractor/Vendor Name:	Type of Product/Service:	

I (We) certify that the above statements and all information and statements included in other supporting documents provided are true, accurate and complete.

I (We) authorize the City of Dearborn to obtain verification from any source named herein. Furthermore, I (we) certify that I (we) have not transferred or disposed of any assets in order to qualify for this program.

I (We) agree and understand that any misstatement of material fact contained herein will result in the full and immediate enforcement of the program's mortgage notes and/or lien agreements, and possible prosecution for fraud.

I (We) further certify that there shall be no discrimination upon the basis of race, color, creed, national origin, familial status, or disability in the future sale, lease, rental, use or occupancy of the property that has been assisted under this program.

Applicant/Homebuyer Signatures:	Date:

Application Taken By:	Date:
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After you have completed the required 8-hour homebuyer counseling program, and have secured (or are in-progress of securing) mortgage pre-approval from a qualified lender, please call 943-2195 and ask to schedule an appointment to complete your First-Time Homebuyer application.

Please bring the following information to your appointment:

- 8-hour homebuyer counseling completion certificate
- Completed application and checklist(s)
- Social security cards for all household members
- Driver's License or Photo ID for all household members 18 years of age or older
- Social Security Letter of Benefits (if applicable) for all household members
- Mortgage pre-approval letter (if not available, may be submitted later)



**City of Dearborn
Home Rehabilitation Program
First-Time Homebuyer Program
APPLICANT CHECKLIST**

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

NOTE: The City of Dearborn may have cooperative agreements with agencies to use up-front income verification (UIV) to obtain and clarify income. The City of Dearborn will receive information on wages, unemployment compensation and other income information through a computer matching operation.

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

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

Section A – Income

A-1 **Yes** **No** I am self-employed. If yes, describe _____.

A-2 I earned \$_____ in the last 12 months.

I have _____ (enter #) job(s) and receive money/wages. (List each job separately)

Name of Employer: 1) _____ 2) _____

Street Address: _____

City, State, ZIP: _____

E-mail address: _____

Contact Person: _____

Telephone: _____

Fax#: _____

The Work Number _____

Pay Code #: _____

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

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

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

A-5 I receive unemployment benefits. If yes, I have been receiving benefits since _____ (date).

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

If yes, New job date: _____ Wage increase date: _____

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

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

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

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

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

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

Source Name: _____ Contact Person: _____

Street Address: _____ Telephone: _____

City, State, ZIP: _____ Fax#: _____

E-mail address: _____ Account #: _____

Amount: \$ _____ per _____

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

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

If yes, from how many sources? _____ (List each source separately)

Source Name: _____ Contact Person: _____

Street Address: _____ Telephone: _____

City, State, ZIP: _____ Fax#: _____

E-mail address: _____ Account #: _____

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

CHECKLIST (continued)

	Yes	No		
A-14	<input type="checkbox"/>	<input type="checkbox"/>	I receive Food Assistance Program benefits from the Department of Human Services (DHS). DHS Caseworker Name: _____ Amount: \$ _____ Street Address: _____ DHS Case #: _____ City, State, ZIP: _____ Telephone: _____ E-mail address: _____ Fax #: _____	
A-15	<input type="checkbox"/>	<input type="checkbox"/>	I receive a CASH Public Assistance grant (FIP, SDA, RAP). DHS Caseworker Name: _____ DHS Case #: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax #: _____ E-mail address: _____	
A-16	<input type="checkbox"/>	<input type="checkbox"/>	I receive Medicaid. NOTE: Not Adult Medical Program (formerly State Medical Program)	
A-17	<input type="checkbox"/>	<input type="checkbox"/>	I receive child support. From how many Friend of the Court(s) do you receive support? _____ If yes, from how many persons do you receive support? _____ do you receive support? _____ If yes, is child support paid directly to Department of Human Services (DHS)? Yes No If not paid directly to DHS: Friend of the Court Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Amount: \$ _____ per _____ PIN#: _____	
			If received from more than one Friend of the Court, provide additional information on a separate sheet.	
A-18	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony. From how many Friend of the Court(s) do you receive alimony? _____ If yes, from how many persons do you receive alimony? _____ do you receive alimony? _____ If yes, is alimony paid directly to Department of Human Services (DHS)? Yes No If not paid directly to DHS: Friend of the Court Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Amount: \$ _____ per _____ PIN#: _____	
			If received from more than one Friend of the Court, provide additional information on a separate sheet.	
A-19	<input type="checkbox"/>	<input type="checkbox"/>	I receive adoption assistance payments. If yes, how many sources? _____ Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Amount: \$ _____ per _____	
			If received from more than one source provide additional information on a separate sheet.	
A-20	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from a trust, annuity or inheritance. If yes, how many sources? _____ Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Account #: _____ Amount: \$ _____ per _____	
			If received from more than one source provide additional information on a separate sheet.	
A-21	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from insurance policies. If yes, how many sources? _____ Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Account #: _____ Amount: \$ _____ per _____	
			If received from more than one source provide additional information on a separate sheet.	

