



Mark A. Hackel
County Executive

MACOMB COMMUNITY ACTION

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mca.macombgov.org

Ernest Cawvey
Director

2018-2019 ACCESSIBILITY PROGRAM

Children & Family Services

Action Centers
Early Head Start / CCP
Head Start 0 – 5
Financial Empowerment
Macomb Food Program
(501c3)

Community Services

Community Development
Chore Services
Home Injury Control
Home Rehab
Transportation
Weatherization

Office of Senior Services

Adult Day Health Services
Benefit Access
Dining Senior Style
Evidence Based Disease
Prevention
Meals on Wheels
Resource Advocacy

The Macomb Community Action Accessibility Program is a one-time, grant funded program designed to make site-built residential homes in Macomb County more accessible to residents in need. This program currently serves eligible residents throughout the following 21 Macomb County communities; Bruce Township, Armada Township, Armada Village, Memphis, Richmond Township, Richmond, Romeo, Washington Township, Ray Township, Lenox Township, New Haven Village, Shelby Township, Utica, Macomb Township, New Baltimore, Chesterfield Township, Mount Clemens, Harrison Township, Fraser, Centerline and Eastpointe. To qualify, **you must be income eligible, be the owner – occupant of the residence, and an occupant of the home must have a disabling condition that requires accessibility assistance.**

NOTE: Mobile homes, rental properties and properties located in a floodplain are excluded from this program.

PROGRAM INFORMATION

- Accessibility modifications are limited in scope to those items that will create easier access within the home for elderly and disabled occupants.
- Accessibility modification costs **cannot exceed \$5,000.00 from all funding sources.**
- Types of modifications may include items such as; ramps, grab bars, hand rails, trip hazard removal, minor bathroom modifications, etc. Please Note: Homes built prior to 1978 cannot have painted surfaces disturbed through this program.

In order to be considered for assistance through the Macomb Community Action Accessibility Program, you will need to return the following information:

- Completed application form (enclosed)
- Waiver and Indemnity Agreement (enclosed)
- Most recent completed, dated and **signed** MI Homestead Property Tax Credit Claim Return, Michigan Tax Return, and Federal Income Tax Return, including Social Security statement tax form, 1099's, W-2's and all pension and interest statements *for all persons living in the home.*

2018-2019 Income Limits	
Number of Persons In Home	Income Up To
1	\$39,700
2	\$45,400
3	\$51,050

- Complete the attached income affidavit.
- Site-built owners must provide a copy of their warranty deed.
- Copy of picture identification for applicant (ex. driver's license or Michigan I.D card)

Return all information to:

Macomb Community Action
Attn: Simone English, Community Development
21885 Dunham Road, Suite 10
Clinton Township, MI 48036



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2018-2019 ACCESSIBILITY PROGRAM
Application Form

Information contained herein shall be kept confidential and shall be used only for the purpose of determining eligibility for the Macomb Community Action Accessibility Program.
Please print.

Name of Applicant: _____ (First) _____ (Middle) _____ (Last)
 Co-Applicant: _____ (First) _____ (Middle) _____ (Last)
 Residence Address: _____ (Street) _____ (City) _____ MI _____ (State) _____ (Zip)
 Home Phone: _____ Work Phone: _____ Email: _____

Is the applicant or co-applicant severely disabled? Yes No Primary Household Language: _____

First and Last Name <i>(please print)</i>	D.O.B MM/DD/YY	Gender M, F, O	Health Insurance <i>(See descriptions below)</i>	Marital Status <i>(See descriptions below)</i>	Employment Status <i>(See descriptions below)</i>	Military Status <i>(See descriptions below)</i>	Highest level of Education completed	Relationship to Applicant
								Applicant

Descriptions

Health Insurance: N=None, DP=Direct purchase, E=Employment based, MD=Medicaid,
 ME=Medicare, ML=Military, SC= State Children s, SA= State Adult
 Marital Status: D=Divorced, L=Legally Separated, M=Married, S=Single, W=Widowed,
 P=Partner
 Employment Status: FT= Full Time, PT= Part Time, M= Migrant Seasonal, R=Retired, UL=
 Unemployed
 Military Status: V=Veteran, AM= Active Military, N=No Military Service

Household Type:

Foster Parent (with foster child (ren))
 Grandparent(s) (raising children)
 Single Person (living with partner)
 Multiple Adults (living with children)
 Single Parent Male
 Single Parent Female
 Single Person
 Multiple Adults (no children)



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2018-2019 ACCESSIBILITY PROGRAM
Application Form

IMPORTANT- READ BEFORE SIGNING

I (we) certify that I (we) am (are) the owner(s) and occupant(s) of this property, and that the above statements are true, accurate, and complete to the best of my (our) knowledge and belief. Any fraudulent statement may be cause for dismissal from the program.

