



Critical Home Repair Program

Serving Alcona, Alpena, Montmorency, Oscoda, and Presque Isle Counties
2630 US 23 S., Alpena, MI 49707 ~ Phone: (989) 354-5555

Dear Applicant,

Thank you so much for your interest in our critical home repair program. Please email or drop off your completed application packet and required documents from the checklist to:



Kristen LeSage
Critical Home Repair Coordinator
(989) 354-5854

2630 US 23 S.
Alpena, MI 49707

repairs@habitatnemi.org

***Critical Home Repair Programs and funding are subject to change at any time.**

***Cosmetic upgrades/updates are not considered a critical repair and are ineligible for the program.**

If your repair(s) need immediate attention for health and/or safety, please contact the Critical Home Repair Coordinator right away! Other facilities that may be able to offer assistance:

- USDA
- MDHHS for your county
- Home Improvement Program in your county
- NEMCSA



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 administers compliance with this law concerning this creditor is the Consumer Financial Protection Bureau, 1700 G St. NW, Washington, DC 20552.



Habitat for Humanity Northeast Michigan
2630 US 23 South, Alpena, MI 49707
Phone: (989) 354-5555
www.habitatnemi.org

HOME REPAIR APPLICATION CHECKLIST

We are here to help. All information you provide us with is considered confidential and is used only for determining eligibility for our services. If you need assistance completing the application or if you have any questions, please call us.

The following documentation is needed to complete your application.

Proof of Identification

- Copy of Driver's License or State I.D.

Proof of Income

- 2 Months of pay stubs for all adults living in the household.
- 2 Most recent Federal Tax Returns, **if self-employed.**
- 2 most current months of Bank Statements (**all pages**) for entire household. If multiple accounts, please send **ALL** Statements for each adult living in the household.
- Social Security Benefit Statement Letter – current year (entire household)
- Veteran Benefit Statement Letter – current year (entire household)
- Work Pension Statement - most current (entire household)

Proof of Homeownership

- Copy of Recorded Deed or Recorded Land Contract. (Must be recorded at the county Register of Deeds Office)
- Copy of current paid property tax

Proof of Homeowner's Insurance

- Copy of homeowner's insurance declaration page

Last Month's Bills / Statements

- Electric
- Gas

***Once we process your application, we will need an estimate for your requested repairs. Contractors MUST be licensed and insured.**

For questions regarding this checklist, please call our Home Repair Program Coordinator at (989) 354-5854 or repairs@habitatnemi.org.

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Critical Home Repair Program

Habitat for Humanity Northeast Michigan (HFHNEMI) Critical Home Repair Program is made up of several grant programs that include: *A Brush with Kindness, Aging in Place, Veterans Repair Corp., MSHDA and HUD.* * Each grant program has its own specific rules and requirements. Repairs performed are to alleviate health, life and safety issues for homeowners in need.

Program Requirements

- *Single-family homeowner with current homeowner's insurance.*
- *Property Taxes are currently paid.*
- *Unable to obtain traditional financing.*

Applying for the Critical Home Repair Program

Please fill out the HFHNEMI Critical Home Repair Program Application as completely and accurately as possible. Provide required documentation listed on the ***HOME REPAIR APPLICATION CHECKLIST***. Applications are accepted with a complete application and documentation on a first come, first served basis.

Your application and documentation will be reviewed to find the right repair program for your needs. Please know this process can take time. If your repair(s) need immediate attention due to health or safety concerns, please contact the Critical Home Repair Coordinator immediately to discuss options and additional resources that may be needed.

All information you include on these applications will be kept confidential per the Gramm-Leach-Bliley Act, Fair Housing Act. It's Your Right!

If you have questions about the details of the program, please contact the Critical Home Repair Program Coordinator at (989) 354-5854 or email Kristen LeSage at repairs@habitatnemi.org.

