



1703 S. Saginaw Midland, MI 48640
 Phone (989) 496-0900

Application MUST be complete for consideration into Repair Program. Some programs may require a payback of repairs based on a sliding scale.

Fax (989) 496-1904

Critical Home Repair Program 2018

Office Date Stamp:

Date Recived Complete: _____

office use only

Applicant Information

HOMEOWNER #1		HOMEOWNER #2	
Legal Name: _____		Legal Name: _____	
Preferred Name: _____		Preferred Name: _____	
Soc. Sec. #: _____	Date of Birth: _____ Age: _____	Soc. Sec. #: _____	Date of Birth: _____ Age: _____
Place of Employment: _____		Place of Employment: _____	
Month/Year of Employment: _____		Month/Year of Employment: _____	
Name(s) on the title of the house: _____		Month/Year purchased or last changed deed date: _____	
Address: _____		City: _____	Zip Code: _____
Home Phone: _____		Cell Phone: _____	
Additional contact person: _____		Phone: _____	

Dependents: List all dependents who live with you and indicate their ages.

Legal Names	Relationship to you	Age:
1)		
2)		
3)		
4)		

ABOUT HOMEOWNERSHIP

- 1 CHECK ONE-Do you have a: Mortgage or Land Contract or are you Mortgage-free?
- 2 Are you current on your mortgage payments? yes no or My house is paid off
- 3 Have you owned the house longer than 18 months? yes no If no, how long have you owned your home?
- 4 Do all persons who appear in the title live in the home as their primary residence? yes no
- 5 Are your property taxes up-to-date? yes no
- 6 Have you purchased your home in the last 5 years and received down payment assistance? yes no
- 7 Is there a lien on the house for which you are applying other than a mortgage lien? yes no
- 8 Is your house in the process of foreclosure? yes no

ABOUT SERVICE IN THE ARMED FORCES

- 9 Are you currently serving in the Army, Navy, Marines, Air Force or Coast Guard? yes no
- 10 Did you serve in the Army, Navy, Marines, Air Force or Coast Guard? yes no
- 11 If yes, what discharge did you receive? _____
- 12 Are you a widow or widower of a Veteran? yes no

ABOUT DISABILITY AND ACCESSIBILITY NEEDS

- 13 Have you applied for disability? yes no
- 14 If yes, are you receiving monthly benefits? yes no
- 15 If yes, does your disability require accessibility modifications be made to your home? yes no

For SENIORS OR HANDICAP ACCESSIBILITY ONLY: (CHECK APPROPRIATE NEEDS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Wider doorways	No step/low-step shower	Ramps or zero step entries	Handrails & levered door handles	ADA Toilet	Lower Kitchen Cabinets that are ADA-approved		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Wheel chair lifts	Widened doorways	Roll-under vanity	Lower level 1/2 bath conversion	Universal design floor covering	Self-closing hinges on doors	Grab bars	Pocket doors or swing hinges

ABOUT CRIMINAL HISTORY

- 16 Are you, or someone in your house, a registered sex offender? yes no
- 17 Have you, or someone in your household, been convicted of other criminal charges? yes no
- 18 Are there any criminal charges pending against you or someone in your house? yes no

ABOUT INCOME

- 19 Are you a landlord? yes no
- 20 Are you self-employed? yes no
- 21 Do you receive child support? yes no
- 22 Are you a teacher or do you have seasonal employment? yes no

ABOUT GRANTS AND PROGRAMS

- 23 Have you received funds from a bank/credit union for home improvement in the last 5 years? yes no
- 24 Has the City of Midland helped you with home repairs in the last 5 years? yes no
- 25 Have you received Consumer's Energy Helping Neighbors Assistance? yes no
- 26 Are you current on your Consumer's Energy bill? yes no

Description of House

- # of Bedrooms _____ Is your house: ___ 1-story ___ 1.5 stories ___ 2-stories
- Basement: No Basement Crawl Space Mich Basement Full Basement
- Type of siding: wood aluminum vinyl asbestos brick block
 asphalt asbestos

Requested Repairs & Conditions

Critical Home Repairs: Although there are many types of repairs a home needs, we concentrate on the listed repairs that follow. Please explain what the problem is with each.

