



We pledge 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.

HABITAT PROGRAM APPLICATION

All information you include on this application will be kept confidential in accordance with Gramm-Leach-Bliley Act.

**APPLICATION MUST BE COMPLETED IN FULL
INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT**

INCOME GUIDELINES (all households must meet these guidelines)

URBAN AND SUBURBAN AREAS
MINIMUM ANNUAL HOUSEHOLD
INCOME REQUIRED FOR PROGRAM
IS \$34,000.00



RURAL AREAS
MINIMUM ANNUAL HOUSEHOLD
INCOME REQUIRED FOR PROGRAM
IS \$30,000.00

**REQUIRED
APPLICATION DOCUMENTS**

Documents listed below must be submitted with application or your application will be deemed incomplete and returned to you

- **1 Month most recent paystubs**
- **Most recent bank statement for all checking and savings accounts**
- **Most recent W2 or 1099 AND most recent Federal tax return**
- **Retirement monthly statement, if applicable**
- **Child support documentation, if applicable**
- **Social Security/Disability benefit or award letter, if applicable**
- **Letter introducing yourself and your family – letter must describe your current housing situation, your housing needs and how Habitat can help**

If selected for the program, you must be willing to partner with Habitat, which includes:

Sweat Equity	Education	Savings
You will be required to contribute 200 hours per adult of volunteer work, called sweat equity, <i>*100 hours must be on the construction site</i>	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.	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.

SUBMIT YOUR COMPLETED APPLICATION TO: 14930 LaPlaisance Rd., Ste 111, Monroe, MI 48161. Email to jwalsh@habitatmonroemi.org Fax to 734-243-5770

You will be notified of the status of your application within 30 days of receipt of your completed application. Any questions regarding the Habitat Program, please contact Julie Walsh-Destrampe, Director of Homeownership at 734-243-2048 xt115 or email jwalsh@habitatmonroemi.org

1. **HOW DID YOU HEAR ABOUT THE PROGRAM:**

Friend/Family Name: _____ Website _____ Social Media _____
Other: _____ Community Event _____ Flyer _____

2. **AREA OF INTEREST (Location is not guaranteed):** Please check all areas you are interested in

Luna Pier _____ City of Monroe _____ Frenchtown Township _____ Other _____

3. **APPLICANT INFORMATION:**

Full Name: _____ Date of Birth: _____
Social Security Number: _____ Age: _____
Phone Number: _____ Email Address: _____
Married _____ Separated _____ Unmarried(single, divorced, widowed) _____

CO-APPLICANT INFORMATION:

Full Name: _____ Date of Birth: _____
Social Security Number: _____ Age: _____
Phone Number: _____ Email Address: _____
Married _____ Separated _____ Unmarried(single, divorced, widowed) _____

DEPENDENTS (Individuals that will be living in the house not listed as a Co-Applicant)

Name: _____ Age: _____ Male _____ Female _____
Name: _____ Age: _____ Male _____ Female _____
Name: _____ Age: _____ Male _____ Female _____
Name: _____ Age: _____ Male _____ Female _____
Name: _____ Age: _____ Male _____ Female _____

APPLICANT CURRENT ADDRESS (street-city-state-zip):

Number of years at current address: _____ Rent _____ Monthly Rent: \$ _____ Own _____
Prior address, if less than two years: _____

CO-APPLICANT CURRENT ADDRESS (street-city-state-zip):

Number of years at current address: _____ Rent _____ Monthly Rent: \$ _____ Own _____
Prior address, if less than two years: _____

4. **CURRENT HOUSING INFORMATION:**

Do you own a mobile home: Yes _____ Monthly lot rent: \$ _____ No _____
 How much is currently owing on your mobile home: \$ _____
 Are you a first-time homebuyer: Yes _____ No _____
 Have you owned a home in the last 3 years: Yes _____ No _____

5. **APPLICANT EMPLOYMENT INFORMATION:** Provide Name and Address of Current Employer below:

Starting Date of Employment: _____ Job Title: _____
 Please check one: Full Time _____ Part Time _____ Gross Monthly Income: \$ _____
 Average Number of hours worked per week: _____ List any Bonus Pay: \$ _____

CO-APPLICANT EMPLOYMENT INFORMATION: Provide Name and Address of Current Employer below:

Starting Date of Employment: _____ Job Title: _____
 Please check one: Full Time _____ Part Time _____ Gross Monthly Income: \$ _____
 Average Number of hours worked per week: _____ List any Bonus Pay: \$ _____

