



Northwest Michigan Habitat for Humanity Inc.
8460 M-119, Harbor Springs, MI 49740
Phone: 231/348-6926
Fax: 231/348-6180
www.northwestmihabitat.org

HOME REPAIR APPLICATION CHECKLIST

We are here to help. All information you provide us is considered confidential and is used only for determining eligibility for our services. If you need assistance completing the application or if you have any questions, please call us.

The following documentation is needed to complete your application.

Proof of Income

- ☐ 2 Month pay stub for all adults
- ☐ 2 Most recent Federal Tax Return for all adults. (3 years if self-employed)
- ☐ 3 Months of Bank Statements
- ☐ Friend of Court Determination for child support income or payments. (if applicable)
- ☐ Letter from the State of Michigan determination of SSI/SSD. (if applicable)
- ☐ Current award letters or statements for Food Assistance. (if applicable)

Proof of Homeownership

- ☐ Copy of Property tax receipt for previous tax year
- ☐ Copy of Deed
- ☐ Copy of Divorce Decree (if applicable)

Proof of Homeowner's Insurance

- ☐ Copy of homeowner's insurance policy or copy of latest homeowner's insurance bill

Last Month's Bills / Statements

- ☐ Home Phone
- ☐ Cell Phone
- ☐ Electric
- ☐ Gas
- ☐ Cable/Satellite/Internet
- ☐ Credit Cards

**For assistance with this application please call our Family Services department at
(231) 348-6926 ext. 105.**



Application

Habitat Home Repair Program

We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.

Dear Applicant: Please complete this application to determine if you qualify for one of Northwest Michigan Habitat for Humanity's Home Repair Programs. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act.

1. APPLICANT INFORMATION

Applicant	Co-applicant																																								
Applicant's name	Co-applicant's name																																								
Social Security number (required) _____	Social Security number (required) _____																																								
Phone _____ Date of Birth _____ Age _____	Phone _____ Date of Birth _____ Age _____																																								
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed) <input type="checkbox"/>																																								
<input type="checkbox"/> Have you ever served in the U.S. military? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever served in the U.S. military? Yes <input type="checkbox"/> No <input type="checkbox"/>																																								
Dependents and others who will live in your household (not listed by co-applicant)	Dependents and others who will live in your household (not listed by applicant)																																								
<table border="1"> <thead> <tr> <th>Name</th> <th>Age</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	Name	Age	Male	Female	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"> <thead> <tr> <th>Name</th> <th>Age</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	Name	Age	Male	Female	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent																																								
_____	_____																																								
Number of years _____	Number of years _____																																								
If you have lived at your present address for less than two years, complete the following:																																									
Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent																																								
_____	_____																																								
Number of years _____	Number of years _____																																								
PLEASE NOTE: If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for applicant or "C" for co-applicant.																																									

2. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date received: _____	Date of adverse action letter: _____
Date of notice of incomplete application letter: _____	Date of board approval: _____
Date of notice of incomplete application letter: _____	Date of partnership agreement: _____

3. WILLINGNESS TO PARTNER

To be considered for Habitat Home Repair Programs, you and/or co-applicant must be willing to complete a certain number of “sweat-equity” hours dependent on the size of your repair project. Sweat equity includes assisting with the work to be done on your home or in another capacity volunteering at NWMHFH.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

Applicant: Yes ☐ No ☐ Co-applicant: Yes ☐ No ☐

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

Applicant: Yes ☐ No ☐ Co-applicant: Yes ☐ No ☐

Applicant: Yes ☐ No ☐ Co-applicant: Yes ☐ No ☐

4. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle) 1 2 3 4 5

Other rooms in the place where you are currently living: ☐ Kitchen ☐ Bathroom ☐ Living room ☐ Dining room

☐ Other (please describe) _____

Other rooms in the place where you are currently living: ☐ Kitchen ☐ Bathroom ☐ Living room ☐ Dining room

☐ Other (please describe) _____

☐ Other (please describe) _____

In the space below, describe the condition of the home where you live. What repairs would you like to see completed?