CHECKLIST (continued)

A-22 **Yes** **No** I receive periodic payments from lottery winnings.

Source Name: _____ Contact Person: _____

Street Address: _____ Telephone: _____

City, State, ZIP: _____ Fax#: _____

E-mail address: _____

Amount: \$ _____ per _____

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

A-23 I am a full-time student.

Name of School: _____ Contact Person: _____

Street Address: _____ Telephone: _____

City, State, ZIP: _____ Fax#: _____

E-mail address: _____ Number of Credit Hours Enrolled: _____

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

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

Source Name: _____

Street Address: _____ Telephone: _____

City, State, ZIP: _____ Fax#: _____

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

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

A-25 **Yes** **No** I have a family member(s) age 17 or under who has **unearned** income (examples: Social Security, SSI).

List their names and type(s) of income:

Name	Type	Amount	Name	Type	Amount

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

Name	Amount	Name	Amount

Section B – Assets

B-1 **Yes** **No** I have the following accounts Savings Checking IRA's or Keogh Other _____

[check which one(s)]:

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

Name of bank: 1) _____ 2) _____

Street Address: _____

City, State, ZIP: _____

E-mail address: _____

Contact Person: _____

Telephone: _____

Fax#: _____

Account Number: _____

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

B-2 I own real estate. Describe: _____

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

CHECKLIST (continued)

Yes No
 B-4 I own a mobile home. Describe: _____

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

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

 B-7 I have personal property held for investment purposes (gems, jewelry, coin or stamp collections, etc.)
 Describe: _____
 B-8 I have Treasury Bills, Stocks or Bonds. Check which one(s): Treasury Bills Stocks Bonds
 How many do you have? _____ (List each separately)
 Name of each source: ¹⁾ _____ ²⁾ _____
 Street Address: _____
 City, State, ZIP: _____
 E-mail address: _____
 Contact Person: _____
 Telephone: _____
 Fax#: _____
 Account #: _____
 If more than two, provide additional information on a separate sheet.
 B-9 I have a life insurance policy **with a cash surrender value**.
 Source Name: _____ Policy #: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax#: _____
 If received from more than one source provide additional information on a separate sheet.
 B-10 I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years.
 List items: _____ Sale amount \$ _____
 B-11 I have income/assets from sources **other** than those listed above. Describe: _____

 Source Name: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax#: _____
 If received from more than one source, provide additional information on a separate sheet.

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

Yes No
 B-12 I have a family member(s) age 17 or under who has assets (example: savings accounts, bonds, etc.).

Name	Type	Amount	Name	Type	Amount

How many banks, credit unions, savings and loans, etc. do you have accounts with? _____ (List each separately)
 Name of bank: ¹⁾ _____ ²⁾ _____
 Street Address: _____
 City, State, ZIP: _____
 E-mail address: _____
 Contact Person: _____
 Telephone: _____
 Fax#: _____
 Account Number: _____
 If more than two financial institutions, provide additional information on a separate sheet.

CHECKLIST (continued)

Section C – Rental Rehabilitation

Yes No

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

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

Yes No

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

Please return to:

**City of Dearborn
Economic & Community Development
13615 Michigan Avenue, Suite 9
Dearborn, Michigan 48126-3582**

This form may be submitted via fax transmittal:

Fax: 313-943-2776 Phone: 313-943-2195

Certification:

I certify to the best of my knowledge that all statements are true. I understand that providing false information will result in denial or termination of benefits.

Signature

Date

Penalties may be imposed for intentionally submitting false or misleading information in obtaining financial assistance.



