



2354 US 41 S
 Marquette, MI 49855
 (906) 228-3578
 FAX (906) 228-2314
 TTY: 711

info@mqthabitat.org;
 www.mqthabitat.org;

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Dear Applicant,

Marquette County Habitat for Humanity is a Christian housing ministry financed through private donations and utilizing volunteer labor. Through our New Home Construction Program, we build simple, decent, affordable homes in partnership with working families who could not otherwise purchase a home.

Please read the following items carefully to see if you have an interest in a partnership AND to see if you meet our general guidelines:

1. To qualify you must have need for housing. *For example: no indoor plumbing, poor heating, roof leaks, overcrowded, too expensive, unsafe, or unsanitary conditions.* You need to have a minimum permanent family income (from all sources) of \$2,180 to \$5,813 a month (based on family of 4), roughly 30-80 percent of the median income of Marquette County.
2. Your total permanent family income (from all sources) should not exceed the maximum amounts of \$26,160 to \$69,760 (based on family of 4), roughly 30-80% of the median income of Marquette County.
3. At least two years must have passed following a bankruptcy judgment.
4. Complete applications will be submitted to the Family Selection committee for review. Home visits will be done by the committee and qualified applications with be submitted to the Board of Directors for approval.
5. If you are approved for a Habitat home, you will be required to participate with other partner families in workshops scheduled throughout the year to prepare for home ownership (budgeting, home repair, maintenance, and other topics). In addition, **each adult is required to perform a minimum of 250 hours of sweat equity throughout the building season**, working together with other partner families on all the houses and at Habitat events.
6. A down payment must be paid before construction begins on the house.
7. When you meet all sweat-equity and down payment requirements and the house is complete, you will purchase the home at cost. Habitat house payments include taxes and insurance. House payments are used by Habitat to build more houses with other families. This requires that you make all payments on time.

If you are interested in the New Home Construction program and you believe you qualify for a home according to the above guidelines, we encourage you to fill out and return the complete application with all verifications. **Verifications will be done by Habitat staff.** All information is considered confidential and is to be used only for family selection. The application process takes between two and four months once the complete application is received.

If you have any questions, please call 906-228-3578.

Sincerely,

Marquette County Habitat for Humanity Staff

“This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.”





HOMEOWNER QUALIFICATIONS & INFORMATION
Marquette County Habitat for Humanity

Please read through the following information pertaining to qualifying homeowners for Habitat for Humanity. If you feel you meet most or all of these requirements, feel free to call or stop in our office, or download a homeowner application from our website: www.mqthabitat.org.

1. General Family Income (from all sources living in household)

Guidelines: MSHDA Income Limits

# Ppl in Household	*Minimum	*Maximum
1	\$18,330	\$48,880
2	\$20,940	\$ 55,840
3	\$23,550	\$62,800
4	\$26,160	\$69,760
5	\$28,260	\$75,360
6	\$30,360	\$ 80,960

2. A Demonstrated Need for Housing (Having one or any of the following):

- No indoor plumbing
- Roof leaks
- Sewage issues
- Poor heating
- Overcrowded
- Too expensive
- Unsafe or unsanitary conditions
- Other potential conditions

3. A Willingness to Become a Partner Family with Habitat

- Each adult completes a minimum of 250 “sweat equity” hours towards the home build and education classes.
- No outstanding collections, liens or judgements that cannot be paid by home completion.
- Able to make a \$1,000 down payment before closing on home (payments can be arranged).
- Have not filed bankruptcy within past 2 years.
- Be willing to relocate within Marquette County where build is taking place.

Marquette County Habitat for Humanity

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



Application Checklist

The items below are included in this application packet. As you complete each item, check the box. Return checklist and application packet to MCHFH, mail or drop off at our office at 2354 US 41 South, Marquette (Harvey). We are located seven doors south of Ace Hardware on the same side of the street. It is your responsibility to have the following documents completed.

Need help? Please call 906-228-3578.

