Marquette County Habitat for Humanity®

EQUAL HOUSING OPPORTUNITY

2354 US 41 S
Marquette, MI 49855
(906) 228-3578

Home Repair Program Application

Servicing Marquette County Homeowners

Date of Application: _____
Applicant Name: _____ Email: _____
Co-applicant Name: _____ Email: _____
Applicant's street address: _____ City: _____ Zip: _____
Phone: (Home/Cell) _____ (Work) _____

How long have you owned and resided at the above address? _____
Is the home a mobile home? Yes/No ____ If yes, do you own the land the mobile home is on? Yes/No_____
Are you (or anyone in your household) currently serving in the US Armed Forces? Yes/No _____
Are you (or anyone in your household) a Veteran? Yes/No_____
Where did you hear about our program? _____
Have you ever applied to our Home Repair Program in the past? Yes/No_____ If yes, when? _____

List below the names of all the people who are living in your home, including yourself:

Name	Date of Birth	Age	Sex	Student? Yes/No	Disability? Yes / No	Relationship

Please give a detailed description of the repairs you are requesting assistance with:

_____
_____
_____
_____
_____
_____

FINANCIAL INFORMATION

Current Earned Income (For each working person living in your house, please give the following)**:**

Name	Employer	Employer's Address	Monthly Income
1. _____	_____	_____	$_____
2. _____	_____	_____	$_____
3. _____	_____	_____	$_____

Assets (Name of bank, savings and loan, credit union etc.):

Name	Last 4 digits of Account Number	City & State	Balance
1. _____	_____	_____	$_____
2. _____	_____	_____	$_____
3. _____	_____	_____	$_____
4. _____	_____	_____	$_____

Other Income (Include AFDC, Food Stamps, SSI, SS, Disability, Child Support, Alimony)**:**

	Name (Recipient)	Kind of Income	Monthly Income
1.	_____	_____	$_____
2.	_____	_____	$_____
3.	_____	_____	$_____

Required Documentation:

- ☐ Proof of homeownership (recorded deed or title)
- ☐ Copy of home insurance policy (must show policy limits and liabilities)
- ☐ Documentation of all sources of income including government sources; if paystubs, most recent two months' are required
- ☐ Most two recent months' worth of Bank Statement(s) for all checking and/or savings accounts
- ☐ Proof from lender showing that mortgage is current
- ☐ Proof that property taxes are current
- ☐ Copy of DD-214 (If applicant is a veteran)

Marquette County Habitat for Humanity is an equal opportunity program and therefore shall make housing equally available to all qualified families without discrimination. With the scope of their application process, MCHFH will not consider the following factors: sex, marital status, race, color, religion, and national origin, and age, receipt of public assistance income, physical handicap, or family status.

I understand that by signing this application, I am authorizing Habitat for Humanity to evaluate my home and the need for repairs, my ability to repay the no interest loan and other expenses of homeownership, and my willingness to be a partner family. I understand that the evaluation may include personal visits, and income 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 home repair, I may be disqualified from the program. The original or copy of this application will be retained by Habitat for Humanity even if the application is not approved.

Applicant Signature_____ Date_____

Co-Applicant Signature _____ Date _____

Program Guidelines:

Marquette County Habitat for Humanity's Home Repair Program assists low to moderate income families with critical home repairs. The family must meet all program criteria to qualify:

1. Critical home repair need
2. Income qualified
3. Own and occupy the home
4. Ability to potentially pay for repairs with a no-interest loan through Marquette County Habitat for Humanity depending on household area median income.
5. Willingness to partner with Marquette County Habitat for Humanity

All program recipients must complete "Sweat Equity." Sweat Equity generally means working on your home project or on another Habitat project and is geared for your physical abilities. Sweat Equity can also be completed in the ReStore, the Habitat office or at another qualified area non-profit agency.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

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 the 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 not furnish it. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. (Lender must review the above material to assure the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the loan applied for.)

Applicant

Race:

- ❑ I do not wish to furnish this information.
- ❑ American Indian or Alaskan Native
- ❑ Asian
- ❑ White
- ❑ Native Hawaiian/Pacific Islander
- ❑ Black or African American
- ❑ American Indian or Alaska Native & White
- ❑ Asian & White
- ❑ Black or African American & White
- ❑ American Indian/Alaska Native & Black/African American
- ❑ Other Multi-Racial (specify)_____

Ethnicity:

- ❑Hispanic or Latino
- ❑ Non-Hispanic or Latino

Sex:

❑ Female ❑ Male

Co-applicant

Race:

- ❑ I do not wish to furnish this information.
- ❑ American Indian or Alaskan Native
- ❑ Asian
- ❑ White
- ❑ Native Hawaiian/Pacific Islander
- ❑ Black or African American
- ❑ American Indian or Alaska Native & White
- ❑ Asian & White
- ❑ Black or African American & White
- ❑ American Indian/Alaska Native & Black/African American
- ❑ Other Multi-Racial (specify)_____

Ethnicity:

- ❑Hispanic or Latino
- ❑Non-Hispanic or Latino

Sex:

❑ Female ❑ Male

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FAX (906) 228-2314
TTY: 711

info@mqthabitat.org
www.mqthabitat.org

AUTHORIZATION TO RELEASE INFORMATION

Date _____

I/We do hereby authorize Marquette County Habitat for Humanity (MCHFH) to release my personal information as it pertains to potential home repairs to additional home repair organizations to include but not limited to: Michigan State Housing Development Authority (MSHDA); Superior Alliance for Independent Living (SAIL); Environment, Great Lakes, and Energy (EGLE); SEMCO Energy; Community Action Alger – Marquette (CAAM); Marquette County Emergency Home Repair. Information will only be released if/when MCHFH believes another organization may be able to provide additional or specialized repair assistance. This authorization is in effect for a period of two years from when this document was signed and dated below. The applicant(s) will be notified when information is shared.

Applicant's full name: _____
PLEASE PRINT
Date of birth: _____ Social Security number: _____
Current address: _____
Applicant's signature: _____ Date: _____

Co-Applicant's full name: _____
PLEASE PRINT
Date of birth: _____ Social Security number: _____
Current address: _____
Co-Applicant's signature: _____ Date: _____