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Application

Habitat Home Repair 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 one of Northeast Michigan Habitat for Humanity's Home Repair Programs. 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			
Applicant's name				Co-applicant's name			
Social Security number (required) _____				Social Security number (required) _____			
Phone _____ Date of Birth _____ Age _____				Phone _____ Date of Birth _____ Age _____			
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed) <input type="checkbox"/> Have you ever served in the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed) <input type="checkbox"/> Have you ever served in the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dependents and others who will live in your household (not listed by co-applicant)				Dependents and others who will live in your household (not listed by co-applicant)			
Name	Age	Male	Female	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"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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 that two years, complete the following:							
Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent				Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent			
_____				_____			
_____				_____			
Number of Years _____				Number of Years _____			

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.

For assistance with completing this application, please call Kristen LeSage at (989) 354-5854

2. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date received: _____	Date of adverse action letter: _____
Date of notice of incomplete application letter: _____	Date of board approval: _____
Date of notice of incomplete application letter: _____	Date of partnership agreement: _____

4a. HOUSING SUMMARY

Project address (street, city, state, ZIP code) _____ _____		County: _____
		Property Tax ID#: _____
Number of Bedrooms: _____	Number of adults (18+) ____ Number of children under 18 ____	
Utility Information		
Gas Provider:	Account Number:	
<input type="checkbox"/> Gas <input type="checkbox"/> Propane	Primary Heating System <input type="checkbox"/> gas furnace <input type="checkbox"/> gas boiler <input type="checkbox"/> propane <input type="checkbox"/> electric furnace	
Age of Furnace: _____	Primary water heating fuel: <input type="checkbox"/> gas <input type="checkbox"/> electric <input type="checkbox"/> propane	
Electric Provider:	Account Number:	
Housing Information		
Housing Type: <input type="checkbox"/> single family <input type="checkbox"/> Multifamily <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other: _____		
Foundation Type: <input type="checkbox"/> slab <input type="checkbox"/> crawl <input type="checkbox"/> basement – square feet: _____		
Year Built: _____	Year purchased: _____	
Square footage (not including basement) : _____	Number of stories: _____	
Existing Exterior Materials – please check all that apply		
Siding: <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Vinyl <input type="checkbox"/> Masonry <input type="checkbox"/> Other: _____		
Windows Original to the home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Storm Windows? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Entry Door(s): <input type="checkbox"/> Wood <input type="checkbox"/> Steel		
Storm Door(s): <input type="checkbox"/> Yes <input type="checkbox"/> No		
Roof: <input type="checkbox"/> Asphalt <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Slate <input type="checkbox"/> Metal <input type="checkbox"/> Other: _____		
Age of Roof: _____ Has the roof every been replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when _____		
Foundation: <input type="checkbox"/> Stone <input type="checkbox"/> Brick <input type="checkbox"/> Block <input type="checkbox"/> Concrete <input type="checkbox"/> Other: _____		

5. PROPERTY INFORMATION

What is your monthly mortgage payment \$ _____/month Unpaid balance \$ _____
Do you own the land your home sits on? <input type="checkbox"/> No <input type="checkbox"/> Yes

6. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
Name and address of CURRENT employer	Years on this job:	Name and address of CURRENT employer	Years on this job:
	Monthly (gross wages)		Monthly (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 CURRENT employer	Years on this job:	Name and address of CURRENT 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
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Veteran Pension	\$	\$	\$	\$
Work Pension	\$	\$	\$	\$
Wages	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Temporary Assistance for Needy Families (TANF)	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Other:	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

<p>PLEASE NOTE: Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.</p>	HOUSEHOLD MEMBERS WHOSE INCOME IS NOT LISTED ABOVE			
	Name	Income Source	Monthly Income	Date of Birth

8. ASSET (BANKS ACCOUNTS)

Name of bank, savings, credit union, retirement account, etc.	Address	City, State	Zip	Account Number	Current balance
					\$
					\$
					\$
					\$

9. DEBT

TO WHOM DOES THE APPLICANT AND CO-APPLICANT OWE MONEY?

