



## Homeownership Application

Dear Applicant:

Habitat for Humanity builds strength, stability and self-reliance through shelter. People in Midland County and all over the world, partner with Habitat to build or improve a place they can call home. Habitat homeowners build their own homes alongside volunteers and pay an affordable mortgage. With our help, those homeowners achieve the independence they need to build a better life for themselves and their families.

Please complete this application to determine if you qualify for the Midland County Habitat for Humanity Homeownership program. 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.

The deadline for submitting the application is March 31, 2018. Please submit all requested documentation for review by the family selection committee. Your application will be considered incomplete if all requested documentation is not submitted with your application. We base our selection on three criteria: need, willingness to partner and the ability to pay an affordable mortgage. You must also be a resident of Midland County and/or work in Midland County to qualify.

Once a completed application is submitted, with all supporting documentation and the authorization release is signed, MCHFH will evaluate the applicant's need for the Habitat Homeownership Program.

Privacy Policy: the information that is provided on your application is kept confidential and will not be shared without your permission.



Midland County Habitat for Humanity complies with the U.S. policy for the achievement of equal housing opportunity throughout the nation. We 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, national origin, age, marital status, sexual orientation, or sources of income.

## Homeownership Application Checklist

Please be sure to have the following copies to ensure a completed application:  
(We can make copies of your documents/information at our office)

- 2017 W2 and a recent paycheck stub (please include all incomes of the household as this will help us determine if you can afford a mortgage payment on a Habitat home.
- Evidence of any other sources of income such as Social Security, SSI, child support, food assistance and/or alimony.
- A recent rent or house payment receipt.
- Electric, heat, water/sewer, phone/cell phone bill, cable TV
- Verification of payments on a car loan.
- Evidence of any other debts that you are obliged to pay; personal loans, student loans, judgements, credit cards, etc.
- Tax return from previous year, signed and dated
- If you are self-employed, please provide 2 years of tax returns, signed and dated.
- Reference contact information.
- Please sign and date application
- Please sign and date authorization and release

Date: \_\_\_\_\_

Ref # \_\_\_\_\_

Family Selection Rep: \_\_\_\_\_

**MIDLAND COUNTY HABITAT FOR HUMANITY**  
1703 South Saginaw Rd., Midland, MI 48640 • 989-496-0900

**2018 / 2019 APPLICATION**

	Applicant "A"	Applicant "B"
Name		
Date of Birth		
Social Security Number		

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

City/State/Zip: \_\_\_\_\_

How long have you lived at the current address? \_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number, Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Best time and number to call: \_\_\_\_\_

List names and ages of family members who will live in the house, including yourself. If there is any shared custody arrangements describe them and provide a copy of the court order.

Name:	Date of Birth	M/F	Relationship to Applicant A or B

Total Number of People expected to live in the Habitat House: \_\_\_\_\_

**PRESENT HOUSING SITUATION**

1) Present House: (circle) Own Rent Other \_\_\_\_\_  
 Number of bedrooms \_\_\_\_\_  
 Other rooms: (circle) Living room, Dining room, Kitchen,  
 Number of Bathrooms \_\_\_\_\_, Other: \_\_\_\_\_

2) Monthly Rent: \_\_\_\_\_: Mortgage Payment: \_\_\_\_\_ Balance: \_\_\_\_\_

Housing subsidy received: \_\_\_\_\_ (do not include above)

Name of present landlord: \_\_\_\_\_

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

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

If you have lived at your present address less than three years, please list the information for the previous landlord:

Name: \_\_\_\_\_

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

3) Describe the condition of the house you currently live in.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Education: (Circle highest grade completed)

Applicant "A" 10 11 12 H.S Diploma Other: \_\_\_\_\_

Applicant "B" 10 11 12 H.S Diploma Other: \_\_\_\_\_

Currently enrolled? \_\_\_\_\_

**ASSETS:** (i.e. car(s), boats, land, cash, savings, etc.)

Type	Approximate Value
Car(s)	
Cash/Savings	
Investments	
Land / Property	

**EMPLOYMENT INCOME**

**Present Employer:**

	Applicant "A"	Applicant "B"
Employer		
Address		
Supervisor's Name		
Daytime Phone		
Dates of Employment		
Monthly Wages		

If self-employed, please describe and list monthly earnings: \_\_\_\_\_  
 \_\_\_\_\_

**Total Household Employment Income, \$/month:** \_\_\_\_\_

**Previous Employer:**

	Applicant "A"	Applicant "B"
Employer		
Address		
Supervisor's Name		
Daytime Phone		
Dates of Employment		
Monthly Wages		

**OTHER INCOME OR MEANS OF SUPPORT, INCLUDING  
GOVERNMENT ASSISTANCE**

Source	\$/month	Person intended for?	How long will you receive this income?
FIA			
Food Stamps			
Social Security			
SSI			
Disability			
Alimony			
Child Support			
Other (cash, investments, trusts, etc.)			
<b>Total Other Income</b>			

(If additional space is required, please attach a separate sheet.)

**TOTAL MONTHLY HOUSEHOLD INCOME: \$** \_\_\_\_\_

(Sum of employment income and other income.)