**City of Dearborn
Home Rehabilitation Program
First-Time Homebuyer Program
DECLARATION OF SECTION 214 STATUS**

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Read the Declaration statement carefully then sign and return to the address below. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (check the appropriate box, check only one):

1. I am a citizen by birth, a naturalized citizen or a national of the United States; or
2. I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (i.e. copy of Driver's license, birth certificate, state identification), see instruction #1; or
3. I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach U.S. Citizenship and Immigration Services (USCIS) (formerly INS) document(s) evidencing eligible immigration status and signed verification consent form.
 - a. Immigrant status under § 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA), see instruction #2; or
 - b. Permanent residence under §249 of INA, see instruction #3; or
 - c. Refugee, asylum, or conditional entry status under §207, 208, or 203 of the INA, see instruction #4; or
 - d. Parole status under §212(d)(5) of the INA, see instruction #5; or
 - e. Threat to life or freedom under §243(h) of the INA, see instruction #6; or
 - f. Amnesty under §245A of the INA, see instruction #7.

NOTE: For family members with different citizenship status, complete a separate form for each citizenship status.

List all Family Members:

Parent or Guardian must sign their own name for family member(s) under 18 years of age. (DO NOT sign child's name)

First, Middle Initial, Last Name (Head of Household)	Signature of Head of Household	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date

Return completed form to:

**City of Dearborn
Economic & Community Development
13615 Michigan Avenue, Suite 9
Dearborn, Michigan 48126-3582**

FOR CITY OF DEARBORN USE ONLY
Enter USCIS/SAVE Primary Verification #: _____ Date: _____

This form may be submitted via fax transmittal:
Fax: 313-943-2776 Phone: 313-943-2195

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

1. **Eligible immigration status and 62 years of age or older.** For non-citizens who are 62 years of age or older or who will be 62 years of age or older **and** receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
2. **Immigrant status under section 101(a)(15) or 101(a)(20) of Immigration and Nationality Act (INA).** A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the INA, as an immigrant, as defined by section 101(a)(15) of the INA {8 U.S.C. 1101(a)(20) and 1101(a)(15)} respectively [*immigrant status*]. This category includes a non-citizen admitted under section 210 or 210A of the INA {8 U.S.C. 1160 or 1161}, [*special agricultural worker status*], who has been granted lawful temporary resident status.
3. **Permanent residence under section 249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA {8 U.S.C. 1259} [*amnesty granted under INA 249*].
4. **Refugee, asylum, or conditional entry status under section 207, 208, or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to the admission under section 207 of the INA {8 U.S.C. 1157} [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA {8 U.S.C. 1158} [*asylum status*]; or because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
5. **Parole status under section 212(d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General's withholding deportation under section 212(d)(5) of the INA {8 U.S.C. 1182(d)(5)} [*parole status*].
6. **Threat to life or freedom under section 243(h) of INA.** A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under section 243(h) of the INA {8 U.S.C. 1253(h)} [*threat to life or freedom*].
7. **Amnesty under section 245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under section 245A of the INA {8 U.S.C.1255a} [*amnesty granted under INA 245A*].

Instructions to Grantee: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), Grantee must enter INS/SAVE Verification Number and date that it was obtained. Grantee signature is not required.

Instructions to Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" in the appropriate boxes. Attach USCIS document(s) evidencing eligible immigration status. Sign and date.

Penalties may be imposed for intentionally submitting false or misleading information in obtaining financial assistance.



**City of Dearborn
Home Rehabilitation Program
First-Time Homebuyer Program
AUTHORIZATION FOR RELEASE OF INFORMATION
AND PRIVACY ACT NOTICE**

The undersigned authorize the City of Dearborn Economic and Community Development Department and/or its contracted agent to contact any agencies, offices, groups, organizations, or employers to obtain, and agencies to release, information that is pertinent to eligibility, level of benefits, or continued participation in the City of Dearborn Home Rehabilitation Program (HRP) or First-Time Homebuyer Program, including authorization to obtain a consumers credit report.

This includes the Social Security Administration (SSA), U.S. Citizenship and Immigration Services (USCIS), and the State of Michigan Department of Human Services (DHS) programs. The City of Dearborn may use this Authorization and the information obtained with it, to administer and enforce program rules and policies.

The undersigned certify that the information given to the City of Dearborn on household members, income, net family assets, allowances, and deductions is accurate.

I understand that false statements or information are punishable by imprisonment for up to 10 years or by a fine of up to \$5,000 and grounds for termination of financial assistance under State and Federal Law.

