

HABITAT PROGRAM APPLICATION

The Habitat Program is made up of 2 divisions; Homeownership and Habitat HOPE. Each division is a self-help program where Habitat provides you with coaching and tools necessary to become better prepared for homeownership. For those who do not qualify for the Homeownership Program, due to credit issues, the Habitat HOPE Program is designed to address and clear those issues that prevent you from homeownership.

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.

REQUIRED APPLICATION DOCUMENTS

Submit the following documents with application or your application will be incomplete and returned to you.

- Recent pay check stubs—1 month of paystubs
- Most recent W2 or 1099
- Most recent federal tax returns
- Child support documentation past 24 months (if any)
- Documentation of any and all income in the household (Social Security/Disability, etc.)
- *Separate attached letter introducing yourself and your family. Explain where you are coming from, what your needs are, and how we can help (Required).*

Income Guidelines Urban and Suburban		
Family Size	Lower Limit	Upper Limit
One	\$34,000	\$42,100
Two	\$34,000	\$48,100
Three	\$34,000	\$54,100
Four	\$34,000	\$60,100
Five	\$34,000	\$64,950



Income Guidelines—Rural*		
*requires 640 credit score or higher		
Family Size	Lower Limit	Upper Limit
One	\$26,000	\$42,100
Two	\$26,000	\$48,100
Three	\$26,000	\$54,100
Four	\$26,000	\$60,100
Five	\$26,000	\$64,950

Lower Limit of \$34,000 = \$653.85 per week
Lower Limit of \$26,000 = \$500.00 per week
All figures are based on Gross Wages (before taxes)

Rural Property Locations:
City of Luna Pier
Village of South Rockwood

- You will be notified of the status of your application within 30 days of receipt of your completed application.
- **Submit your completed application to: 14930 LaPlaisance Road, Suite 111, Monroe, Mi 48161**

Please contact the Director of Homeownership and Finance with any questions regarding the qualifications, process, or the application at (734) 243-2048 xt 115 or email jwalsh@habitatmonroemi.org





Program Application



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.

1. PLEASE TELL US WHO REFERRED YOU TO HABITAT, OR HOW YOU HEARD OF US SO WE MAY THANK THEM (CIRCLE)

Friend or family (who) _____ Newspaper Flyer Web site Radio Presentation
 If other, please explain _____

2. AREA YOU ARE INTERESTED IN

(Habitat for Humanity never guarantees the location of the house)
 Luna Pier Monroe Township City of Monroe
 Other _____

3. APPLICANT INFORMATION

Applicant's name	Birthdate	Co-Applicant's name	Birthdate
Social Security Number	Phone	Age	Social Security Number
Phone	Age	Social Security Number	Phone
Age	Email Address _____	Age	Email Address _____
Email Address _____	Married Separated Unmarried (circle one)	Email Address _____	Married Separated Unmarried (circle one)
Married Separated Unmarried (circle one)	Dependents and others who live with you	Married Separated Unmarried (circle one)	Dependents and others who live with you
Dependents and others who live with you	Name Age Male Female	Dependents and others who live with you	Name Age Male Female
Name Age Male Female	_____	Name Age Male Female	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Present Address (street, city, state, zip)	Own Rent	Present Address (street, city, state, zip)	Own Rent
Own Rent	Number of Years _____	Own Rent	Number of Years _____
Number of Years _____		Number of Years _____	

If Living at Present Address for Less Than Two Years Complete the Following

Previous Address (street, city, state, zip)	Own Rent	Previous Address (street, city, state, zip)	Own Rent
Own Rent	Number of Years _____	Own Rent	Number of Years _____
Number of Years _____		Number of Years _____	

4. FOR OFFICE USE ONLY—DO NOT WRITE IN THIS SPACE

Date Received: _____ Date Application Complete: _____
 More Information Requested: _____ Type of Information Requested: _____

5. WILLINGNESS TO PARTNER

Sweat Equity

You will be required to contribute 200 hours per adult of volunteer work, called sweat equity,

**100 hours must be on the construction site*

Education

You will be required to participate in a series of workshops hosted by Habitat for Humanity. Topics covered include home maintenance, personal finance, and budgeting.