- Application Checklist
- Signed and completed Application
- Employment Verification (one for each employed individual)
- Most recent two months' worth of Bank Statement(s) for all checking and/or savings accounts for all individuals
 - Included
 - Will be sent by financial institution
- Landlord Reference
- Volunteer Application/Release and Waiver of Liability (one for each individual over 16)
- Credit Check Release
- Public Assistance Release
- Documentation of all sources of income including government sources; if paystubs, most recent two months' worth



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

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 for the Habitat for Humanity homeownership program truthfully, completely and accurately. All information you include on this application will be maintained in accordance with our privacy policy.

- Type of credit**
- I am applying for **individual credit**.
 - I am applying for **joint credit**. Total number of borrowers: _____
 - Each borrower intends to apply for joint credit. **Your initials:** _____

1A. APPLICANT INFORMATION

Applicant	Co-applicant																																																
Applicant's name: _____	Co-applicant's name: _____																																																
Alternative and former names: _____ _____	Alternative and former names: _____ _____																																																
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Cell phone () _____	Cell phone () _____																																																
Email address _____	Email address _____																																																
Age _____ Date of birth (mm/dd/yyyy) _____	Age _____ Date of birth (mm/dd/yyyy) _____																																																
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Dependents and others who will live with you:	Dependents and others who will live with you (not listed by co-applicant):																																																
<table border="0"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Age</th> <th style="text-align: center;">Male</th> <th style="text-align: center;">Female</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>	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"/>	<table border="0"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Age</th> <th style="text-align: center;">Male</th> <th style="text-align: center;">Female</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>	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"/>
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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, for all addresses during the past two years:																																																	
Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ _____	Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ _____																																																
Number of years: _____	Number of years: _____																																																

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: _____

1B. MILITARY SERVICE

Did you (or your deceased spouse) serve, or are you currently serving, in the United States Armed Forces?
(Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Reserve or National Guard) Yes No

If yes, check all that apply:

- Currently serving on active duty with projected expiration date of service/tour ____ / ____ / ____ (mm/dd/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

Is anyone else in your household serving, or did they serve, in the United States Armed Forces? Yes No

If yes, check all that apply:

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

2. WILLINGNESS TO PARTNER

To be considered for the Habitat homeownership program, you and your household members must be willing to complete a certain number of "sweat-equity" hours, which may include hours spent helping to build your home and the homes of others, attending homeownership classes, and/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"/>

3. PRESENT HOUSING CONDITIONS

Currently, are you: Renting Rent-free Own

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): _____

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

If you rent your current residence, please supply a copy of your lease and a copy of the most recent money order receipt, bank statement or canceled rent check to evidence rent payment.

Name, address and phone number of current landlord: _____

4. PROPERTY INFORMATION

I do not own any real estate (move to Section 5).

If you own your residence, what is your monthly mortgage payment (including taxes, insurance, etc.)? \$ _____ /month Unpaid balance \$ _____	Do you own land other than your residence? <input type="checkbox"/> No <input type="checkbox"/> Yes Monthly payment (including taxes, insurance, etc.) \$ _____
--	---

If you wish your property to be considered for building your Habitat home, please attach the deed, any existing appraisal and information about any liens.
Note: A separate approval process will apply with respect to any such requests, as each parcel of land is unique and may not be suitable for building on through the Habitat program.

5. EMPLOYMENT INFORMATION

5. EMPLOYMENT INFORMATION			
Applicant		Co-applicant	
<input type="checkbox"/> Does not apply.		<input type="checkbox"/> Does not apply.	
Name and address of CURRENT employer:	Start date (mm/dd/yyyy):	Name and address of CURRENT employer:	Start date (mm/dd/yyyy):
	Annual (gross) wages: \$		Annual (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 PREVIOUS employer:	Years on this job:	Name and address of PREVIOUS employer:	Years on this job:
	Annual (gross) wages: \$		Annual (gross) wages: \$
Type of business:	Business phone:	Type of business:	Business phone:
<input type="checkbox"/> Check if you are the business owner or are self-employed. <input type="checkbox"/> I have an ownership share of less than 25%. <input type="checkbox"/> I have an ownership share of 25% or more. Monthly income (or loss) \$ _____			PLEASE NOTE: Self-employed applicants will be required to provide additional documents such as tax returns and financial statements.

