CITY OF WARREN, MICHIGAN
RESIDENTIAL REHABILITATION LOAN PROGRAM
EXPRESSION OF INTEREST

NAME (HEAD OF HOUSEHOLD): _____

HOUSEHOLD SIZE (NUMBER OF PEOPLE LIVING IN THE HOME): _____

STREET ADDRESS (MUST BE A WARREN RESIDENT):

_____

EMAIL ADDRESS: _____

DAYTIME TELEPHONE NUMBER: _____

		Yes	No
1.	Have you made your last 6 house payments within the month due (check *Yes* for N/A)?	☐	☐
2.	Do you have a history of paying your property taxes on time?	☐	☐
3.	Do you have homeowner's insurance?	☐	☐
4.	If you have had a bankruptcy, has it been discharged (check *Yes* for N/A)?	☐	☐
5.	Is your gross household income less than the moderate-income limit on the chart below?	☐	☐
6.	Is your property an owner-occupied single-family home **(i.e., not a condo, rental property, land contract or mobile home)**?	☐	☐

SIGNATURE (HEAD OF HOUSEHOLD): _____

DATE: _____

By submitting this form, you will be assigned the next available case number and placed on the waiting list (there is currently a 1-3 month wait). For full program qualification criteria, call Community Development at (586) 574-4686 to request a policies and procedures manual, or visit www.cityofwarren.org/EOI.

Gross Income Guidelines

EQUAL HOUSING OPPORTUNITY

INCOME LIMITS BASED ON HOUSEHOLD SIZE

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

FOR OFFICE USE ONLY:
The State Equalized Value of the home does not exceed $219,000
The following environmental criteria must be met:
The property must be zoned R-1-A, R-1-B, R-1-C or R-1-P, must meet all zoning requirements regarding setbacks and is not located in a flood zone