



Habitat for Humanity partners with low and moderate income applicants who are interested in pursuing homeownership. The process averages 12-18 months to allow for a home's renovation, down payment savings, class attendance, and completion of other Habitat requirements.

Habitat partners with families who meet three criteria:

1. **Need for adequate housing.** If your current is unaffordable (more than 30% of your income), you are living with family or friends, there are maintenance problems at your rental unit, or you can't get approved for a conventional mortgage, you may qualify. *Applicants must not currently own a home.*
2. **Ability to pay.** Habitat mortgages are no more than 30% of your gross income (including taxes and insurance), as determined by a licensed mortgage originator. Applicants should show the ability to make this payment, evidenced by meeting the income guidelines below and consistently paying bills. Perfect credit isn't required, but any judgments and liens must be repaid before an applicant will be approved. Credit reports are reviewed for all applicants, and our Homeowner Services Manager will discuss with potential homebuyers any credit issues impacting their application.

2017-2018 INCOME REQUIREMENTS – BEFORE TAX

Family Size	Minimum Monthly Income	Maximum Monthly Income
1	\$1054	\$2462
2	\$1204	\$2812
3	\$1354	\$3162
4	\$1504	\$3512
5	\$1625	\$3798
6	\$1746	\$4077
7	\$1867	\$4358
8	\$1988	\$4638

3. **Willingness to partner.** Any adult (18+) who will be living in a Habitat home will complete sweat equity hours (200 minimum for each buyer and co-head of household; 100 minimum for other residents). These hours include classes, Habitat events, and construction. A minimum of ¼ of these required hours must be completed in the first three months following approval as a homeownership partner.

The following documents must be returned along with your application. Without them, your application will be incomplete and ineligible for review.

- **Proof of GROSS income** (Last 4 weeks of paystubs, proof of SSI/SSDI/Social Security, alimony etc). BANK STATEMENTS MAY NOT BE USED. (*Child support/alimony are optional to report.)
- **Verification of food stamps** (DHS letter). Food stamps do not count toward monthly income requirements.
- **Last two years of tax returns with W-2's.** If you do not have them on hand, your tax preparer should be able to provide you with a copy. You can also go to <http://www.irs.gov/taxtopics/tc156.html> to learn how to request either a complete copy of your Federal return or a transcript, go to <http://michigan.gov/taxes> (search under Frequently Asked Questions) to get a copy of your state return.

Please call Amy Baker, Homeowner Services Manager, at 517-265-6157 or email amyb@habitat-lenawee.org with any questions.

APPLICATION CHECKLIST

_____ Do you believe that you show a housing need?

_____ Do you believe that your income is within the listed guidelines?

_____ Are you willing to partner with Habitat by completing sweat equity hours per adult in your household?

Have you included with your application:

_____ Proof of all gross income in your household for the last 30 days?

_____ Proof of food stamps (if you receive them)?

_____ The last two years of your tax returns with W-2s?

If you answer yes to all the items above, you are ready to turn in your application.

Incomplete applications will not be reviewed.



1205 E. Beecher, Adrian, MI 49221
 Phone: 517-265-6157; Fax: 517-265-3827

Application

Habitat Homeownership 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 the 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.

1. APPLICANT INFORMATION

Applicant				Co-applicant			
Applicant's name _____				Co-applicant's name _____			
Social Security number _____				Social Security number _____			
Home phone _____		Age _____		Home phone _____		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)			
Dependents and others who will live with you (not listed by co-applicant)				Dependents and others who will live with you (not listed by co-applicant)			
Name	Age	Male	Female	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"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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				Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent			
_____				_____			
Number of years _____				Number of years _____			

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

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

3. WILLINGNESS TO PARTNER

To be considered for Habitat homeownership, you and your family must be willing to complete a certain number of "sweat-equity" hours. Your help in building your home and the homes of others is called "sweat equity" and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending homeownership classes or other approved activities.

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

	Yes	No
Applicant	<input type="checkbox"/>	<input type="checkbox"/>
Co-applicant	<input type="checkbox"/>	<input type="checkbox"/>

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) _____

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

(Please supply a copy of your lease or a copy of a money order receipt or canceled rent check.)

Name, address and phone number of current landlord: _____

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?

5. PROPERTY INFORMATION

If you own your residence, what is your monthly mortgage payment? \$ _____ /month Unpaid balance \$ _____

Do you own land? No Yes Monthly payment \$ _____ Unpaid balance \$ _____

If you wish your property to be considered for building your Habitat home, please attach land documentation.

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 LAST employer	Years on this job	Name and address of LAST 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	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Section 8 housing	\$	\$	\$	\$
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 LISTED ABOVE

Name	Income source	Monthly income	Date of birth

8. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment or pay for closing costs (for example, savings or parents)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

9. ASSETS

Name of bank, savings and loan, credit union, etc.	Address	City, state	ZIP	Account number	Current balance
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

10. DEBT

TO WHOM DO YOU AND THE CO-APPLICANT(S) OWE MONEY?

Account	APPLICANT			CO-APPLICANT		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Other motor vehicle	\$	\$		\$	\$	
Boat	\$	\$		\$	\$	
Furniture, appliance, TVs (includes rent-to-own)	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Child support	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Total medical	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Total	\$	\$		\$	\$	

MONTHLY EXPENSES			
Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

11. DECLARATIONS		
Please check the box beside the word that best answers the following questions for you and the co-applicant		
	Applicant	Co-applicant
a. Do you have any outstanding judgments because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on or deed in lieu of foreclosure in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are you paying alimony or child support or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Are you a co-signer or endorser on any loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "yes" to any question a through h, or "no" to question i, 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 homeownership program, my ability to repay an affordable loan and other expenses of homeownership, 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 a Habitat home, I may be disqualified from the program and forfeit any rights or claims to a Habitat home. 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. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

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

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.

13. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that we may order an appraisal in connection with your loan and we may charge you for this appraisal. Upon completion of the appraisal, we will promptly provide a copy to you, even if the loan does not close.

Applicant's name _____ Co-applicant's name _____

14: 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 to provide the information, we may note it by visual observation or surname.

Applicant	Co-Applicant
<input type="checkbox"/> I do not wish to provide this information. Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate: ____ / ____ / ____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)	<input type="checkbox"/> I do not wish to provide this information. Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate: ____ / ____ / ____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)

Military Service

Have you (or your spouse) ever served, or are currently serving, in the United States Armed Forces?
 NO YES

If YES, check all that apply:

- Currently serving on active duty with projected expiration date of service/tour ____/____ (mm/yyyy)
- Currently retired, discharged, or separated from service
- Only period of service was as a non-activated member of the Reserve or National Guard
- Surviving spouse

For Office Use Only

This application was taken by:
 Face-to-Face Interview
 Mail
 Telephone

Date Received: _____
 More Information Requested Yes No
 Date Application Completed: _____
 Accepted Denied
 Date Letter Sent: _____

EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that monitors compliance with this law concerning this company is the Federal Trade Commission, with offices at [FTC Regional Office for the East Central region, 1111 Superior Avenue, Suite 200 Cleveland OH 44114-2507 or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

You need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support and separate maintenance income; and the spouse's financial resources.

Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete, and we will be unable to invite you to participate in the Habitat program.

Applicant(s):

X _____

X _____

Print name: _____

Print name: _____

Date: _____

Date: _____

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Applicant(s):

X _____

X _____

Print name: _____

Print name: _____

Date: _____

Date: _____