6. MONTHLY INCOME

Income source	Applicant	Co-applicant	Others in household	Total
Salary/wages (gross)	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Housing voucher (e.g., Section 8)	\$	\$	\$	\$
Unemployment benefits	\$	\$	\$	\$
VA compensation	\$	\$	\$	\$
Retirement (e.g., pension)	\$	\$	\$	\$
Military entitlements	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Total	\$	\$	\$	\$

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE

Name	Income source	Monthly income	Date of birth

7. 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 gifts from family member or others; any grants for which you have or intend to apply)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

8. ASSETS

Type of asset and name of bank, savings and loan, credit union, retirement account, etc. (Do not include land here.)	Address	City, state	ZIP	Account number	Current balance/ value/vested amount (if applicable)
					\$
					\$
					\$
					\$
					\$
					\$
					\$

9. LIABILITIES AND EXPENSES

TO WHOM DO YOU OWE MONEY?	Applicant			Co-applicant		
	Account	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance
Auto loan	\$	\$		\$	\$	
Installment (e.g., boat, personal loan)	\$	\$		\$	\$	
Lease (e.g., furniture, appliances — includes rent-to-own)	\$	\$		\$	\$	
Alimony/separate maintenance	\$	\$		\$	\$	
Child support	\$	\$		\$	\$	
Revolving (e.g., credit cards)	\$	\$		\$	\$	
Student loan debt	\$	\$		\$	\$	
Open 30 days (balance paid monthly, e.g., travel card)	\$	\$		\$	\$	
Medical debt	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Total	\$	\$		\$	\$	

MONTHLY EXPENSES

Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities (electricity, water, gas)	\$	\$	\$
Insurance (rental, car, health, etc.)	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$

Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Transportation expense (gas, bus pass, vehicle upkeep, etc.)	\$	\$	\$
Food and essential supplies	\$	\$	\$
Entertainment	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

10. DECLARATIONS

Please check the box beside the word that best answers the following questions for you and the co-applicant.	Applicant	Co-applicant
a. Are there 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 declared bankruptcy within the past seven years? If YES, identify the type(s) of bankruptcy: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had any property foreclosed upon in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you party to a lawsuit in which you potentially have any personal financial liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you conveyed title to any property in lieu of foreclosure or completed a pre-foreclosure sale or short sale (where the lender agreed to accept less than the outstanding mortgage balance due) within the past seven years?	<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 a co-signer or guarantor on any debt of loan that is not disclosed on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. 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
Note: If you answered "yes" to any question a through g, or "no" to Question h, please explain on a separate piece of paper.		

11. AUTHORIZATION, AGREEMENT 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 and otherwise according to Habitat for Humanity policy.

I understand that the evaluation will include personal visits, a credit check and employment verification (if applicable). I have answered all the questions on this application truthfully and accurately, and if any of the information provided changes after I submit this application, I will supplement this application, as applicable. I understand that if I have not answered the questions truthfully, accurately or completely, or fail to supplement this application as necessary to maintain its accuracy and completeness, 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.

If this application is created as (or converted into) an "electronic application," I consent to the use of "electronic records" and "electronic signatures" as the terms are defined in and governed by applicable federal and/or state electronic transaction laws. I intend to sign and have signed this application either using my: (a) electronic signature or (b) a written signature and agree that if a paper version of this application is converted into an electronic application, the application will be an electronic record, and the representation of my written signature on this application will be my binding electronic signature.

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.

12. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that if you qualify for the homeownership program and complete the program requirements, we may order an appraisal to determine the value of a home that you may be eligible to purchase, 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** _____

13. DEMOGRAPHIC INFORMATION

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:

The purpose of collecting this information is to help ensure that all applicants are being treated fairly, that the housing needs of communities and neighborhoods are being fulfilled, and to otherwise evaluate our programs and report to our funders. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex and race) in order to monitor our compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." **The law provides that we may not discriminate** on the basis of this information or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, federal regulations require us to note your ethnicity, sex and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Applicant	Co-applicant
<p>Ethnicity (check one or more):</p> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – <i>Origin:</i> _____ <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i>	<p>Ethnicity (check one or more):</p> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – <i>Origin:</i> _____ <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i>
<input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information	<input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information
<p>Sex:</p> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information	<p>Sex:</p> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information
<p>Race (check one or more):</p> <input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe:</i> _____	<p>Race (check one or more):</p> <input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe:</i> _____
<input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian — <i>race:</i> _____ <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i>	<input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian — <i>race:</i> _____ <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i>
<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — <i>race:</i> _____ <i>For example: Fijian, Tongan, and so on.</i>	<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — <i>race:</i> _____ <i>For example: Fijian, Tongan, and so on.</i>
<input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information	<input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information

To be completed only by the person conducting the interview		
Was the ethnicity of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the sex of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the race of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This application was taken by: <input type="checkbox"/> Face-to-face interview (included electronic media w/video component) <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's name (print or type)	Interviewer's phone number
	Interviewer's signature	Date

14. UNMARRIED ADDENDUM

FOR BORROWER SELECTING THE UNMARRIED STATUS

Lender instructions for using the Unmarried Addendum: The lender may use the Unmarried Addendum only when a borrower selected "Unmarried" in Section 1 and the information collected is necessary to determine how state property laws directly or indirectly affecting creditworthiness apply, including ensuring clear title. For example, the lender may use the Unmarried Addendum when the borrower resides in a state that recognizes civil unions, domestic partnerships or registered reciprocal beneficiary relationships or when the property is located in such a state. "State" means any state, the District of Columbia, the Commonwealth of Puerto Rico, or any territory or possession of the United States.

If you selected "Unmarried" in Section 1:

Is there a person who is not your legal spouse but who currently has real property rights similar to those of a legal spouse? No Yes

If YES, indicate the type of relationship and the state in which the relationship was formed. For example, indicate if you are in a civil union, domestic partnership, registered reciprocal beneficiary relationship, or other relationship recognized by the state in which you currently reside or where the property is located.

Civil union Domestic partnership Registered reciprocal beneficiary relationship

Other (explain): _____

State: _____

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 the **Midwest Region, 55 West Monroe St., Suite 1825, Chicago, IL 60603**, 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 _____

Print name: _____

Date: _____

X _____

Print name: _____

Date: _____



CREDIT CHECK REQUEST

Date _____

I/We, _____ and _____
PLEASE PRINT PLEASE PRINT

Do hereby authorize Marquette County Habitat for Humanity to request a credit check through Equifax Consumer Credit Reporting Agency for the purpose of completing my/our application for a Habitat for Humanity house.

2354 US 41 S
Marquette, MI 49855
(906) 228-3578
FAX (906) 228-2314
TTY: 711

info@mqthabitat.org
www.mqthabitat.org

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Heidi Peterson
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Kristen Miller

Applicant's full name: _____
PLEASE PRINT

Date of birth: _____ Social Security number: _____

Current address: _____

Previous address (if living at current address less than one year): _____

Applicant's signature: _____

Co-Applicant's full name: _____
PLEASE PRINT

Date of birth: _____ Social Security number: _____

Current address: _____

Previous address (if living at current address less than one year): _____

Co-Applicant's signature: _____

"This institution is an equal opportunity provider, and employer. To file a complaint of discrimination, write to: USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay)."





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EMPLOYMENT VERIFICATION/REFERENCE

The person listed below is in the process of applying for housing through the Habitat for Humanity program. Habitat for Humanity is a Christian housing ministry financed through private donations and utilizing volunteer labor. Our purpose is to build homes with families and sell the houses at no profit and low interest to families who could not otherwise afford a home.

Habitat's criteria for family selection are: need for adequate shelter, ability to pay for a Habitat home, and willingness to partner with Habitat for Humanity. Each approved applicant must perform a minimum of 250 hours of work, called "sweat equity", on their home and/or other Habitat homes.

