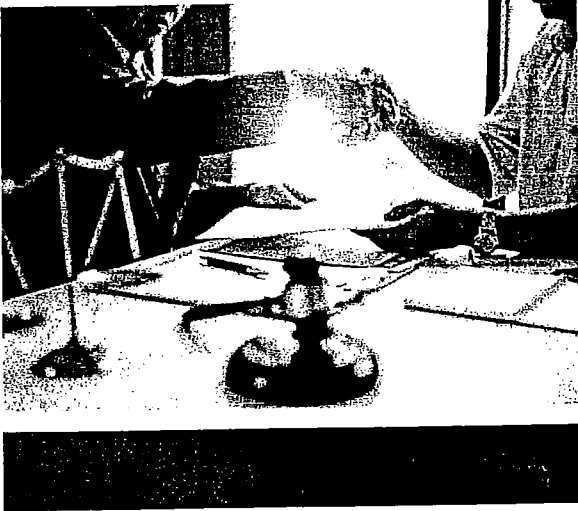


The XXth
District Court

HOW TO GET LEGAL AND SOCIAL SERVICES HELP



A case has been or could be filed in the XXth District Court that could result in your eviction. The claims that have been made and the date and time to appear in court are in the attached documents.

Your landlord, or the party bringing this case against you, says you should be evicted.

You have the right to raise defenses and you have the right to be represented by an attorney. You may be eligible for assistance in paying your rent.

Assistance programs have different eligibility requirements. Contact the below organizations as soon as possible if you need help.

Free legal services are available:



Lakeshore Legal Aid hotline

(888) 783-8190

Apply online at michiganlegalhelp.org.

If you need help paying your rent or if you need financial help to move, contact the following agencies as soon as possible:



Apply for assistance online at:
www.michigan.gov/mibridges



For details on applying, please visit:
<http://www.macombhomelesscoalition.com>

Or Call: 586-213-5761

If you need wifi access to apply for benefits or for a zoom hearing a hotspot is located at:

XX

The XXth District Court cannot provide advice or representation.

**Submit completed application
with supporting documents to:**
Macomb Homeless Coalition
P O Box 856
Mount Clemens, MI 48046
586-213-5757

The Coronavirus Relief Fund (CRF) Eviction Diversion Program (EDP) is designed to keep Michigan residents who fell behind on their rent during COVID-19 in their homes. The program utilizes a specially designed process to quickly provide rental assistance for eligible renters who have been impacted.

Please:

Print clearly.

Do NOT include original documents (we require photocopies only).

Avoid Processing Delays:

Eligibility cannot be determined until you provide all required documentation.

The most common cause of processing delays is missing documents.

Applications must:

- Be complete, signed and dated.
- Complete all sections and declarations.
- Include all supporting documents as listed in the attached checklist.

Applications submitted without required supporting documents can be held for a maximum of 30 days.

Who is eligible?

Households may be eligible for the Eviction Diversion Program (EDP) if the applicant meets the following requirements:

1. Received a notice to quit or a court ordered summons, complaint or judgment for unpaid rent after March 1, 2020.
2. Gross household income up to 100% area median income (AMI)
 - Must provide at least 4 weeks of pay stubs or benefit information to document current earned and/or unearned income.
3. A state ID in the tenant's name (with supporting proof of residency if the address does not match the unit)
4. A lease agreement in the tenant's name (if a written lease was completed)

For more information on eligibility, please contact:
Macomb Homeless Coalition
586-213-5757
Completed applications with all required documentation can be emailed to:
mhcedp@gmail.com

Emails with missing documentation cannot be processed. For further information, please call the Macomb Homeless Coalition Eviction Diversion line at 586-213-5761.

Eviction Diversion Program (EDP) Owner/Landlord Application

1. Owner/Landlord Information

Full Name	Date of Birth (mm/dd/yyyy)	Social Security Number	
Address (Number and Street Name, Apt., etc.)	City	State	Zip Code
Mailing Address (Number and Street Name, Apt., etc.)	City	State	Zip Code
Phone Number to reach you	Contact name and number to leave messages	Email Address	

2. Tenant Information

Full Name(s)	City	State	Zip Code
Contract Unit Address (Number and Street Name, Apt., etc.)	City	State	Zip Code
Move-in date	Contract Rent amount		

3. Payment History

Prior to January 1, 2020, if applicable

Month	Contract Rent amount	Payment amount (if applicable)	Payment date (if applicable)	Amount past due or delinquent (without late fees)
Total amount past due or delinquent (without late fees)				

January 1, 2020 to February 28, 2020, if applicable

Month	Contract Rent amount	Payment amount (if applicable)	Payment date (if applicable)	Amount past due or delinquent (without late fees)
Total amount past due or delinquent (without late fees)				

March 1, 2020 to September 30, 2020, if applicable

Month	Contract Rent amount	Payment amount (if applicable)	Payment date (if applicable)	Amount past due or delinquent (without late fees)
Total amount past due or delinquent (without late fees)				



Eviction Diversion Program (EDP) Owner/Landlord Application

4. Owner/Landlord Signature

I certify that, to the best of my knowledge and belief, all the information presented and attached to this application is true, correct, and complete in every respect; the undersigned is the person legally entitled to possession of the property described in the Contract Unit Address above, or is an agent of same with legal authority to enter into agreements on behalf of the person or entity legally entitled to possession of the property, and thereby authorized to bind the landlord to legal agreements affecting the terms of the lease for the Contract Unit and settlement of any disputes related to said lease.

