



## Homeownership Program Application

### Complete Application Checklist

An incomplete application will be returned requesting required documents. Applicants will have 30 days to submit required documents before application will be denied.

(8½ x 11 copies only – no originals)

**Check When Complete** Thank you for completing and returning this form to: Wendy Knox, Executive Director, [wknox@habitat-lenawee.org](mailto:wknox@habitat-lenawee.org)

**I/We meet the required income range for the homeownership program** (Lenawee County income ranges are included).

**A brief statement as to your need for a Habitat house** (Explanation of Need Form included).

**Proof of all household income** (2 months of paycheck stubs, and/or child support, SSI, Veteran's benefits, food stamps, unemployment, etc.). Awards letter or bank statement with deposit of funds listed is also acceptable.

**Proof of Debt for any contractual obligation(s) with 20 or more months left to pay.** (Most of this information can be found in your credit report, please review it and add any debt not mentioned in the report)

**Copies of applicant(s) most recent Income Tax Return** (not just W-2s).

**Copies of 2 pieces of identification** which demonstrate that the applicant(s) is a citizen of the United States or a permanent legal resident (i.e. Driver's license, birth certificate, social security card, green card, etc).



**Copies of the last 2 months of bank statements**

**Copies of the last 12 months of utility bills and/or the last 3 months of expenses/bills** (expenses and bills can be credit cards, car payments, car insurance, phone/cable/ internet, loans (including student loan information), child support expenses, rent etc.

**Consent for Release of Information** is completed, signed and dated (form included).

If applicable, **Verification of Military Service** DD214 - (Discharge Paperwork)

**Criminal Background Check Release Form** for applicant and Co-Applicant.

**All pages of the application are complete** including signature and date. (application included).



**Thank you very much for applying for the Habitat Lenawee Homeownership Program. If you do not qualify for the Habitat Homeownership Program at this time, you will be contacted by mail, with an explanation and resource information to help you with pursuing other avenues or for preparation to re-apply with Habitat for Humanity of Lenawee, if appropriate. As part of this process, a soft credit report will be completed. This will NOT affect your credit score.**

*Habitat for Humanity of Lenawee County provides Equal Housing Opportunities. All applicants will be considered without regard to race, color, religion, sex, handicap, familial status, or national origin.*

Please check all that apply:

Credit report requires  
birthdates of adults applied:

☐ I have had a bankruptcy in the past 12 months

\_\_\_\_\_

☐ I have open judgments on my credit report

\_\_\_\_\_

### **Applicant**

Please Print Your Full Name: \_\_\_\_\_

Please Print Your Email Address: \_\_\_\_\_

### **Co-Applicant**

Please Print Your Full Name: \_\_\_\_\_

Please Print Your Email Address: \_\_\_\_\_

## Application Criteria

To become a Homeowner Partner with Habitat for Humanity of Lenawee County, we look for the following three criteria:

<b>Need:</b>	<ul style="list-style-type: none"> <li>• Substandard, inadequate, overcrowded housing.</li> <li>• Housing costs are too high compared to income.</li> </ul>
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<b>Willingness to Partner:</b>	<ul style="list-style-type: none"> <li>• Save a \$1,000 down payment by closing date</li> <li>• Complete sweat equity hours (To be determined )</li> <li>• Participate in homeownership education classes</li> </ul>
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Ability to Pay (2023)	
Family Size	Qualifying Income Not to Exceed 80% of AMI
	Lenawee County
<b>1 Person</b>	\$15,900- \$40,050
<b>2 Persons</b>	\$18,200- \$45,800
<b>3 Persons</b>	\$20,450 - \$51,500
<b>4 Persons</b>	\$22,700 - \$57,200
<b>5 Persons</b>	\$24,550 - \$61,800
<b>6 Persons</b>	\$26,350 - \$66,400
<b>7 Persons</b>	\$28,150 - \$70,950
<b>8 Persons</b>	\$30,000 - \$75,550

## Criminal Background & Sex Offender Check Release Form

Thank you for completing and returning this form  
to: Wendy Knox, Executive Director  
wknox@habitat-lenawee.org

Habitat Lenawee  
1043 E. US-223, Adrian, MI 49221  
517-265-6157

Print legal last name: \_\_\_\_\_ Print legal first name \_\_\_\_\_

Print legal middle name: \_\_\_\_\_ Print (maiden name, surname) \_\_\_\_\_

Date of Birth: (month/day/year) \_\_\_\_\_

Race	Caucasian	African American
(choose one):	Asian or Pacific Islander	American Indian
	Hispanic	Other