We would appreciate your help in answering the following questions. By signing below, the applicant has given us permission to obtain information regarding his or her status as an employee. All information will be kept confidential. Return to applicant or to Marquette County Habitat for Humanity, 2354 US 41 S., Marquette, MI 49855.

Employee/applicant's name: _____ PLEASE PRINT

Employee/applicant's signature: _____ Date: _____

To Be Completed By Employer

- 1. Applicant's hire date: _____
2. Present position: _____
3. Current base pay: Amount \$_____/Hour Hours worked per week _____
4. Earnings: \$_____ year to date \$_____ prior year
5. Does this person regularly receive overtime or bonuses? Yes _____ No _____
6. Any further comments: _____

Employer's name: _____ Title: _____ PLEASE PRINT

Employer's signature: _____ Phone: _____

Company Name: _____ Date: _____

Company Address: _____





VERIFICATION OF DEPOSITS

The person listed below is in the process of applying for housing through the Habitat for Humanity program. We would appreciate your help in answering the following questions. By signing below, the applicant has given us permission to obtain information regarding his or her status as a member. All information will be kept confidential. Return to applicant or to Marquette County Habitat for Humanity, 2354 US 41 S., Marquette, MI 49855.

Applicant's name: _____

PLEASE PRINT

Applicant's signature: _____ Date: _____

Name and Address of Institution: _____

To Be Completed By Financial Institution

Type of Account	Current Balance	Avg. Balance (for 2 months)	Date Opened
Checking			
Savings			
Loan		N/A	

1. Have there been any overdrafts or NSF? Yes No If so, how many and when?

2. Any loans? Yes No If so, current balance: \$ _____

3. Number of late payments: _____

4. Any further comments that may aid in determining creditworthiness of applicant: _____

Bank employee's name: _____ Date: _____

PLEASE PRINT

Bank employee's signature: _____ Phone: _____

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LANDLORD REFERENCE

The person listed below is in the process of applying for housing through the Habitat for Humanity program. Habitat for Humanity is a Christian housing ministry financed through private donations and utilizing volunteer labor. Our purpose is to build homes with families and sell the houses at no profit and low interest to families who could not otherwise afford a home.

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Habitat's criteria for family selection are: need for adequate shelter, ability to pay for a Habitat home, and willingness to partner with Habitat for Humanity. Each approved applicant must perform a minimum of 250 hours of work, called "sweat equity", on their home and/or other Habitat homes.

info@mqthabitat.org
www.mqthabitat.org

We would appreciate your help in answering the following questions. By signing below, the applicant has given us permission to obtain information regarding his or her status as a tenant. All information will be kept confidential. Return to applicant or to Marquette County Habitat for Humanity, 2354 US 41 S., Marquette, MI 49855.

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Tenant/applicant's name: _____ PLEASE PRINT

Tenant/applicant's signature: _____ Date: _____

Landlord name, address and phone number: _____

To Be Completed By Landlord

- 1. Date of rental: From _____ to _____
2. Amount of monthly rent: _____
3. Payment history (check one): [] Excellent [] Satisfactory [] Unsatisfactory
4. Any further comments: _____

Landlord's name: _____ Date: _____ PLEASE PRINT

Landlord's signature: _____ Phone: _____





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VERIFICATION OF PUBLIC ASSISTANCE

****This must be filled out for each applicant whether or not assistance is received****

I/We do hereby authorize Marquette County Habitat for Humanity to contact Marquette County Department of Human Services for verification of public assistance.

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

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

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This also includes any aid received on behalf of my/our children (please print):

CHILD'S FULL NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER

To Be Completed By DHS

- Which services does this family receive?
 TANF Food stamps SSI Court ordered child support
- When did the family start receiving these benefits? _____
- How much per month does the family receive? \$ _____ per month
- When are these benefits up for review? _____
- To the best of your knowledge, has the family faithfully represented their income to you since they have been receiving these benefits? Yes No
- If this family receives a house from Habitat for Humanity's program, will this asset affect these benefits? Yes No
- Will the home be subject to a lien by the State of Michigan? Yes No

DHS employee's name: _____ Phone: _____

DHS employee's signature: _____ Date: _____



VOLUNTEER APPLICATION

Thank you for your interest in Marquette County Habitat for Humanity.