Owner/Landlord Signature

Date



Eviction Diversion Program (EDP) Owner/Landlord Application

Checklist

Before submitting this application for the Eviction Diversion Program (EDP), please review the following to make sure that all required information is included with the application.

- Copy of a notice to quit or a court ordered summons, complaint or judgement
- Most current copy of lease in tenant's name (if a written lease was completed)
- Copy of rental payment history if not provided on Application
- Eviction Diversion Program (EDP) Tenant Application (tenant may also submit separately)





EVICTION DIVERSION PROGRAM (EDP) Tenant Application Form

Submit completed application with supporting documents to:

Macomb Homeless Coalition
P O Box 856
Mount Clemens, MI 48046
586-213-5757

The Coronavirus Relief Fund (CRF) Eviction Diversion Program (EDP) is designed to keep Michigan residents who fell behind on their rent during COVID-19 in their homes. The program utilizes a specially designed process to quickly provide rental assistance for eligible renters who have been impacted.

Please:

Print clearly.

Do NOT include original documents (we require photocopies only).

Avoid Processing Delays:

Eligibility cannot be determined until you provide all required documentation.

The most common cause of processing delays is missing documents.

Applications must:

- Be complete, signed and dated.
- Complete all sections and declarations.
- Include all supporting documents as listed in the attached checklist.

Applications submitted without required supporting documents can be held for a maximum of 30 days.

Who is eligible?

You may be eligible for the Eviction Diversion Program (EDP) if you and your family, if applicable, meet **all** the following conditions:

1. Have received a notice to quit or a court ordered summons, complaint or judgment for unpaid rent after March 1, 2020.
2. Gross household income up to 100% area median income (AMI)
 - Must provide at least 4 weeks or one month of pay stubs or benefit information to document current earned and/or unearned income.
3. A state ID in the tenant's name (with supporting proof of residency if the address does not match the unit)
4. A lease agreement in the tenant's name (if a written lease was completed)

For more information on eligibility, please contact:

Macomb Homeless Coalition
586-213-5757

Completed applications with all required documentation can be emailed to mhcedp@gmail.com

Emails with missing documentation cannot be processed. For further information, please call the Macomb Homeless Coalition Eviction Diversion line at 586-213-5761.



Eviction Diversion Program (EDP) Tenant Application

1. Tenant Information

Full Name (Head of Household)		Date of Birth (mm/dd/yyyy)	Social Security Number	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming		Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No
		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino		

2. Household Information – List all other persons living with you.

Full Name		Date of Birth (mm/dd/yyyy)	Social Security Number	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming		Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No
		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino		
Relationship to Head of Household <input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of Household's spouse or partner <input type="checkbox"/> Head of Household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member				

Full Name		Date of Birth (mm/dd/yyyy)	Social Security Number	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming		Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No
		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino		
Relationship to Head of Household <input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of Household's spouse or partner <input type="checkbox"/> Head of Household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member				

Full Name		Date of Birth (mm/dd/yyyy)	Social Security Number	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming		Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No
		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino		
Relationship to Head of Household <input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of Household's spouse or partner <input type="checkbox"/> Head of Household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member				

*Complete additional pages as needed to respond for all household members



Eviction Diversion Program (EDP) Tenant Application

3. Household (Contract Unit) Address

Address (Number and Street Name, Apt., etc.)	City	State	Zip Code
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4. Mailing Address, if different than above

Address (Number and Street Name, Apt., etc.)	City	State	Zip Code
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5. Contact Information

Phone Number to reach you	Contact name and number to leave messages	Email Address
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6. Household Income – Does your household have any income? No Yes → Total monthly household income \$ _____

Please check **all** sources of income that your household received in the last 30 days. **ATTACH PROOF**

- | | | |
|---|---|--|
| <input type="checkbox"/> Social Security benefits | <input type="checkbox"/> Disability benefits | <input type="checkbox"/> Employment/earned income |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Self-employment income | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Pension/retirement benefits | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Money from family/friends |
| <input type="checkbox"/> Veteran's benefits/Military allotments | <input type="checkbox"/> Child Support | <input type="checkbox"/> Other, please list |
| <input type="checkbox"/> Tribal payments (Energy Assistance/LIHEAP, tribal GA, casino/gambling profit sharing, land claims, etc.) | | |
| <input type="checkbox"/> Rental income or a land contract, mortgage or other payment payable to a household member | | |

Household Member Name*	Source of Income (include employer name) If Applicable	Rate of Pay	Payment Basis (hourly, weekly, monthly, etc.)

*Complete additional pages as needed to respond for all household members

7. Rental Information

Move-in date	Contract Rent amount	Date of Last Payment
Owner/Landlord Name		
Are you past due or delinquent on your rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount past due or delinquent (without late fees)	

8. Tenant Signature

I certify that, to the best of my knowledge and belief, all the information presented and attached to this application is true, correct, and complete in every respect; fully discloses my household income from all sources; and accurately represents my/our current living circumstances.

Tenant Signature	Date
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Eviction Diversion Program (EDP) Tenant Application

Checklist

Before submitting this application for the Eviction Diversion Program (EDP), please review the following to make sure that all required information is included with the application.

- Copy of a notice to quit or a court ordered summons, complaint or judgement
- Copy of state ID for the tenant applicant (with proof of residency if address does not match the unit)
- Most current copy of lease agreement in tenant's name (if a written lease was completed)
- Provide all proof of earned and unearned income for household members that live at the property and that are over the age of 18;
- Eviction Diversion Program (EDP) Owner/Landlord Application (landlord may also submit separately)