Current address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

If volunteering for community service, indicate the person responsible for overseeing your hours  
(ie. Probation officer):

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Please describe your offense \_\_\_\_\_

I hereby give Habitat for Humanity of Lenawee County (permission to submit the above information to the Michigan State Police ICHAT tool and National Sex Offender Online Registry for review. I understand that past offenses will be given a score which may or may not negatively impact my application to Lenawee County Habitat for Humanity. **I understand that if I choose not to allow Habitat Lenawee to perform these background checks, my application will automatically be denied.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Office Only:

Date ICHAT check completed \_\_\_\_\_ Cleared Y N

Date Sex Offender check completed \_\_\_\_\_ Cleared Y N

Reason for denial \_\_\_\_\_



## Criminal Background & Sex Offender Check Release Form (Co-Applicant)

Thank you for completing and returning this  
form to: Wendy Knox, Executive Director  
wknox@habitat-lenawee.org

Habitat Lenawee  
1043 E. US-223, Adrian, MI 49221  
517-265-6157

Print legal last name: \_\_\_\_\_ Print legal first name \_\_\_\_\_

Print legal middle name: \_\_\_\_\_ Print (maiden name, surname) \_\_\_\_\_

Date of Birth: (month/day/year) \_\_\_\_\_

Race	Caucasian	African American
(choose one):	Asian or Pacific Islander	American Indian
	Hispanic	Other

Current address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

If volunteering for community service, indicate the person responsible for overseeing your hours (ie. Probation officer):

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Please describe your offense \_\_\_\_\_

I hereby give Habitat for Humanity of Lenawee County (HFHLC) permission to submit the above information to the Michigan State Police ICHAT tool and National Sex Offender Online Registry for review. I understand that past offenses will be given a score which may or may not negatively impact my application to Habitat for Humanity of Lenawee County. **I understand that if I choose not to allow HFHLC to perform these background checks, my application will automatically be denied.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

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For Office Only:

Date ICHAT check completed \_\_\_\_\_ Cleared Y N

Date Sex Offender check completed \_\_\_\_\_ Cleared Y N

Reason for denial \_\_\_\_\_

## Consent for Release of Information

I, \_\_\_\_\_, request and authorize Habitat for Humanity of Lenawee County to obtain information regarding my Residence and Employment.

### **Residence**

Apartment/Landlord Names: \_\_\_\_\_

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

Contact Person and Phone: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_

Length of time living at this Location: \_\_\_\_\_

### **Employment**

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Contact Person and Phone: \_\_\_\_\_

I understand that by signing this Release of Information form, I am authorizing Habitat for Humanity of Lenawee County to perform employment and/or residence verification.

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Applicant's Signature

Date

## Consent for Release of Information

(Co-Applicant)

I, \_\_\_\_\_, request and authorize Habitat for Humanity of Lenawee County to obtain information regarding my Residence and Employment.

### **Residence**

Apartment/Landlord Names: \_\_\_\_\_

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

Contact Person and Phone: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_

Length of time living at this Location: \_\_\_\_\_

### **Employment**

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Contact Person and Phone: \_\_\_\_\_

I understand that by signing this Release of Information form, I am authorizing Habitat for Humanity of Lenawee County to perform employment and/or residence verification.

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Applicant's Signature

Date

## 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.

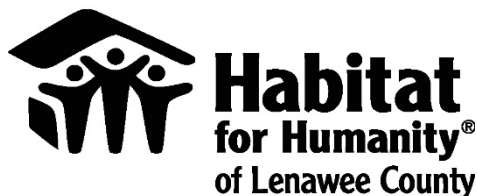
Applicant	Co-Applicant
I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
<b>Race:</b> (applicant may select more than one racial designation)	<b>Race:</b> (applicant may select more than one racial designation)
American Indian or Alaska Native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



## **Explanation of Need**

Please state what qualifies you as having a need for a Habitat home.  
Address any of the following issues that apply to your current housing situation: overcrowded; structurally deteriorated; plumbing, wiring or energy deficiencies; lack of housing; excessive housing costs, such as high utility bills or rent; unsafe neighborhood.

(Please limit this to one page.)



