

Please fill out this form and bring/send it to the following address:

**FIX Program  
Planning Department  
City of Monroe  
120 East First Street  
Monroe, MI 48161**

Please call (734) 384-9194 with questions

## **FIX PROGRAM Application**

HEAD OF HOUSEHOLD NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

AGE: \_\_\_\_\_ RACE\*: \_\_\_\_\_

### **OTHER PERSONS LIVING AT THIS ADDRESS:**

NAME	DOB	SOCIAL SECURITY #	RACE*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*NOT REQUIRED, AND USED ONLY FOR PROGRAM PERFORMANCE RECORDS

**INCOME AND ASSET INFORMATION**

Please provide total gross income (the amount prior to any deductions) from all persons over 18 living in the household. (Include any rental income, welfare benefits received, Veteran’s Administration benefits, Social Security benefits, pension(s) payment(s), retirement fund(s) payment(s), unemployment compensation, child support, alimony, etc.):

HOUSEHOLD MEMBER’S NAME	ANNUAL INCOME*	SOURCE OF INCOME AND ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*Section 8 Definition of Income – *see handout*

Brief Description of Proposed Project(s):

By submitting this application, I agree to and acknowledge the following:

1. The information contained in this application is, to my best knowledge, true and accurate.
2. There will be no work completed without my signed authorization.
3. Any rehabilitation not completed as part of the work approved by the City of Monroe, by the contractor hired by the City of Monroe, will be done at my expense and the City of Monroe will not be responsible for the workmanship of any such unauthorized work.
4. If at any time during the application or construction process there is a change in my household income, or family composition, I will report such a change to the City of Monroe.
5. I reserve the right to withdraw from this program at any point prior to the signing of a contract.
6. All income and asset information provided in this form and later verified will be kept confidential by the City of Monroe and its administrative personnel.

APPLICANT'S SIGNATURE: \_\_\_\_\_

## **Section 8 Income**

### **INCLUDES:**

1. Gross wages (including overtime, bonuses, commissions, etc)
2. Net income from business and/or rental property (may not deduct losses)
3. Interest and Dividends (actual if under \$5,000). If over \$5,000 use greater of actual or imputed as passbook rate
4. Social Security, workers compensation, pensions, disability, unemployment compensation, etc.
5. Public Assistance Payments (ADC, SSI, etc.)
6. Child support
7. Capital gains
8. Actual or imputed income from all assets\*

### **DOES NOT INCLUDE:**

1. Employment income of children under 18
2. Casual gift
3. Reimbursement of medical expenses
4. Inheritances and settlements
5. Veterans scholarships used for tuition, fees, books, etc.
6. Foster child care payments
7. Food stamps
8. Relocation payments

\*Value of homeowner's residence may be excluded under CDBG.