- ROOF _____
- INSULATION _____
- SIDING _____
- PAINTING EXTERIOR OF HOME Available only in the following neighborhoods: Midland High/State Street
- SOFFIT/FASCIA _____
- HEATING/COOLING _____
- WATER HEATER _____
- GUTTERS _____
- EXTERIOR DOORS _____
- WEATHERIZATION _____
- BASEMENT WATERPROOFING (IF CURRENT SYSTEM HAS FAILED) _____
- WINDOWS _____
- PLUMBING _____
- ELECTRICAL _____
- SCREEN REPAIR _____
- SMOKE DETECTOR _____
- CARBON MONOXIDE _____

ADDITIONAL COMMENTS:

WE CANNOT GUARANTEE YOUR HOME WILL BE INCLUDED IN THE PROGRAM (REQUIRED)

I/We understand that this application does not guarantee that I am/we are in the program. I also understand that I will be working alongside Midland County Habitat for Humanity volunteers to complete the repairs on my home. If chosen for the program, I will contribute sweat equity hours as part of my partnership with Midland County Habitat for Humanity. I/We understand that **some** programs require payback, on a sliding scale, from homeowner to MCHFH.

HOMEOWNER SIGNATURE: _____ DATE: _____

HOMEOWNER SIGNATURE: _____ DATE: _____

PHOTOGRAPHS, VIDEO AND MEDIA (REQUIRED)

Midland County Habitat for Humanity photographs or videos some homes and homeowners. I hereby authorize Midland County Habitat for Humanity and organizations with which it partners, to use and/or publish any and all photographs or video of my property and myself.

HOMEOWNER SIGNATURE: _____ DATE: _____

MIDLAND COUNTY HABITAT FOR HUMANITY RELEASE (REQUIRED)

The undersigned hereby releases and forever discharges the officers, directors, agents, employees, volunteers and representatives of the Midland County Habitat for Humanity Program as well as the City of Midland, Michigan and the persons or entities providing materials or labor to the rehabilitation, renovation or revitalization work provided to the undersigned residence, from all claims, demands, actions and causes of action relating to any injury or loss which the undersigned may sustain in any way connected with the undersigned's home participating in the Midland County Habitat for Humanity program.

The undersigned understands that the undersigned is to assume all the risk and grant this release in consideration for whatever rehabilitation or renovation work is provided to the undersigned's residence. The undersigned understands that no promises or assurances have been made that any particular work will be done or that any particular result will be achieved.

HOMEOWNER SIGNATURE: _____ DATE: _____

HOMEOWNER SIGNATURE: _____ DATE: _____

If you recive any of the following; submit these documents with your application

- 1. 2016/2017 Federal Taxes
- 2. 2018 Social Security Benefit Letter (must have a current date)
- 3. 2017 Social Security 1099 (yearly earnings)
- 4. 4 Consecutive Paystubs for anyone in the household who is working
- 5. 2016/2017 W-2 and/or 1099s
- 6. 4 Consecutive Monthly Statements for all pensions, IRA's, State Pay
- 7. Friend of the Court statement for child support received or not received.
- 8. Unemployment current statement and 1099 (if applicable)
- 9. Title/Deed for the property - or current mortgage statement
- 10. Current Consumer's Energy Bill (The side with the usage graphs)
- 11. Picture ID for **all** household members aged 18 and older
- 12. Proof of current homeowner's insurance
- 14. If you are self-employed you must submit 3 years of federal taxes and all tax attachments

Please Contact:

Lisa Brown, Neighborhood Revitalization Coordinator at 989-496-0900 x 23 or brown@midlandhabitat.org