# Application

## Homeowner Program



### Habitat for Humanity of Lenawee County

1043 E. US-223

Adrian, MI 49221

(517) 265-6157

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 Lenawee County Habitat for Humanity homeowner 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>Name of Applicant</b>		<b>Name of Co-Applicant</b>	
Social Security Number _____		Social Security Number _____	
Home Phone _____ Age _____		Home Phone _____ Age _____	
Married Separated Unmarried (Incl. single, divorced, widowed)		Married Separated Unmarried (Incl. single, divorced, widowed)	
<b>Dependents</b> and others who will live with you (not listed by co-applicant)		<b>Dependents</b> and others who will live with you (not listed by co-applicant)	
Name	Age Male Female Other	Name	Age Male Female Other
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Present address (Street, city, state, ZIP code)	Own Rent	Present address (Street, city, state, ZIP code)	Own Rent
_____		_____	
Number of years _____		Number of years _____	
<b>If you have lived at your present address for less than two years, complete the following.</b>			
Last Address (Street, city, ZIP code)	Own	Last Address (Street, city, ZIP code)	Own
_____		_____	
_____	Rent	_____	Rent
_____		_____	
Number of years _____		Number of years _____	

### 3. WILLINGNESS TO PARTNER

To be considered for HFHLC homeownership program, 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 Lenawee office, attending homeownership classes and other approved activities.

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

Yes No

Applicant

Co-Applicant

### 4. PRESENT HOUSING CONDITIONS

Number of bedrooms (choose one)      1      2      3      4      5

Other rooms in the place where you are currently living:

Kitchen

Bathroom

Living Room

Other \_\_\_\_\_

In the space below, briefly describe the condition of the house or apartment where you live.

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### 5. PROPERTY INFORMATION

Rent

Mortgage

Land Contract

Mortgage-Free

Rent or Mortgage payment \$\_\_\_\_\_/month

Unpaid Balance \$\_\_\_\_\_

Do you own land?

**Yes**

**No**

Monthly Payment \$\_\_\_\_\_

Unpaid Balance \$\_\_\_\_\_

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

### 6. DOWNPAYMENT INFORMATION

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?

7. 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

8. 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>

<b>Please Note:</b> 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

## 9. ASSETS

Name of bank, savings and loan, credit union, etc.	Address	City, State	ZIP code	Account Number	Current Balance
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

## 10. DEBT

TO WHOM DO YOU AND THE CO-APPLICANT 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	\$	\$		\$	\$	
<b>Total</b>	\$	\$		\$	\$	

## MONTHLY EXPENSES

Account	Applicant	Co-Applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Internet Service	\$	\$	\$
Land Line	\$	\$	\$
Cell Phone	\$	\$	\$
Homeowner Insurance	\$	\$	\$
Auto Insurance	\$	\$	\$
Health Insurance	\$	\$	\$
Union Dues	\$	\$	\$
Child Care	\$	\$	\$
Student Loans	\$	\$	\$
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

		Applicant		Co-Applicant	
		Yes	No	Yes	No
a.	Do you have any outstanding judgments because of a court decision against you?				
b.	Have you been declared bankrupt within the past seven years?				
c.	Have you had property foreclosed on or deed in lieu of foreclosure in the past seven years?				
d.	Are you involved in a lawsuit?				
e.	Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?				
f.	Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee?				
g.	Are you paying alimony or child support or separate maintenance?				
h.	Are you a co-signer or endorser on any loan?				
i.	Are you a U.S. citizen or permanent resident?				

*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 of Lenawee County to evaluate my actual need for the Habitat homeowner program, my ability to repay an affordable loan, and my willingness to be a partner through sweat equity.

I understand that the evaluation will include personal visits, a credit check, property ownership, 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 Lenawee Habitat home repair loan, I may be disqualified from the program. The original or a copy of this application will be retained by Lenawee Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity of Lenawee County 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 \_\_\_\_\_

**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 his 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 Signature \_\_\_\_\_ Co-Applicant Signature \_\_\_\_\_

## 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):

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Signature:

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Signature:

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Print Name:

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Print Name:

---

Date:

---

Date:

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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 _____
	Interviewer's phone number

**Interview Notes:**



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**For Office Use only:**

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

Date of notice of incomplete application letter: \_\_\_\_\_

Date of adverse action letter: \_\_\_\_\_

Date of Selection Committee Approval: \_\_\_\_\_

Date of Board Approval: \_\_\_\_\_

Date of Partnership Agreement: \_\_\_\_\_