6. **MONTHLY GROSS INCOME:** Please list any and all additional household monthly income:

Child Support: Applicant: \$ _____ Co-Applicant: \$ _____
 Social Security: Applicant: \$ _____ Co-Applicant: \$ _____
 Disability: Applicant: \$ _____ Co-Applicant: \$ _____
 Retirement: Applicant: \$ _____ Co-Applicant: \$ _____
 Other: Applicant: \$ _____ Co-Applicant: \$ _____
 List any household member over 18 years of age who receive income not listed as applicant/co-applicant:
 Name: _____ Age _____ Income: \$ _____
 Name: _____ Age _____ Income: \$ _____

7. **DECLARATIONS:** If you answer Yes to A through E, please explain on a separate sheet of paper

	Applicant		Co-Applicant	
a. Do you have any debt from a court decision?	Yes ___	No ___	Yes ___	No ___
b. Have you filed bankruptcy in the last 7 years?	Yes ___	No ___	Yes ___	No ___
c. Have you been foreclosed on in the last 7 years?	Yes ___	No ___	Yes ___	No ___
d. Are you currently involved in a lawsuit?	Yes ___	No ___	Yes ___	No ___
e. Are you obligated to child support or alimony?	Yes ___	No ___	Yes ___	No ___
f. Are you a U.S. Citizen or permanent resident?	Yes ___	No ___	Yes ___	No ___

8. **AUTHORIZATION AND RELEASE:** Must be signed and dated by Applicant and Co-Applicant (if any)

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 even if application is not approved. Applicant(s) also give permission to Habitat for Humanity and its partners to use photos and family bio in appropriate publications.

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 Signature _____ Date _____

Co-Applicant Signature _____ Date _____

9. **INFORMATION FOR GOVERNMENT MONITORING PURPOSES: PLEASE READ BEFORE COMPLETING**

We are requesting the 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 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 not it by visual observation nor surname.

	Applicant	Co-Applicant
I do not wish to furnish this information	_____	_____
RACE (you may select more than one designation)		
American Indian or Alaska Native	_____	_____
Native Hawaiian or other Pacific Islander	_____	_____
Black/African American	_____	_____
White	_____	_____
Asian	_____	_____
ETHNICITY:		
Hispanic or Latino	_____	_____
Non-Hispanic or Latino	_____	_____
SEX:		
Female	_____	_____
Male	_____	_____
Birthdate:	_____	_____
MARITAL STATUS:		
Married:	_____	_____
Separated:	_____	_____
Unmarried(single, divorced, widowed)	_____	_____

10. **VETERAN STATUS:** Did you or anyone in your family serve or currently serve in the military?

	Applicant	Co-Applicant
Self:	_____	_____
Spouse/Partner:	_____	_____
Parent:	_____	_____
Sibling:	_____	_____
Grandparent:	_____	_____
Children:	_____	_____
Does this family member reside in the household?	Yes _____	No _____

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 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, 1471 et. Eeq., or 7 USC, 1921 et seq. (if USDA.FmHA)

INSTRUCTIONS: PLEASE COMPLETE #1, #4, #5 AND #6 AND RETURN WITH COMPLETED APPLICATION – DO NOT SEND TO YOUR LANDLORD

2. FROM: Habitat For Humanity of Monroe, 14930 LaPlaisance Rd., Suite 111, Monroe, MI 48161
Phone: 734-243-2048

1. TO: (Name & address of Landlord)

Phone: _____

3. SIGNATURE OF LENDER/CREDITOR
Julie M. Walsh-Destrampe, Director
of Homeownership & Finance

4. INFORMATION TO BE VERIFIED:
Rental Address: _____
Rental Account in the name of: _____

5. NAME AND ADDRESS OF RENTER:

6. SIGNATURE OF RENTER:
X _____
X _____

VERIFICATION OF RENT FROM LANDLORD

We have received an application 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 the application

Tenant rented From: _____/_____/_____

Is account satisfactory? Yes _____ No _____

To: _____/_____/_____

Additional Information _____

Amount of Rent: \$ _____ per _____

Number of payments 30 or more days late: _____

SIGNATURE OF LANDLORD: _____
TITLE: _____ DATE: _____
Please return completed form to Habitat For Humanity of Monroe, 14930 LaPlaisance Rd., Suite 111, Monroe, MI 48161 You may email to jwalsh@habitatmonroemi.org or fax to 734-243-5770