Savings

You are required to open a savings account and contribute a minimum of \$25.00 per month, until you reach a total of \$1,000.00. These funds will be applied towards the purchase of a house, should you complete the program.

6. PRESENT HOUSING CONDITIONS

Number of bedrooms 1 2 3 4 5

Other rooms in the place where you are currently living:

Kitchen Bathroom Living Room Dining Room Other: _____

If you rent your residence what is your monthly rent payment? \$ _____ per month

(Please complete the requested sections of the attached Request for Verification of Rent)

Name, address and phone number of current landlord: _____

In the space below, describe the condition of the house or apartment where you live. Why are you applying for the Habitat Program? What goals do you hope to achieve?

7. PROPERTY INFORMATION

If you own your residence, what is your monthly mortgage payment including taxes and insurance? \$ _____ Balance \$ _____

Do you own land? Yes No (if yes, please describe, including location) _____

Have you ever experienced a foreclosure? Yes No (if yes, what was the date?) _____

8. EMPLOYMENT INFORMATION

Applicant		Co-Applicant	
Name and Address of Current Employer	Dates of employment	Name and Address of Current Employer	Dates of employment
	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 Previous Employer	Dates of employment	Name and Address of Previous Employer	Dates of employment
	Monthly (gross) wages		Monthly (gross) wages
Type of business	Business phone	Type of business	Business phone

9. MONTHLY INCOME AND COMBINED MONTHLY BILLS

Gross monthly income	Applicant	Co-Applicant	Others in Household	Monthly Bills	Monthly Amount
Employment Income (attach proof)	\$	\$	\$	Rent	\$
Social Security (attach proof)				Car Payments	
Disability (attach proof)				Credit Cards	
SSI (attach proof)				Child Support	
Child Support (attach proof)				Student Loans	
VA Benefit (attach proof)				Other	
Retirement/Pension (attach proof)				Other	
Other (attach proof)				Other	
Other (attach proof)				Other	
Total				Total	

List average number of hours you work per week:

APPLICANT:	CO-APPLICANT
Full Time: _____	Full Time: _____
Part Time: _____	Part Time: _____
Overtime: _____	Overtime: _____
List any Bonus Pay you may receive:	
\$ _____	\$ _____

List additional household members over 18 years of age who receive income:

Name	Age	Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

10. SOURCE OF DOWNPAYMENT AND CLOSING COSTS

Habitat For Humanity requires a savings of \$1,000.00. If accepted into the program, you will be required to open a savings account and deposit a minimum of \$25.00 per month until the total \$1,000.00 is saved .

11. ASSETS

List Checking and Savings Account Below

Name and Address of Bank, Savings & Loan, or Credit Union		Name and Address of Bank, Savings & Loan, or Credit Union	
Account Number	Balance \$	Account Number	Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union		Name and Address of Bank, Savings & Loan, or Credit Union	
Account Number	Balance \$	Account Number	Balance \$

Applicant's Name _____

Co-Applicant's Name _____

15. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please Read This Statement Before Completing the Box Below:

The following information is requested by the federal government in order to monitor compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that the applicants are neither discriminated on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations it is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below. (Review of the above material must be made to be sure that the disclosures satisfy all requirements under applicable state law.)

Applicant	Co-Applicant
<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National Origin:</p> <p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/ African American <input type="checkbox"/> Other (Specify)</p> <p><input type="checkbox"/></p> <p>Ethnicity: HispanicNon-Hispanic <input type="checkbox"/> Sex: <input type="checkbox"/></p> <p>FemaleMale <input type="checkbox"/> Birthdate: <input type="checkbox"/> ____/____/____</p> <p>Marital Status: Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (inc single, divorced, widowed) <input type="checkbox"/></p>	<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National Origin:</p> <p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/ African American <input type="checkbox"/> Other (Specify)</p> <p><input type="checkbox"/></p> <p>Ethnicity: HispanicNon-Hispanic <input type="checkbox"/> Sex: <input type="checkbox"/></p> <p>FemaleMale <input type="checkbox"/> Birthdate: <input type="checkbox"/> ____/____/____</p> <p>Marital Status: Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (inc single, divorced, widowed) <input type="checkbox"/></p>

16. FOR OFFICE USE ONLY—DO NOT WRITE IN THIS SPACE

AUTHORIZATION AND RELEASE

The undersigned applicant(s) applied for the Habitat For Humanity of Monroe Program. The applicant(s) hereby authorize Habitat For Humanity of Monroe to evaluate the applicant's need for the program.