I (we) have included the following information:

- Completed application
- Signed waiver and indemnity agreement
- Completed, dated and signed MI Homestead Property Tax Credit Claim Return, including all schedules, Michigan Tax Return, and Federal Income Tax Return, including Social Security statement tax form, 1099's, W2's, and all pension and interest statements for all persons living in the home.
- Signed income affidavit
- Copy of warranty deed
- Copy of picture identification for applicant (ex: driver's license or Michigan I.D. card)

My (our) permission is hereby given to obtain verification of the above information from any source named herein.

Date

Signature of Applicant

Date

Signature of Co-Applicant

Consent for Release of Information

I (we) _____, give Macomb Community Action consent to release, obtain and share all pertinent identifying and non-confidential social, medical and other information about myself and information I (we) have provided about additional family members that will allow me (us) and my (our) family to benefit from additional services offered. In granting such permission, I (we) understand that such information will remain confidential and that such information will only be used for my (our) benefit or to benefit other members of my (our) family. Only authorized personnel will share client information needed for service delivery, to track demographic trends, service patterns and the client outcomes achieved. I (we) release Macomb Community Action and its staff from any legal liability for disclosing or acquiring information that I (we) have permitted by signing this form. **Unless I (we) make a formal request to Macomb Community Action that I (we) no longer want to participate in additional services offered, this release will remain in force for 3 years from today.** I (we) certify that to the best of my knowledge all information furnished by me (us) is true and I (we) acknowledge that falsification of information is subject to prosecution.

All residents 18 years of age or older, please sign below

Date

Signature

Date

Signature

Date

Signature

Date

Signature



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ACCESSIBILITY PROGRAM Waiver and Indemnity Agreement

In consideration of the services provided to me (us) under the Macomb Community Action Accessibility Program, I (we) _____ residing at

Print Name(s)

Print Street Address

located within one of the 21 Macomb County Communities, hereby release Macomb Community Action, its elected and appointed officials, employees and agents of any liability arising out of any service performed for me (us) under the program, including but not limited to, injuries to me, ourselves, guests or invitees and damages to my (our) property or equipment.

I (we) further agree to hold harmless and indemnify Macomb Community Action, its elected and appointed officials, employees and agents from any and all actions, causes of actions, claims, demands, costs, or expenses, including attorney fees incurred by Macomb Community Action, relating to any and all personal injuries and property damages which may hereafter be presented by anyone as a result of the actions or omissions of any person providing services to me (us) through the Macomb Community Action Accessibility Program.

I (we) further agree to notify any Macomb Community Action Accessibility Program workers of any hazards or defects that I (we) are aware of on my (our) property prior to the start of work under the program.

I (we) further state that I (we) have read the foregoing release and indemnity agreement, understand it and agree that I (we) have voluntarily signed it.

Signature of Applicant

Date

Signature of Co-Applicant

Date



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**2018-2019 ACCESSIBILITY PROGRAM
Income Affidavit**

Name: _____

Address: _____

RACE/ETHNICITY: Check the category which you think best describes your household:

Race	Ethnicity	
	Not Hispanic	Hispanic
White		
Black / African American (AA)		
Asian		
American Indian/ Alaskan Native		
Hawaiian / Pacific Islander		
Native American and White		
Asian and White		
Black/African American & White		
NA and AA		
Other or Multi-Racial		

Female-Headed Household? Yes ____ No ____

Annual Household Income \$ _____ Family Size _____

Certification

I understand that funding for this service comes from federal funds which require income eligibility. I certify that the information provided is complete and accurate, and that source documentation will be provided upon request.

Signature of Applicant

Date

FOR OFFICE USE ONLY				
2018 - 2019 INCOME LIMITS				
Family Size	Very Low Income	Low Income	Moderate Income	OVER Income
1	≤ \$14,900	≤ \$24,850	≤ \$39,700	\$39,701+
2	≤ \$17,000	≤ \$28,400	≤ \$45,400	\$45,401+
3	≤ \$19,150	≤ \$31,950	≤ \$51,050	\$51,051+
4	≤ \$21,250	≤ \$35,450	≤ \$56,700	\$56,701+
5	≤ \$22,950	≤ \$38,300	≤ \$61,250	\$61,251+
6	≤ \$24,650	≤ \$41,150	≤ \$65,800	\$65,801+
7	≤ \$26,350	≤ \$44,000	≤ \$70,350	\$70,351+
8	≤ \$28,050	≤ \$46,800	≤ \$74,850	\$74,851+