



**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 90 days 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.
- **Copy of your most recent Consumers Energy or electric utility bill** (you do not need to provide a copy of the bill if your utility account is included in your rent). NOTE: Please make sure the bill does not reflect a past due balance.
- **2016 and 2017 tax returns with W-2’s.** If you do not have a copy, your tax preparer should be able to provide you with one. You can also go to <http://www.irs.gov/taxtopics/tc156.html> to learn how to request a 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 Alanna Cook, Homeowner Services Manager, at 517-265-6157 or email [acook@habitat-lenawee.org](mailto:acook@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 90 days

\_\_\_\_\_ Proof of food stamps (if you receive them)

\_\_\_\_\_ Copy of your latest utility bill (ex. Consumers Energy, gas, electric, water bills) (not required if utility account is included as part of rent)

\_\_\_\_\_ The last two years of your tax returns with W-2s\*

**\*If applicant is not required to file taxes, application must include a letter signed and dated by applicant stating that he/she is not required to file.**

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

**Incomplete applications will not be reviewed.**

# 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																																																
<b>Applicant's name</b>	<b>Co-applicant's name</b>																																																
Social Security number _____	Social Security number _____																																																
Home phone _____ Age _____	Home phone _____ Age _____																																																
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<b>Dependents and others who will live with you (not listed by co-applicant)</b>	<b>Dependents and others who will live with you (not listed by co-applicant)</b>																																																
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Number of years _____	Number of years _____																																																
<b>If you have lived at your present address for less than two years, complete the following:</b>																																																	
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### 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 <b>CURRENT</b> employer	Years on this job	Name and address of <b>CURRENT</b> employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone
<b>If working at current job less than one year, complete the following information</b>			
Name and address of <b>LAST</b> employer	Years on this job	Name and address of <b>LAST</b> 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: _____	\$	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**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?

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**9. ASSETS**

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

**10. DEBT**

Account	TO WHOM DO YOU AND THE CO-APPLICANT(S) OWE MONEY?					
	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	\$	\$		\$	\$	
<b>Total</b>	\$	\$		\$	\$	

**MONTHLY EXPENSES**

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

**11. DECLARATIONS**

**Please check the box beside the word that best answers the following questions for you and the co-applicant**

	<b>Applicant</b>	<b>Co-applicant</b>
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
j. Have you ever served in the United States military for any length of time? (armed forces, National Guard, Coast Guard, Navy, etc.)	<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. If you answered "yes" to question j, you will need to provide a copy of your DD214 or form NGB-22 if you served in the National Guard.*

## 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 not to provide the information, we may note it by visual observation or surname.

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

To be completed only by the person conducting the interview	
This application was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's name (print or type)  <hr/> Interviewer's signature <span style="float: right;">Date</span>  <hr/> Interviewer's phone number

**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: \_\_\_\_\_

APPLICANT INFORMATION	
APPLICANT	CO-APPLICANT
<b>Applicant's Name</b>	<b>Co-Applicant's Name</b>
<b>Best Phone Numbers to Reach You</b>	<b>Best Phone Numbers to Reach You</b>
Cell _____	Cell _____
Home _____	Home _____
Work _____	Work _____
Other _____	Other _____
<b>Email Address</b>	<b>Email Address</b>

**HOW DID YOU HEAR ABOUT HABITAT?**

Employer \_\_\_\_\_

Church \_\_\_\_\_

Friend/Relative Name \_\_\_\_\_

Are They a Habitat Homeowner?  Yes  No

Agency \_\_\_\_\_

Flyer

Web/Google Search

Other \_\_\_\_\_



**AUTHORIZATION TO PERFORM  
SEX OFFENDER REGISTRY AND CRIMINAL  
HISTORY BACKGROUND CHECK**

I understand that Habitat for Humanity of Lenawee County screens all applicant family members, age 18 and older, on the sex offender registry and by completing this form I am submitting myself to such an inquiry. I further understand that by completing this form, I am also submitting myself to a criminal background check. If I have not answered the questions truthfully, my application may be denied, and even if I have already been selected to receive a Habitat home, I may be disqualified from the program.

**APPLICANT**

**First Name:** \_\_\_\_\_ **Last name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex:** Male \_\_\_\_ Female \_\_\_\_  
**Race:** White \_\_\_\_ Black \_\_\_\_ Asian/Pacific Islander \_\_\_\_  
American Indian or Alaskan Native \_\_\_\_ Unknown/Other \_\_\_\_

**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE.**

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Signature:** \_\_\_\_\_

**CO-APPLICANT**

**First Name:** \_\_\_\_\_ **Last name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex:** Male \_\_\_\_ Female \_\_\_\_  
**Race:** White \_\_\_\_ Black \_\_\_\_ Asian/Pacific Islander \_\_\_\_  
American Indian or Alaskan Native \_\_\_\_ Unknown/Other \_\_\_\_

**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE.**

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Signature:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Sex Offender Check Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Criminal Background Check Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Ok? Yes** \_\_\_\_ **No** \_\_\_\_ **Staff Initials** \_\_\_\_\_

**Notes:**