PERSONAL INFORMATION

Date: _____

First Name: _____ Last Name: _____ Birth date: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Phone: _____

Occupation: _____ Employer/School: _____

Affiliation with Habitat (Church/Service Club, if applicable): _____

Emergency Contact: _____ Emergency Phone: _____

Physical Limitations: _____ Dietary Restrictions: _____

I would like to receive the MCHFH newsletter.

***Why do you want to Volunteer : _____

I prefer not to receive from MCHFH: ___ Mailings ___ Emails ___ Phone Calls ___ Appeals

AREAS OF INTEREST

Please indicate your volunteer interest(s).

- | | | |
|--|---|---|
| <input type="checkbox"/> Build New Homes | <input type="checkbox"/> Work at the ReStore | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Repair Homes | <input type="checkbox"/> Assist with mailings | <input type="checkbox"/> Committee Member:
(circle area(s) of interest) |
| <input type="checkbox"/> Provide or deliver lunches for volunteers | <input type="checkbox"/> Office work | Development / Family / Church Relations
Building-Site / Public Relations / ReStore |

AVAILABILITY

Months Available (PLEASE CIRCLE): Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec ALL / ANY

Days Available (PLEASE CIRCLE): Monday Tuesday Wednesday Thursday Friday Saturday ALL / ANY

Times Available (PLEASE CIRCLE): Mornings Afternoons Evenings ALL / ANY **Hours:** _____

Comments: _____

SKILLS






**Please indicate your skill level in the following areas according to the following rating scale:
1-Willing Worker, 2-Have Some Skills, 3-Skilled, 4-Very Skilled, Can Supervise, 5-Tradesperson.**

Do not be concerned if you are not skilled!

Footings ___ Foundation ___ Concrete Finishing ___ Framing ___ Electrical ___ Plumbing ___ HVAC ___
 Insulation ___ Drywall ___ Heating ___ Painting ___ Floor Covering ___ Siding ___ Cabinets/Countertops ___
 Trim Carpentry ___ Landscaping ___ Mailings ___ Econo Slips ___ Data Entry ___ Retail ___ Merchandising ___
 Social Media ___ Spring Clean Up ___ Fall Clean Up ___ Other: _____

Please forward completed application to: Marquette County HFH ~ 2354 US 41 S. ~ Marquette, MI 49855
 (906)228-3578 ~ Fax: (906)228-2314 ~ TTY: 711 ~ E-mail: info@mqthabitat.org ~ Website: www.mqthabitat.org

Administrative Office Location: 2354 US41 South, Marquette, MI 49855

RELEASE AND WAIVER OF LIABILITY

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS

This Release and Waiver of Liability (the "Release") executed on this ____ day of _____, 20__, by _____, (the "Volunteer"), in favor of Habitat for Humanity International, Inc., a nonprofit corporation, Habitat for Humanity Michigan, Inc., a Michigan nonprofit corporation, and Marquette County Habitat for Humanity, Inc., a Michigan nonprofit corporation, their directors, officers, employees, and agents (collectively, "Habitat").

The Volunteer desires to work as a volunteer for Habitat and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include constructing and rehabilitating residential buildings, working in the Habitat ReStore and office, and living in housing provided for volunteers of Habitat.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver. Volunteer does hereby release and forever discharge and hold harmless Habitat and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with Habitat. Volunteer understands that this release discharges Habitat from any liability or claim that the Volunteer may have against Habitat with respect to any bodily injury, personal injury, illness, death, or property damage (all as "Risks") that may result from Volunteer's Activities with Habitat, whether caused by negligence of Habitat or its officers, directors, employees, or agents or otherwise. These Risks include, but are not limited to, exposure to and/or infection with COVID-19 and/or other viruses or bacterial infections even in ideal conditions, and despite any and all reasonable efforts made to mitigate such Risks. I further acknowledge and agree that, due to the nature of the Activities, social distancing of six feet per person will not always be possible and that my participation in the Activities may result in an elevated risk of contracting COVID-19 and/or other viruses or bacterial infections. Volunteer also understands that Habitat does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Medical Treatment. Volunteer does hereby release and forever discharge Habitat from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with Habitat.

