Marquette County Habitat for Humanity®
2354 US 41 S
Marquette, MI 49855
(906) 228-3578

Ramp Program Application

Servicing Marquette County Homeowners

Date of Application: _____

Applicant Name: _____ Email: _____

Co-applicant Name: _____ Email: _____

Applicant's street address: _____ City: _____ Zip: _____

Township:_____

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? _____
What is the reason that you need a ramp? _____

I am in need of:

_____**Temporary Ramp (complete page 1 & 2 of application)**
Metal ramp that can be installed for up to 4 weeks at no cost to the homeowner.

_____**Permanent Ramp (complete all pages of application)**
Wooden ramp installed, cost to homeowner determined by household income.

Date ramp is needed by_____
I can provide labor or volunteers to help with ramp installation. Yes _____ No _____

For faster application processing, please provide the following information if possible.

Location of desired ramp (describe what side of house)
_____
_____

Is there a secondary location available if the first is not suitable for a ramp? If so, where?
_____
_____

Height from top of stairs to ground: _____ Length of staircase: _____

If possible, please submit photos of the desired location of the ramp when turning in this application. Completed application and photos can be emailed to repairs@mqthabitat.org or dropped off at our main office in Harvey.

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 a ramp, 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 ramp, 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 _____

EQUAL HOUSING OPPORTUNITY

Complete for Permanent Ramp Application

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

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

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	City, State & Zip	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 (deed or title)
- ☐ Documentation of all sources of income including government sources; if paystubs, most recent two months are required
- ☐ Proof from lender showing that mortgage is current
- ☐ Proof that property taxes are current
- ☐ Copy of DD-214 (If applicant is a veteran)

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal government for loans related to the purchase of homes, 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: _____