



Critical Home Repair Program

- **Do you live** in Alcona, Alpena, Montmorency, Oscoda, Presque Isle, or surrounding counties?
- **Have you owned** your home and the land it is on for a minimum of 12 months?
- **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!

Once we process your application, some or all of these documents will be requested. Be prepared to gather the following documentation:

- Copy of I.D. for the head of household only.
- Copy of Deed or Land Contract.
- Copy of current paid property tax receipt or poverty exemption.
- Copy of current paid homeowner's insurance declaration page.
- Proof of Income—entire household.(i.e., Soc. Sec. Benefit Letter, Pension, Pay Stubs-2 most current months)
- Bank statements for the 2 most current months for entire 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.**



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





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 <small>(all deed holders are applicants & MUST sign the application)</small>	Social Security #	Date of Birth

Contact Information

Residential Address where you live and where the repair work will be done.	City	State	Zip Code
County	Home Phone (or Cell)	Cell Phone, Applicant	Alternate Phone Number
No. of years living in home	Is the mortgage paid off		
Email Address, Applicant		Email Address, Co-Applicant	
Name of Person we can speak to on Applicant/Co-Applicant's behalf <small>(If applicable)</small>		Phone Number	Relationship

List all who live in the household

Name	Date of Birth	Relationship to Applicant	Gross Monthly Income <small>(before taxes)</small>	Also owns the house or on the deed

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	\$	\$	\$	\$
Place of Employment				
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	\$	\$	\$

Household Summary

Homeowner Name: _____

Project Address: _____ City: _____ Zip: _____

County: _____ Property Tax ID#: _____

Number of Bedrooms: _____ # of adults (18+): _____ # of children under 18: _____

Utility Information

Gas Propane **Provider:** _____

Primary heating system: gas furnace gas boiler propane electric furnace

Age of Furnace: _____

Primary water heating fuel: gas electric propane

Housing Information

Housing Type: Single Family Multifamily Mobile Home Other: _____

Foundation Type: slab crawl basement – square feet: _____

Year Built: _____ Year Purchased: _____

Square footage (not including basement): _____ Number of stories: _____

Existing Exterior Materials – please check all that apply

Siding: Wood Aluminum Vinyl Masonry Other: _____

Windows Original to the home? Yes No

Storm Windows? Yes No

Entry Door(s): Wood Steel

Storm Door(s): Yes No

Roof: Asphalt Wood Shingle Slate Metal Other: _____

Age of Roof: _____ Has the roof ever been replaced? Yes No If yes, when _____

Foundation: Stone Brick Block Concrete Other: _____

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.

Please list the 3 most important repairs (listing most important first):

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

1. _____
2. _____
3. _____

Comments/Notes: _____



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 to be considered. **Check each box to show that you understand the statement and that it is true. Any application that is not completed in its entirety will be considered incomplete and will delay processing.**

- 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 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. A Claim of Lien will be registered with the County Register of Deeds until financial contribution is paid in full. At which time, a Discharge of Claim of Lien will be registered. If I am approved for a grant, then the Lien will be for any amount over the grant funded amount.
- 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