

## 2014 Application for Home Chore Services

**A Response to all items, and a signature by the applicant, is required for reporting purposes:**

1. Please provide names, birth dates, and gender of all persons residing in the household

Name	Date of Birth	Male/Female

2. Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

3. Does your house have a working smoke detector?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Do you have a public sidewalk?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Are you on a corner lot?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Are there cars parked in your driveway regularly?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Is your driveway:

Cement \_\_\_\_\_ Asphalt \_\_\_\_\_ Gravel \_\_\_\_\_

8. Indicate the Race/Ethnicity of the Head of Household according to the following HUD classifications: (for statistical purposes only)

	White
	Black/ African American
	Asian
	American Indian/ Alaskan Native
	Hispanic
	Native Hawaiian/ Other Pacific Islander
	American Indian/ Alaskan Native & White (Multi-race)
	Asian & White (Multi-race)
	Black/African American & White (Multi-race)
	American Indian/ Alaskan Native & Black/ African American (Multi-race)
	Other Multi-race

**You must be at least 62 years old and/or disabled as defined by Social Security AND your annual income is under the very-low income limits as determined by Section 8 guidelines in effect at the time of application**

**To qualify attach copies of the following and return to:**

**City of Troy  
The Home Chore Program  
ATT: Cindy Stewart  
500 W Big Beaver Road  
Troy MI 48084**

- a. 2013 Michigan Income Tax Form MI-1040 with the Homestead Property Tax Credit Form (MI-1040CR)
- b. 2013 Federal Income Tax Form
- c. Include all schedules and worksheets with above forms
- d. Proof of Social Security Benefits (if applicable)
- e. Proof of Age and identity (Drivers License or Michigan ID Card)
- f. Physician's Statement if disabled & proof of Social Security Disability

All annual income from all sources must be reported for all people who are 18 years of age and older and reside in the household. Sources of income that must be reported includes, but is not limited to, wages and salaries, overtime pay, commissions, fees, tips, bonuses, businesses, earnings, interest, dividends, payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability and death benefits, disability compensation, workers compensations, severance pay, welfare assistance, alimony, child support, and all regular pay, special pay and allowances of the Armed Forces.

**I am the full time (year round) resident and home owner applying for Home Chore Services under the Community Block Grant Program through the City of Troy, to be provided by workers and/or contractors from the City.**

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT:** Section 1001 of Title 18 of the United States Code, 18 USC 1001, provides that any person who "(1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any material false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry," in any matter within the jurisdiction of a federal agency, "shall be fined under this title or imprisoned not more than 5 years, or both."

**X** \_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Print name of Applicant** \_\_\_\_\_

THE CITY OF TROY RESERVES THE RIGHT TO CANCEL SERVICES AT ANY TIME.

Release of Liability

I (We) \_\_\_\_\_, who reside at

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Troy, Michigan, hereby release the City of Troy, its officers, employees, and agents of any and all liability arising out of any service performed for me under the Home Chore Program including but not limited to, injuries to me, ourselves, guests or invitees, and damage to my (our) property or equipment.

I (We) further agree to hold harmless and indemnify the City of Troy, its officers, employees, and agents for any and all actions, causes of action, claims, demands, damages, costs, expenses and compensation on account of or in any growing out of any and all personal injuries and property damage which may hereafter be presented by anyone as a result of the actions or inaction of any person furnished by me (us) through the Home Chore Program.

I (We) warrant that the premises are free from hazards and defects and that any equipment, tools or other property being furnished to City employees under this program are free of defects and suitable for the use intended.

No promises have been made to me except what is written on the Home Chore Application. I (We) further state that I (We) have read the foregoing release of liability agreement, know the contents thereof, and it is signed as my (our) free act.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Community Development Block Grant (CDBG) Program

## 2013-14 Section 8 Income Limits

Established by the U.S. Department of Housing and Urban Development

### Oakland County, Michigan

<b>FY 2012-13 Income Limit Category</b>	<b>1 Person</b>	<b>2 Persons</b>	<b>3 Persons</b>	<b>4 Persons</b>	<b>5 Persons</b>	<b>6 Persons</b>	<b>7 Persons</b>	<b>8 Persons</b>
<b>Very Low (80%) Income Limits</b>	\$34,950	\$39,950	\$44,950	\$49,900	\$53,900	\$57,900	\$61,900	\$65,900