

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 <i>Yes</i> 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 <i>Yes</i> 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



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