Account	Applicant			Co-applicant		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Motor Vehicle	\$	\$		\$	\$	
Other Motor Vehicle: _____	\$	\$		\$	\$	
Recreational Vehicle: _____	\$	\$		\$	\$	
Rent-to-Own (furniture, appliances, TV, etc.)	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Child Support	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Total Medical	\$	\$		\$	\$	
Other: _____	\$	\$		\$	\$	
Other: _____	\$	\$		\$	\$	
TOTAL	\$	\$		\$	\$	

MONTHLY EXPENSES

Account	Applicant	Co-applicant	Total
Mortgage	\$	\$	\$
Utilities	\$	\$	\$
Homeowner's Insurance (if not included in mortgage)	\$	\$	\$
Child Care	\$	\$	\$
Internet Services	\$	\$	\$
Phone Services (cell and landline)	\$	\$	\$
Business expenses (including union dues & memberships)	\$	\$	\$
Insurance	\$	\$	\$
Other: _____	\$	\$	\$
Other: _____	\$	\$	\$
TOTAL	\$	\$	\$

11. AUTHORIZATION AND RELEASE – PLEASE READ CAREFULLY

I certify that I have owned this property at the address above for a minimum of 12 months and use it as my primary residence.

I intend to continue to occupy my home for at least 5 years.

I agree to sign the release and waiver of liability, which will not affect the coverage provided by the required homeowners insurance.

I certify that I understand that Habitat for Humanity may not be able to provide all the repairs I have requested on this application.

I certify that I understand that the priority for Habitat for Humanity Critical Home Repair project is primary homes of residence and that repairs to any auxiliary buildings (garages, sheds) will only be considered after this priority is met.

I certify that I will provide all household income to Habitat for Humanity, and I will allow Habitat for Humanity to conduct a certification of household income, pull my credit report, verify people on the deed, and make personal visits to my home.

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat Home Repair Program, my ability to repay an affordable loan, and my willingness to be an advocate for Habitat for Humanity.

I understand that the evaluation may 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 funds through a Habitat Home Repair Program, I may be disqualified from the program and forfeit any rights or claims to Habitat funding. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I understand Habitat for Humanity may require a down payment to start any repair project(s). This will depend on the repair program you qualify for and/or is available at the time of application.

I understand Habitat for Humanity will obtain a Deed of Trust on your property for the amount of the repair minus your financial contribution (if any) to the project. A Claim of Lien will be registered with the County Register of Deeds until financial obligation is paid in full. At which time, a Discharge of Claim of Lien will be registered. If you are approved for a grant, then the Claim of Lien will be for any amount over the grant funded amount.

Habitat for Humanity assumes all homes contain some lead from lead-based paint and Habitat for Humanity is a certified firm for lead-based paint renovations. As such I agree to allow Habitat to mitigate and dispose of lead-based paint according to EPA regulations.

I certify that I will notify Habitat for Humanity of any changes to my financial or living situation as soon as they occur.

I certify that I understand that this application and all copies of supporting documents will become the property of Habitat for Humanity and will not be returned to me, and that Habitat for Humanity will keep the original application on file for three years, whether or not it is approved.

I certify that I will communicate program information and requirements, an explanation of repairs to be made, and any property lien information with all other titleholders (if any) of the property listed on this application.

I also understand that Habitat for Humanity reserves the right to screen all applicants on the sex offender registry and conduct a criminal background check. By completing this application, I am submitting myself to such an inquiry.

I certify that the information on this application is accurate.

Applicant signature

Date

Co-applicant signature

Date

X _____

X _____

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 Race (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 Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: _____ / _____ / _____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed) <input type="checkbox"/> Single parent	<input type="checkbox"/> I do not wish to furnish this information Race (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 Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: _____ / _____ / _____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed) <input type="checkbox"/> Single parent

To be completed only by the person conducting the interview	
This information was collected by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's name (print or type)
	Interviewer's signature Date
	Interviewer's phone number