



### Homeowner Neighborhood Enhancement Program (NEP) Application

Homeowner Name: (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please check all that apply:**

- I am the legal owner of my home and will be able to provide proof of ownership.
- This home is my primary residence and it has not been tagged for condemnation.
- I am current on my mortgage, property taxes, and homeowner’s insurance policy.
- I am able to provide proof of income with a current paystub or prior year tax return.
- I do not own any property that is subject to any citation of violation of the state and/or local codes and ordinances.
- I am not the prior owner of any property transferred to the treasurer or to a local government as a result of tax foreclosure proceedings.
- My household income is at or below 120% of the County’s median income (located below).

Village of Cassopolis	Cass County (For Information Only - Do Not Mark)							
Household Size	1	2	3	4	5	6	7	8
Income Limits 120% AMI	\$57,360	\$65,520	\$73,680	\$81,840	\$88,440	\$95,040	\$101,520	\$108,120

Number of people residing in home: \_\_\_\_\_ Annual household income: \_\_\_\_\_

Are you able to contribute any funds? \_\_\_\_\_ If yes, estimated homeowner contribution: \_\_\_\_\_

\*Please note grants exceeding \$7,499 require a 5-year lien on the property\*

The program’s purpose is to improve and enhance the neighborhood and is designed for comprehensive **exterior improvements** that can be visible from the street. The focus of this grant round is new **siding on the entire house**. Please describe how new siding would enhance your neighborhood:

\_\_\_\_\_  
\_\_\_\_\_

*I certify that my answers are true and complete to the best of my knowledge.*

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_