5. PROPERTY INFORMATION

What is your monthly mortgage payment? \$ _____/month Unpaid balance \$ _____ Do you own the land
your home sits on? ☐ No ☐ Yes

6. EMPLOYMENT INFORMATION			
Applicant		Co-applicant	
Name and address of CURRENT employer	Years on this job:	Name and address of CURRENT employer	Years on this job:
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone
If working at current job less than one year, complete the following information			
Name and address of CURRENT employer	Years on this job:	Name and address of CURRENT employer	Years on this job:
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone

7. MONTHLY INCOME				
Income Source	Applicant	Co-applicant	Others in household	Total
Wages	\$	\$	\$	\$
Temporary Assistance for Needy Families (TANF)	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Section 8 Housing	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Other:	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

PLEASE NOTE:
Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.

HOUSEHOLD MEMBERS WHOSE INCOME IS NOT LISTED ABOVE

Name	Income Source	Monthly Income	Date of Birth

8. ASSET (BANK ACCOUNTS)					
Name of bank, savings, credit union, retirement account, etc.	Address	City, State	ZIP	Account Number	Current balance
					\$
					\$
					\$
					\$

9. DEBT						
Account	TO WHOM DOES THE APPLICANT AND CO-APPLICANT OWE MONEY?					
	Applicant			Co-applicant		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Motor Vehicle	\$	\$	\$	\$	\$	\$
Other Motor Vehicle: _____	\$	\$	\$	\$	\$	\$
Recreational Vehicle: _____	\$	\$	\$	\$	\$	\$
Rent-to-own (furniture, appliances, TV, etc.)	\$	\$	\$	\$	\$	\$
Alimony	\$	\$	\$	\$	\$	\$
Child support	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Total Medical	\$	\$	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$	\$	\$

MONTHLY EXPENSES			
Account	Applicant	Co-applicant	Total
Mortgage	\$	\$	\$
Utilities	\$	\$	\$
Homeowner's Insurance (if not included in mortgage)	\$	\$	\$
Child care	\$	\$	\$
Internet services	\$	\$	\$
Phone services (cell and landline)	\$	\$	\$
Business expenses (including union dues & memberships)	\$	\$	\$
Insurance	\$	\$	\$
Other: _____	\$	\$	\$
Other: _____	\$	\$	\$
TOTAL	\$	\$	\$

10. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the required down payment (for example, savings account, tax return, borrow, etc.)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

11. DECLARATIONS

	Applicant	Co-applicant
a. Do you have any outstanding judgements because of a court decision against you?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
b. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
c. Have you had property foreclosed on or deed in lieu of foreclosure in the past seven years?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgement?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage, financial obligation or loan guarantee?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
g. Are you paying alimony or child support or separate maintenance?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
h. Are you a co-signer or endorser on any loan?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

If you answered "yes" to any question please explain on a separate piece of paper.

12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat Home Repair program, my ability to repay an affordable loan, and my willingness to be a partner through sweat equity.

I understand that the evaluation will include personal visits, a credit check and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive funds through a Habitat Home Repair Program, I may be disqualified from the program and forfeit any rights or claims to Habitat funding. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all applicants on the sex offender registry and conducts a criminal background check. By completing this application, I am submitting myself to such an inquiry

Applicant signature	Date	Co-applicant signature	Date
X _____	_____	X _____	_____

13. ENERGY AUDIT FEE

Northwest Michigan Habitat for Humanity is required to conduct a thorough energy assessment on all homes that receive program assistance. This assessment is conducted by a third-party energy auditor prior to and post repair activities. Please note that part or all of the fee associated with this audit up to a total cost of \$500 will be included in your total project costs. You will receive a copy of the pre- and post-work report and may schedule time to review the findings with a designated NWMHFH personnel at no cost.

Applicant signature	Date	Co-applicant signature	Date
X _____	_____	X _____	_____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information, or based on whether or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: _____ / _____ / _____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed) <input type="checkbox"/> Single Parent	<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: _____ / _____ / _____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed) <input type="checkbox"/> Single Parent

To be completed only by the person conducting the interview				
This information was collected by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Interviewer's name (print or type)</td> </tr> <tr> <td style="padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Interviewer's signature Date </div> </td> </tr> <tr> <td style="padding: 5px;">Interviewer's phone number</td> </tr> </table>	Interviewer's name (print or type)	<div style="display: flex; justify-content: space-between;"> Interviewer's signature Date </div>	Interviewer's phone number
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