



Critical Home Repair Program

- **Do you live** in Alcona, Alpena, Oscoda, or Presque Isle counties?
- **Do you own** your home and the land it is on?
- **Are your** property taxes currently paid?
- **Is your** homeowner's insurance current?
- **Are you unable** to obtain traditional financing?

If you have answered "YES" to all the above questions, you may qualify!

Documentation needed to be included with the completed application:

- Copy of Deed.
- Copy of current paid property tax receipt.
- Copy of current paid homeowner's insurance.
- Proof of Income for all living in the household. (i.e., Social Security Benefit Letter, Pension, Pay Stubs)
- Bank statements for the 2 most current months for all living in the household.

***Income restrictions do apply. See our application for information regarding additional requirements.**

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



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

2630 US 23 S.
Alpena, MI 49707
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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.

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



Habitat for Humanity Northeast Michigan Critical Home Repair Application

Thank you for your interest in Habitat for Humanity's Critical Home Repair Program.
If you have any questions about qualifications, please call Kristen LeSage at (989) 354-5854

FAMILY INFORMATION

The person whose name is on the application below must be one of the people who legally owns and lives in the house to be repaired.

| | | |
|---|-------------------|---------------|
| Primary Applicant | | |
| Legal Name | Social Security # | Date of Birth |
| Co-Applicant | | |
| Legal Name (all deed holders are applicants & MUST sign the application) | Social Security # | Date of Birth |

Contact Information

| | | | | | |
|--|-----------------------|--------------------------|-----------------------------|-------------------------------|---------------------------|
| Residential Address where you live and where the repair work will be done. | | | | | |
| City | MI State | Zip Code | County | How long have you lived here? | Is the mortgage paid off? |
| Mailing address (only if different than Residential Address) | | | City | MI State | Zip Code |
| Home Phone (or Cell) | Cell Phone, Applicant | Cell Phone, Co-Applicant | | Alternate Phone | |
| Email Address, Applicant | | | Email Address, Co-Applicant | | |

| Name | Date of Birth | Relationship to Applicant | Gross Monthly Income (before taxes) | Also owns the house or on the deed |
|------|---------------|---------------------------|-------------------------------------|------------------------------------|
| | | | | |
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| | | | | |

How did you find out about Priority Home Repair Program? If you were referred by someone, please let us know their name.

Is anyone in your household a **U.S. Veteran or currently serving in the Armed Forces**? If yes, who?

| MONTHLY INCOME | | | | |
|-----------------|-----------|--------------|---------------------|-------|
| Income source | Applicant | Co-applicant | Others in household | Total |
| Wages | \$ | \$ | \$ | \$ |
| Social Security | \$ | \$ | \$ | \$ |
| SSI | \$ | \$ | \$ | \$ |
| Disability | \$ | \$ | \$ | \$ |
| TANF | \$ | \$ | \$ | \$ |
| Alimony | \$ | \$ | \$ | \$ |
| Child Support | \$ | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ | \$ |
| Total | \$ | \$ | \$ | \$ |

| MONTHLY EXPENSES | | | |
|-----------------------|-----------|--------------|---------------------|
| Account | Applicant | Co-applicant | Others in household |
| Mortgage | \$ | \$ | \$ |
| Utilities | \$ | \$ | \$ |
| Homeowners Insurance | \$ | \$ | \$ |
| Car Payment | \$ | \$ | \$ |
| Car Insurance | \$ | \$ | \$ |
| Child Care | \$ | \$ | \$ |
| Internet Service | \$ | \$ | \$ |
| Cell phone | \$ | \$ | \$ |
| Land Line | \$ | \$ | \$ |
| Alimony/Child Support | \$ | \$ | \$ |
| Student Loans | \$ | \$ | \$ |
| Medical | \$ | \$ | \$ |
| Credit Card | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ |
| Total | \$ | \$ | \$ |

Property Information

When did you buy your house? _____

What year was your house build? _____
(leave this blank if you don't know)

Please check all of the items you want repaired or replaced:

- Roof
- Windows & Doors
- Insulation
- Porch
- Wheelchair Ramp
- Furnace
- gutters & downspouts
- Water Heater
- Drain field
- Plumbing

If there are other repairs that are needed, please explain below:

THIS PROGRAM IS DESIGNED FOR PRIORTY REAIRS ONLY. NO COSMETIC UPGRADES PLEASE.



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.

| Head of Household | |
|--|--|
| <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 <input type="checkbox"/> Gender Non-Binary |
| Birthdate: | |
| _____/_____/_____ | |
| Marital status: | |
| <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed) | |



AGREEMENT AND AUTHORIZATION



Please read carefully. The signatures of everyone on the homeowner deed are required in order for the application be considered. Check each box to show that you understand the statement and that it is true.

- I certify that I own the property at the address above and use it as my primary residence.
- I intend to continue to occupy my home for at least 2 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 in signing this application, I am authorizing Habitat for Humanity to evaluate my need for home repairs and renovations.
- I certify that I understand that Habitat for Humanity will obtain a Deed of Trust on my property for the amount of the repair minus my financial contribution (if any) to the project.
- 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.
- 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 Habitat for Humanity has permission to search for all adult members of my household on the sex offender registry.
- 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 certify that the information on this application is accurate.

Signature of all persons listed on the deed:

Applicant Signature

Date

Co-Applicant Signature

Date

We are pledged to the letter and spirit of US 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.