PRIVACY ACT NOTICE STATEMENT: THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) IS REQUIRING THE COLLECTION OF THIS INFORMATION TO DETERMINE AN APPLICANT'S ELIGIBILITY AND THE AMOUNT OF ASSISTANCE NECESSARY. THIS INFORMATION WILL BE USED TO ESTABLISH LEVEL OF BENEFIT, TO PROTECT THE GOVERNMENT'S FINANCIAL INTEREST; AND TO VERIFY THE ACCURACY OF THE INFORMATION FURNISHED. IT MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, AND LOCAL AGENCIES WHEN RELEVANT, TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATORS, AND TO PROSECUTORS. FAILURE TO PROVIDE ANY INFORMATION MAY RESULT IN A DELAY OR REJECTION OF YOUR ELIGIBILITY APPROVAL. HUD IS AUTHORIZED TO ASK FOR THIS INFORMATION BY THE NATIONAL AFFORDABLE HOUSING ACT OF 1990.

I ACKNOWLEDGE THAT (1) A PHOTOCOPY OF THIS FORM IS AS VALID AS THE ORIGINAL, (2) I HAVE THE RIGHT TO REVIEW THE FILE AND THE INFORMATION RECEIVED USING THIS FORM (WITH A PERSON OF MY CHOOSING TO ACCOMPANY ME), (3) I HAVE THE RIGHT TO COPY INFORMATION FROM THIS FILE AND TO REQUEST CORRECTION OF INFORMATION I BELIEVE INACCURATE.

ALL ADULT HOUSEHOLD MEMBERS WILL SIGN THIS FORM AND COOPERATE IN THIS PROCESS.

I agree that copies of this Authorization may be used for the purposes stated above. This consent will expire 15 months from the date signed.

_____	_____	_____
Signature of Head of Household	Social Security Number	Date
_____	_____	_____
Signature of Spouse	Social Security Number	Date
_____	_____	_____
Other Adult Signature (if applicable)	Social Security Number	Date
_____	_____	_____
Other Adult Signature (if applicable)	Social Security Number	Date
_____	_____	_____
Other Adult Signature (if applicable)	Social Security Number	Date

Return completed form to:

**City of Dearborn
Economic & Community Development
13615 Michigan Avenue, Suite 9
Dearborn, Michigan 48126-3582**

This form may be submitted via fax transmittal:
Fax: 313-943-2776 Phone: 313-943-2195

Penalties may be imposed for intentionally submitting false or misleading information in obtaining financial assistance.

Fair housing laws prohibit discrimination in any activity relating to the sale or rental of dwellings, financing or insuring housing, the terms and conditions related to housing, or harassment that is based on your race, color, religion, national origin, or sex.

It is also unlawful for a landlord or other housing agent to harass a person based on any of the bases listed above, or to sexually harass a tenant, prospective buyer or renter.

Fair housing laws make it unlawful to deny you housing because you are disabled. You are entitled to a reasonable accommodation from your landlord if you are disabled and in need of one to provide an equal opportunity to use and enjoy your property. Some examples of accommodations include structural modifications, exceptions to rules or policies, and allowing a service animal in a no-pet complex. Each situation is reviewed on a case by case basis, to determine what is "reasonable."

In the state of Michigan, the housing laws also prohibit discrimination that is based on an individual's age or marital status.

Beware of predatory lending practices. This high pressure tactic is used by some lending institutions to prey on the elderly, or economically disadvantaged. It usually starts out as an unsolicited offer which sounds "too good to be true" to assist you with your financing, but unfortunately may end with you losing your home.

Under state law, discrimination complaints must be filed within 180 days of the date of discrimination. The time limit is 365 days under the federal law.

If you believe you have been discriminated against, if you have questions, or if you need additional information:

Call the Michigan Department of Civil Rights:

1-800-482-3604

TTY users: 1-877-878-8464

www.michigan.gov/mdcr



OR

Call the U. S. Department of Housing and Urban Development:

1-800-669-9777

www.hud.gov



Publication of this brochure by the Michigan Department of Civil Rights was supported by funding under a cooperative agreement with the U.S. Department of Housing and Urban Development.