The evaluation may include the following: **consumer credit report check, personal visits, employment verification, rent verification, verification of assets, criminal background check, sex offender check and contact of references.**

The applicant(s) authorize Habitat For Humanity of Monroe to obtain records pertaining to them and their family as requested, including necessary records related to financial matters including State and Federal taxes, court proceedings, Social Security Administration, medical care and employment/income.

The applicant(s) release(s) Habitat For Humanity of Monroe, its staff and volunteers from any and all liability, which may arise in connection with release of any information. The original or a copy of this application will be retained by Habitat For Humanity of Monroe even if application is not approved. Applicant(s) also gives permission to Habitat For Humanity of Monroe and its partners to use photos and family bio in appropriate publications.

By signing below, applicant(s) hereby confirms authorization and release to Habitat For Humanity of Monroe. If permission being granted is received via e-mail/fax, typed/copied/printed name below represents said authorization.

AUTHORIZATION FOR CONSUMER CREDIT REPORT

Authorization is hereby granted to Habitat For Humanity of Monroe to obtain and review a **consumer credit report (tri-merge report) for applicant and co-applicant (if any) listed on this application.**

Applicant(s) understands and agrees that the consumer credit report will be used for the purpose of evaluating application to participate in the Habitat For Humanity Program and is necessary to make a full and accurate review of the application.

By signing below, applicant(s) hereby confirms that above has been read and agreed to. If permission being granted is received via e-mail/fax, typed/copied/printed name below represents said authorization.

Applicant's Signature:

Date: _____

Request for Verification of Rent

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (If VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

Instructions: **Lender** — Complete Items 1 through 8. Have applicant(s) complete Part I, Item 9, and forward directly to Creditor named in Part I, Item 1.
Landlord/Creditor — Please complete Part II, and return directly to Lender named in Part I, Item 2.
The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

Part I - Request

1. To (Name and address of Mortgage Holder/Credit Union/Landlord) Name, Address and Phone # of your Landlord:		2. From (Name and Address of Lender) Habitat for Humanity of Monroe 14930 LaPlaisance Road, Suite 111 Monroe, MI 48161 734-243-2018		
3. Signature of Lender M. David Graves, President/CEO Habitat for Humanity of Monroe	4. Title President/CEO	5. Date	6. Lender's No. (Optional)	
7. Information to be Verified Property Address _____ Account in Name of: _____				
8. Name and Address of Applicant(s)		9. Signature of Applicant(s)		
		X		
		X		

PART II - VERIFICATION OF RENT

We have received an application for a loan from the above, to whom we understand you rent. In addition to the information requested below please furnish us with any information you might have that will assist us in processing of the loan.

Tenant rented from: _____ / _____ / _____ Is account satisfactory? Yes _____ No _____
 To: _____ / _____ / _____
 Amount of rent \$ _____ per _____
 Number of late payments _____

*Payment History for the previous 12 months must be provided in order to comply with secondary mortgage market requirements.

ADDITIONAL INFORMATION WHICH MAY BE OF ASSISTANCE IN DETERMINATION OF CREDIT WORTHINESS

SIGNATURE OF LANDLORD/RENTAL AGENT	TITLE	DATE
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PLEASE COMPLETE THE FOLLOWING IN PART I: NUMBER 1, NUMBER 7, NUMBER 8, NUMBER 9

PLEASE DO NOT COMPLETE ANY INFORMATION IN PARTY II, PLEASE DO NOT GIVE TO YOUR LANDLORD, HABITAT WILL VERIFY ALL INFORMATION WITH YOUR LANDLORD