**List additional household members over 18 that receive income:**

(Provide supporting documentation; paystubs, taxes, W2)

Name	Age	Monthly Income

**MONTHLY BILLS AND DEBTS**

**MONTHLY BILLS:** (Please attach copies of last month's bills)

	Dollars / Month	Unpaid Balance
Rent / Mortgage		
Utilities – phone/cell phone		
Utilities – electricity, gas, fuel oil, water		
Cable / Satellite		
Health Insurance		
Insurance – renters / homeowners		
Insurance – car (s)		
Insurance – other		
Credit card (s)		
Child care		
Child support		
School lunch		
Union Dues		
Other		
<b>Total Monthly Bills</b>		

**CURRENT DEBTS:** (Debts not listed above, including personal loans, back rent, medical, and hospital expenses, judgments, etc. - If more space is required, please attach a separate page)

Type	Owed To:	Monthly Payment	Unpaid Balance
Car Loan(s)			
Student Loan(s)			
Medical/Hospital Bills			
Other Unpaid Bills			
<b>Total Debts</b>			

**TOTAL MONTHLY BILLS AND DEBTS:** \$ \_\_\_\_\_

**BANKRUPTCY:** Please list bankruptcies, dates and outcomes.

## HOMEOWNER FAMILY EXPECTATIONS

One of the goals of Habitat for Humanity of Midland is to foster a sense of caring and commitment by all of the people who become involved in the Habitat for Humanity home selection process. If you are selected for the homeownership program, you will become a HOMEOWNER family.

The HOMEOWNER family should be prepared to pay a \$500 down payment before property selection is given and the first year of homeowner insurance (estimate of \$500 - \$600) must be paid prior to closing.

How do you expect to prepare for these potential expenses?

The HOMEOWNER family will be expected to make prompt and regular monthly house payments.

As a HOMEOWNER family, you and your family will be expected to contribute **400** hours (**300** for a single adult household) of your time and talent (“**sweat equity**”) in the construction of both your home and the home of others. This work may be done by anyone in the family over 14 years of age.

- The **first 100** hours will be done with in the first six months of being accepted into the program, beginning with orientation. These hours will be structured hours designated by MCHFH, and **must** be completed by January 1<sup>st</sup>.
- Of the additional **300** hours (**200** for a single adult household) of “sweat equity” work, at least **150** hours (**100** for a single adult household) must be on the HOMEOWNER’S own house.
- Friends and relatives may contribute up to **150** hours (**100** hours for a single adult household).

“Sweat equity” hours are to be completed in the following areas; construction, office duties, in the Restore, financial classes, working for other non-profit organizations, and other activities deemed appropriate and pre-approved by Habitat for Humanity.

With your signature, you and your family agree to fulfill your “sweat equity” obligation.

Signatures: Applicant “A” \_\_\_\_\_

Applicant “B” \_\_\_\_\_

### **COMMENTS:** (optional)

Use this space if you would like to list any additional information, (dreams, plans, hopes for the future and how you are trying to achieve these). If additional space is needed, please use a separate page and attach to your application.

How did you hear about applying for a Habitat Home? \_\_\_\_\_

## REFERENCES

Please list three references, at least one of which should be able to describe your ability of handling finances. **DO NOT LIST RELATIVES AS REFERENCES**

<u>Name of Reference</u>	<u>Address/Phone Number</u>	<u>Relationship</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

## AUTHORIZATION AND RELEASE

I understand and authorize Midland County Habitat for Humanity to perform an in-depth evaluation to determine my actual need for the Habitat homeownership program, ability to repay an affordable loan and other homeowner expenses, willingness and ability to provide **400** hours (**300** hours for a single adult household) of “sweat equity”.

I understand that the evaluation will include personal visits, credit check, employment verification, and rent verification and contact of references.

I understand that if I have not answered questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program and forfeit any rights or claims to a Habitat home. The original or copy of this application will be retained by Midland County Habitat for Humanity even if the application is denied.

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

Applicant “A” Signature \_\_\_\_\_ Date: \_\_\_\_\_

Applicant “B” Signature \_\_\_\_\_ Date: \_\_\_\_\_

# VOLUNTARY INFORMATION FOR GOVERNMENT MONITORING

**PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:** The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor the lender's 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 a lender may neither discriminate 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 this lender is required to note ethnicity, 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.

<p><b>Applicant</b></p> <p><input type="checkbox"/> I do not wish to furnish this information</p> <p><b>Race</b> (applicant may select more than one racial designation):</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Black/African-American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian</p> <p><b>Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic or Latino    <input type="checkbox"/> Non-Hispanic or Latino</p> <p><b>Sex:</b></p> <p><input type="checkbox"/> Female    <input type="checkbox"/> Male</p> <p><b>Birthdate:</b> _____ / _____ / _____</p> <p><b>Marital status:</b></p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p>	<p><b>Co-applicant</b></p> <p><input type="checkbox"/> I do not wish to furnish this information</p> <p><b>Race</b> (applicant may select more than one racial designation):</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Black/African-American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian</p> <p><b>Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic or Latino    <input type="checkbox"/> Non-Hispanic or Latino</p> <p><b>Sex:</b></p> <p><input type="checkbox"/> Female    <input type="checkbox"/> Male</p> <p><b>Birthdate:</b> _____ / _____ / _____</p> <p><b>Marital status:</b></p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p>
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**To be completed only by the person conducting the interview**

This application was taken by:

- Face-to-face interview
- By mail
- By telephone

Interviewer's name (print or type)

\_\_\_\_\_

Interviewer's signature

Date

\_\_\_\_\_