

Lawrence Housing Rehabilitation Grant Application

“To help home owners of the Lawrence School District to make needed repairs to their homes”
Sponsored by: The Lawrence United Methodist Church
and
The Lawrence Township Board

Application Date: _____

Eligibility:

Y/N _____ Lawrence School District Household income (annually) \$ _____

Y/N _____ Own Home Y/N _____ Principal residence

Name _____

Address _____

P.O. Box _____

City _____ State _____ Zip code _____

Home phone _____ Cell Phone _____ email _____

Repairs needed by priority (please describe):

1. _____

2. _____

3. _____

4. _____

By signing this application, I /we acknowledge and agree that a five (5) year lien will be recorded against the property. If the home is sold, rented or leased before the end of the fifth year, I/we agree to repay the grant based on the lien expiration date.

Owner: _____ Owner _____

Owner _____ Owner _____

Mail to: Lawrence United Methodist Church Attn: Mission Team
P.O. Box 276
Lawrence, MI 49064

For administration use only:

Date reviewed _____ Date of Interview _____

Assisted by _____ Reviewed by Mission Team on _____