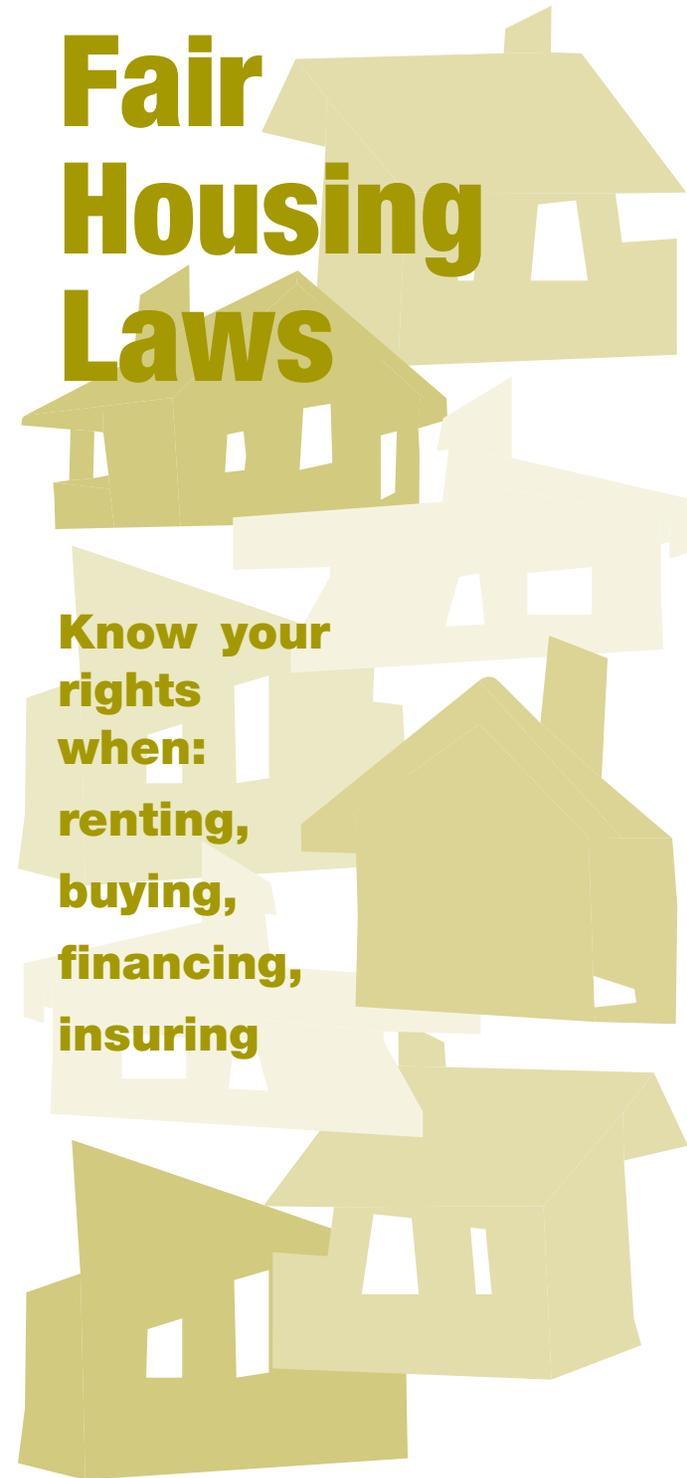
Printed under Authority of P.A. 453 and P.A. 220 of 1976, as amended.

Total Copies Printed: 3,000; Total Cost: \$268.80; Cost Each: \$0.0896

CR-250 (6/03)

Fair Housing Laws

Know your rights when:
renting,
buying,
financing,
insuring



State and federal laws make it unlawful to discriminate because of your:

- Race
- Color
- Religion
- National origin
- Sex
- Familial status
- Disability
- Age (Michigan law)
- Marital status (Michigan law)

It is also unlawful to retaliate against you for filing a civil rights complaint.

Fair housing laws protect your rights in housing activities such as:

- Viewing or purchasing a home or other property
- Viewing or renting an apartment or other property
- Financing, such as a mortgage or a home improvement loan
- Insurance: homeowners, or renters
- Terms and conditions, and provision of services
- Advertising

How do you know it's discrimination?

Housing discrimination is usually disguised and more often than not, it is done with a smile and a handshake. Although some of the following statements may seem reasonable, they *could* be excuses to prevent you from renting an apartment, buying a home, or obtaining financing or insurance.

Pay close attention when you hear statements like the ones below:

When you are renting ...

"I rented that apartment right after you called."

"Yes, we rent to families with children, but our children's section is full."

"We have a long waiting list."

"How can I be sure you can pay the rent?"

"I can't provide the accommodation you want, it's too expensive."

"You have a guide dog? Sorry, we have a no-pets rule."

"When you are buying...

"The owner just took the house off the market."

"I'll have to pre-qualify you before I show you some homes."

"Do you think you can afford to live in this neighborhood?"

"Let me show you some homes in an area where I think you would be more comfortable."

When you want financing...

"There's a problem with your house appraisal."

"We have a minimum mortgage amount. We don't process mortgages that small."

"You might get better terms at another bank."

"We don't sell insurance in your area."



Keep in mind that some of these comments *may* be valid, but they may also be used as a pretext to discriminate.