

Home Chore Grants for Qualified Ferndale Residents

The City of Ferndale has established a program to provide grants for minor home repairs to eligible households within the City. A limited amount of grant money will be available and distributed to eligible households based on the following guidelines:

- The home must usually be a single family, owner-occupied dwelling located in the City of Ferndale. Please contact staff if you have an owner-occupied duplex or triplex to determine eligibility.
- The household must qualify as a “low-income household” under current Housing and Urban Development (HUD) guidelines.
- The homeowner must be aged 62 or older **OR** qualify as an adult with severe disabilities (see page 7).
- The repair must be necessary to maintain the health, safety, and welfare of the occupants.
- The repair is estimated to cost up to a maximum of \$5,000.
- No household may receive more than one grant.
- Minor Home Repairs include, but are not limited to:

Furnace Repairs/Replacement
Accessibility Repairs/Replacement (Includes Porches and Railings)
Plumbing Repairs/Replacement (Includes Hot Water Tanks)
Roof Replacement/Repairs (includes Gutters and Downspouts)
Yard/Landscaping Clean-Up

If the City receives a high demand of applications, preference will be given based on the following criteria:

1. **Emergency Repairs:** Applications for emergency repairs to make the home safe and prevent further damage (e.g., leaking roof or broken furnace) will be prioritized before all other applications are considered. If there is a high volume of emergency repair applications, preference will be given based on the need at the time of application.
2. **Income:** Unless the application is of an emergency nature, applications from “extremely low” income households will be considered first, followed by “very low” income households second and “low income” households third. This is determined by the HUD guidelines.
3. **First-Time Applicants:** Unless the application is of an emergency nature, any household that has received a Minor Home Repair Program grant in the past will be considered after all other first-time applications are considered.



FERNDALE

City of Ferndale
300 East Nine Mile Road
Ferndale MI 48220
248-546-2525
www.ferndalemi.gov

To be completed by the applicant. This section of the application will determine if a household and repair project is eligible to receive a Home Chore Grant.

1. **Do you have homeowner’s insurance (provide copy)?** Yes No
2. **Name(s) please print:** _____
3. **Property Address: (taxes must be paid to date)** _____
4. **Description of Needed Repair: (provide pictures if available)**

5. **Estimated Cost of Repair (provide a contractor’s estimate if available):** \$ _____
6. **Does the home have a working smoke detector on every floor?** Yes No

____ I certify that I am a person who is 62 years or older and that I live at and own the above address. (Submit a copy of a driver’s license or other proof of age and residency for all people living in the household).

OR

____ I certify that I am under age 62, but I meet the HUD definition of a severely disabled adult and that I live at and own the above address. (Submit a Severely Disabled Adult Form signed by your doctor and a copy of a driver’s license or other proof of age and residency).

DISCLAIMER AND RELEASE: By signing and submitting this Application, the Applicant:

1. Acknowledges they understand the City of Ferndale’s role in the Home Chore Grant Program is as the program administrator, that independent contractors will be engaged to perform the home repairs, and that the City does not guarantee or warranty the work performed or materials used by those contractors; and
2. Agrees, to the fullest extent permitted by law, to release and hold the City and its officials, employees, and consultants harmless from any and all claims or demands for any damages, liability, loss, or costs due to any type of injury, loss, or damage arising from the acts or omissions of said contractors or relating to the administration or execution of this program.



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Documents needed:

- Copy of homeowner's Insurance
- Driver's license/ ID card for all household members
- Severely Disabled Adult Form (if under 62 years old)

The City will notify applicants by the beginning of April if they are selected for the program. If your request for a Home Chore Grant has been approved, instructions will be provided about how to make arrangements for the repair.

For City of Ferndale Use Only: Case No. _____

Application Complete (attachments provided)?: Yes No

OLHSA Qualified : Yes No



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A Community Action Agency

OLDER ADULT SERVICES INTAKE FORM

Name: _____

Phone _____

Address: _____

Mailing Address: _____

Email Address: _____

Marital Status: Married Divorced Widowed Single

Please answer or check:

Raising grandchildren/or other relative children: Yes No

SNAP/Bridge Card \$ _____ (Monthly Amount)

U.S. Military Status:

None Active Duty Veteran

Health Insurance: None Direct Purchase

Employment Based Medicaid Medicare

Housing: Own Rent

Education Completed: _____

Members	Name	Date of Birth	Race and Hispanic, (yes or no)	Disabled, (yes or no)	Monthly Income (list each separately)	Income Sources
Head of Household						Social Security <input type="checkbox"/> Pension <input type="checkbox"/>
Spouse						Social Security <input type="checkbox"/> Pension <input type="checkbox"/>
Other						
Other						

As an applicant of the Home Chore Grant, I declare the total monthly gross household income from all household residents and sources is: \$ _____



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Emergency Contact: _____

Relationship to Applicant: _____

Emergency Contact Phone: _____

I certify that the statements and information contained in this document are true, accurate, and complete.

I understand that the confidential information I am providing on this form will be used for state and federal reporting requirements, program management, quality assurance, public safety, and research. No other use of personal identifying information on this form is intended unless I authorize it or a court orders it.

Signature: _____ Date: _____



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Form for Adults with Severe Disabilities
(only required if under the age of 62)

I certify that my patient _____ is an adult with severe disabilities based on the following definition:

Definition of Adults with Severe Disabilities:

Persons are classified as having a severe disability if they: (a) used a wheel-chair or had used another special aid for six months or longer; (b) are unable to perform one or more "functional activities" or need assistance with an "ADL or IADL"; (c) are prevented from working at a job or doing housework; or (d) have a selected condition including autism, cerebral palsy, Alzheimer's disease, senility or dementia, or mental deceleration. Also, persons who are between the ages of 17 and 65] and who are covered by Medicare or who receive SSI are considered to have a severe disability.

Note: For purposes of this definition, the term "functional activities" includes seeing, hearing, having one's speech understood, lifting and carrying, walking up a flight of stairs, and walking. An ADL is an "activity of daily living" that includes getting around inside the home, getting in or out of bed or a chair, bathing, dressing, eating, and toileting. An IADL is an "instrumental activity of daily living" and includes going outside the home, keeping track of money or bills, preparing meals, doing light housework, and using the telephone.

Certified by:

Print name of doctor

Signature of doctor

Date signed