



**GLADWIN COUNTY BOARD OF COMMISSIONERS**

401 West Cedar Avenue  
 Gladwin, Michigan 48624  
 Phone (989) 426-4821 Fax (989) 426-4281

**APPLICATION FOR CHILL PROGRAM**

**PART I - GENERAL INFORMATION**

Name of Applicant		Social Security #		Date of Birth	
Name of Co-Applicant		Social Security #		Date of Birth	
Address		City	State <b>MI</b>	County/Township	Zip Code
Home Phone #	Work Phone #		Mobile Phone #		
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes widowed, divorced, or single)					
Contact Person (in your absence)		Mobile Phone #		Work Phone #	
Address		City	State	Zip Code	Relationship
How long have you lived at this address?					
Year house was built?					
Is this a Land Contract?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever purchased a home?		<input type="checkbox"/> Yes <input type="checkbox"/> No			

**PART II - HOUSEHOLD INFORMATION**

<input type="checkbox"/> Yes <input type="checkbox"/> No		Is there anyone listed on the title to your property <b>who does <u>not</u> live in the household?</b> If Yes, please list Name(s) and Relationship below.	
	<b>NAME</b>	<b>RELATIONSHIP</b>	
1.			
2.			
3.			
How many people live permanently in your household?			

**LIST ALL HOUSEHOLD MEMBERS**, their annual gross income and source of income including Social Security Number, Wages, Pensions, DHS, Child Support or Alimony, SSI, General Assistance, self-employment, farm income, and rental income (For self-employed persons, farm, and rental property income, use the appropriate line for "adjusted gross income" from the 1040 IRS Income Tax Return.)

	NAME	AGE	ANNUAL GROSS INCOME	SOURCE OF INCOME
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you received any assistance or loan from MSHDA's Neighborhood Housing Initiatives Division (NHID) within the past 5 years? If yes, provide names of program(s) and amount? NHID has a \$75,000 maximum per address.		

FOR HOMEOWNER IMPROVEMENT PROJECT (HIP) ONLY	
From your last property tax statement (answer the following):	
What is the estimated market value of your home?	\$
What are your yearly property taxes?	\$
Are your property taxes current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your home insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list the name of your home insurance company.	
List homeowner improvement project items you are requesting to be completed.	

**PART III - CERTIFICATION**

Conflict of Interest – The Unit of Local Government cannot provide assistance to an employee, an employee’s immediate family member, or any individual associated with the CHILL program. Exceptions may be possible, on a case-by-case basis, if a Conflict-of-Interest Disclosure is submitted outlining why participation is warranted, and MSHDA legal approves the disclosure request.

I certify that the information stated above is true and correct to the best of my knowledge. I understand that giving false information will result in disqualifying me from assistance in the Homeowner Improvement Project (HIP) or Demolition Reconstruction Resale (DRR).

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date