

City of Romulus
Senior Chore Program - 2021
Program Eligibility Application

Name: _____ Social Security Last 4 #: _____
 Spouse: _____ Date of Birth: _____
 Address: _____ Veteran?: _____ Head of Household?: _____ Married?: _____
 City/State/Zip: _____ Are you physically or health impaired? _____
 Phone Number: _____ *Ethnic Group: _____
 (Needed to ensure equal opportunity- voluntary)
 Contact # _____

***HOUSEHOLD INFORMATION**

Persons living in your house with you/persons for whom you need assistance:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Number in Household: _____

Please indicate your current living situation: Rent: _____ Own: _____

REASONS FOR SEEKING ASSISTANCE/CLIENT NEEDS

INCOME INFORMATION

*Based on U.S. Dept. of H.U.D. and Wayne County Community Development Block Grant Program

Effective Date: **2020 WAYNE COUNTY MEDIAN FAMILY INCOME: \$78,500**

Please Circle one:

2020 Median Family Income \$78,500	Number of Persons in Household							
	1	2	3	4	5	6	7	8
0-30% Extremely Low	\$16,500	\$18,850.	\$21,720	\$26,200	\$30,680	\$35,160	\$39,640	\$44,120
31-50% Very Low	\$27,500	\$31,400	\$35,350	\$39,250	\$42,400	\$45,550	\$48,700	\$51,850
51-80% Low	\$44,000	\$50,250	\$56,550	\$62,800	\$67,850	\$72,850	\$77,900	\$82,900

This program is intended for Senior Citizens and documented handicapped individuals that also meet the income criteria set up by the US Dept of HUD. Although Yard/Chore services are intended as a supplemental service and are not a guaranteed weekly service, we will offer services as often as staffing and funding allow.
Yard Services are intended for owner-occupied, homesteaded, primary residences and not intended for owner's rental properties.

*Modeled after the Wayne County Housing Rehabilitation Application.

Household Income Worksheet

Please enter all regular monthly income, for EVERY person over the age of 18 living in the house, in the appropriate columns below. Documentation may be requested at a later date to verify the information provided.

Anticipated Income					
Family Members	Monthly Wages/Salaries	Monthly Benefits/Pensions	Monthly Public Assistance	Other Monthly Income	
				Amount	Specify
Applicant					
Spouse					
Person 1					
Person 2					
Person 3					
Person 4					
Monthly Totals	a.	b.	c.	d.	
Total Monthly Anticipated Income (add a, b, c, and d and enter the result in e.)				e.	
Total Annual Anticipated Income (multiply e by 12 and enter result in f)				f.	

Please enter information about all assets, not including your house, in the table below.

Asset Income			
Family Member	Asset Description	Current Cash Value of Asset (if asset does not generate income)	Actual Annual Income from Asset (if asset generates income)
Net Cash Value of Assets (add all numbers in the column above g)		g.	
If g is more than \$5,000, multiply g by 0.02 and enter the result in h otherwise leave h blank		h.	
Total Actual Income from Assets (add all numbers in the column above i)			i.

Total Annual Income	
Total Anticipated Annual Income from f	
Total Expected Asset Income from h	
Total Actual Income from Assets from i	
Total Annual Income (add f, h, and i)	

Please indicate employment information for applicable persons below

	Employer	Contact Name	Address	Telephone
Applicant				()
Spouse				()
Person 1				()
Person 2				()
Person 3				()
Person 4				()

The recipient of the benefits of this program acknowledge the City of Romulus cannot guarantee and/or warrants the work being performed or will be performed. The City of Romulus is a governmental entity that will not waive its governmental immunity. The recipient agrees to hold harmless and indemnify the City of Romulus for any injuries that may result from such services or each thereof. You should consult your attorney before signing any agreement.

Penalty For False Or Fraudulent Statements:

U.S.C. Title 18, Sec. 1001, provides: "whoever, in any matter, within the jurisdiction of any department or agency of the United States knowingly falsifies . . . or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

I (WE) HEREBY CERTIFY that this property is my/our primary residence.

I (WE) HEREBY CERTIFY that all the information supplied in this application is TRUE AND COMPLETE to the best of my (our) knowledge and do GRANT PERMISSION to the City of Romulus and County of Wayne to obtain PROOF (including the verification of financial accounts) of any information contained herein in order to determine program eligibility.

I (WE) FURTHER grant permission to the City of Romulus and the County of Wayne to undertake the following: make inspections of the property described above; and inspections of the property for program monitoring purposes by any governmental agency.

SIGNATURE: _____ DATE: _____

SPOUSE: _____ DATE: _____

Chore Coordinator Accepting Application: _____