Assumption of Risk. The Volunteer understands that the Activities may include work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from worksites. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Habitat from all liability for injury, illness, death, or property damage resulting from the Activities.

Insurance. The Volunteer understands that, except as otherwise agreed to by Habitat in writing. Habitat does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage. The volunteer understands that he/she is responsible for payment such as hospital, physician, ambulance, dental, medical or other services obtained for me or my child. I agree that the released parties do not assume any responsibility for the payment of such fees or expenses which may be incurred.

Confidentiality. The volunteer agrees that in the course of participation in Habitat activities, they may have access to personal and/or health care information of other persons. Volunteer agrees to maintain the confidentiality of such information, to use it only as necessary to do their job as a volunteer, and to comply with Habitat for applicable policies regarding such information.

Photographic Release. Volunteer does hereby grant and convey unto Habitat all rights, titles and interests in any and all photographic images and video or audio recordings made by Habitat during the Volunteer's Activities with Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Other. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Michigan, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Michigan. Volunteer agrees that in the event that any clause or provision of the Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Signature of Volunteer 18 Years or Older: I hereby give my informed consent to participate in all volunteer Activities. I have read and understand this Release and Waiver of Liability, acknowledge that questions have been answered, and agree to the above provisions.

Volunteer: _____
(please print)

Address: _____

Signature: _____

Phone: _____

IMPORTANT: If the Volunteer is less than 18 years of age, all parents or guardians must complete the signature section below. If only one parent or guardian signs these forms on behalf of a Volunteer who is under 18 years of age, then the undersigned parent or guardian of the Volunteer hereby covenants, warrants, represents and agrees that he or she is executing these forms on behalf of, and as an agent for, any other individual who may be a parent or guardian of the Volunteer, that he/she is fully authorized to do so, and that by executing such Release and Parental Authorization, the undersigned is binding himself/herself, the Volunteer, and any other parent or guardian of the Volunteer, and all of their heirs, next of kin, assigns, and legal representatives to such Release and Parental Authorization.

Name of Volunteer Under 18 Years Old:

Name: _____ **Date of Birth:** _____

SIGNATURE OF PARENT/GUARDIAN SIGNING ON BEHALF OF THE ABOVE MINOR:

I have carefully considered my decision, the benefits and risks involved and hereby give my informed consent, on behalf of the above listed minor child, for him/her to participate in all Activities as set forth in the above Volunteer Agreement, Release and Waiver of Liability, and such terms are incorporated herein. I have read and understand the above Volunteer Agreement, Release and Waiver of Liability, any questions of mine have been answered, and I voluntarily agree to all such provisions. It is my intent to bind my and the minor Volunteer's heirs, next of kin, assigns, and legal representatives. **Furthermore, I understand that the above Volunteer Agreement, Release and Waiver of Liability is made on behalf of my minor child(ren) and/or legal wards and I represent and warrant to Marquette County Habitat for Humanity or its affiliated organizations that I have the full authority to sign this on behalf of such minor(s).**

Parent/Guardian: Name (please print): _____ Signature: _____

Address: _____

Phone: (H) _____ (C) _____ E-mail: _____

Witness: Name (please print): _____ Signature: _____

Parent/Guardian: Name (please print): _____ Signature: _____

Address: _____

Phone: (H) _____ (C) _____ E-mail: _____

Witness: Name (please print): _____ Signature: _____

EMERGENCY CONTACT INFORMATION FOR THE ABOVE LISTED MINOR VOLUNTEER:

Name: _____ Relationship: _____
Address: _____
Phone: (H) _____ (C/W) _____ E-mail: _____