



PONT INTERNATIONAL  
**GORDIE**  
**HOWE**  
INTERNATIONAL BRIDGE

## Delray Home Improvement Program

\* Required

1. Applicant Name (First and Last) \*

Your answer:

2. Telephone Number \*

Your answer:

3. Alternate Telephone Number

Your answer:

4. Email Address \*

Your answer:

5. Property Information \*

Owner Occupied

Rental Property

Land Contract

6a. Property Address (House Number and Street Name) \*

6b. Apt #

6c. City \*

6d. State \*

6e. Zip Code \*

7. Property Type \*

Single Family

Duplex (2-Family)

8. How long have you lived at this address? Please respond with years and months (e.g. 5 years 3 months) \*

9. Do you have homeowner insurance? \*

Yes

No

I don't know

10a. Are property taxes current? \*

Yes

No

I don't know - I own this property

I don't know - I rent this property

10b. If property taxes are not current, are you on a payment plan?

Yes

No

I don't know

11. What year was the home built? \*

12. Check all that apply to the household

- Female Head of Household
- Residents of the home with disabilities
- Senior (62 years old or older)
- Children Under 6

13. How did you hear about this program?

14a. Total number of person(s) in household: \*

14b. Total number of person(s) over 18: \*

15. Annual Gross Household Income (optional) - Please indicate the total gross monthly income from all sources for each household member age 18 or above for the last 12 months:

- \$0 - \$14,999
- \$15,000 - \$24,999
- \$25,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 and above

### LANDLORD INFORMATION (FOR RENTAL UNITS ONLY)

Questions # 16-21 are only applicable to rental properties occupied by tenants and should be completed by the landlord.

#### 16. Type of Ownership

- Individual
- LLC
- Partnership

#### 17. Landlord Name (First and Last Name)

#### 18. Landlord Email Address

#### 19a. Landlord Mailing Address (House Number and Street)

19b. Landlord Mailing City

19c. Landlord Mailing State

19d. Landlord Mailing Zip Code

20. Landlord Telephone Number

21. Landlord Alternate Telephone Number

**IMPORTANT! READ THIS BEFORE SIGNING!**

Certification by Applicant(s)

The Applicant(s) certifies that all information in this application form and all information furnished in support of this application form are given for the purpose of obtaining improvements to the home noted in the application. All information is true and complete to the best of the Applicant(s) knowledge and belief. The Applicant(s)

agree to provide LISC and its consultants with reasonable access to the property for inspections related to the Delray Home Improvement Program.

**Authorization to Release Information**

The Applicant(s) gives permission to LISC to release the Delray Home Improvement Application and supporting documentation to the Bridging North America and other partners as necessary for the purposes of:  
1) Verifying any and all other information necessary to establish the Applicant(s) eligibility to receive assistance through the Bridging North America Delray Home Improvement Program. The Applicant(s) understand that the information obtained will remain confidential and will be used solely for the purpose of determining eligibility to receive home improvements.

**Notice of Non-Discrimination**

Bridging North America and LISC does not discriminate on the basis of race, color, creed, national origin, age, handicap, sex or sexual orientation, marital status and familial status. Complaints may be filed with the Detroit Civil Rights, Inclusion and Opportunity Department, 2 Woodward, Suite 1240, Detroit, Michigan 48226.

**Penalty for False or Fraudulent Statement**

If any of the information provided by the Applicant(s) is untrue, inaccurate or incomplete, regardless of when this is discovered by Bridging North America, then Bridging North America may, in its sole discretion, immediately terminate the Applicant(s) participation in the Delray Home Improvement Program without liability.

Print applicant name to serve as signature \*

Print co-applicant name to serve as signature

To return by mail, please send to: 3031 W. Grand Boulevard, Suite 560, Detroit, MI 48201