



# HABITAT FOR HUMANITY OF MICHIGAN INTAKE FORM



## PERSONAL INFORMATION:

Applicant Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Co Applicant Name: \_\_\_\_\_ Relationship to Appl: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ☐ Home ☐ Cell ☐ Work

Other Contact Number: \_\_\_\_\_ ☐ Home ☐ Cell ☐ Work

Email address: \_\_\_\_\_

Language spoken in household: \_\_\_\_\_

Were you referred by someone? ☐ Yes ☐ No

If yes, Name and Phone Number: \_\_\_\_\_

Are you interested in Financial Coaching? ☐ Yes ☐ No

Are you interested in Home Ownership? ☐ Yes ☐ No

Are you currently working with a local Habitat Office? ☐ Yes ☐ No

If yes, Habitat Office, Contact Name and Phone Number: \_\_\_\_\_

Applicant Marital Status: ☐ Married ☐ Single ☐ Separated ☐ Divorced

Are you a US Citizen or Permanent Resident Alien? Applicant: ☐ Yes ☐ No Co-Applicant: ☐ Yes ☐ No

## HOUSEHOLD INFORMATION: (Include all family members)

Name	Date of Birth	Social Security Number	Gender: Male, Female or Other	Disabled? Y/N	Hispanic? Y/N	If Hispanic, Mexican or Puerto Rican?
1.						
2.						
3.						
4.						
5.						
6.						

### Race of Applicant: (please circle)

1. American Indian/Alaskan Native
2. Asian
3. Black/African American
4. Native Hawaiian/Pacific Islander
5. White
6. Multi-Racial

### Race of Co-Applicant: (please circle)

1. American Indian/Alaskan Native
2. Asian
3. Black/African American
4. Native Hawaiian/Pacific Islander
5. White
6. Multi-Racial

For office use only: ☐ HUD ☐ MSHDA HEP

**RENTAL INFORMATION:**

Are you a current homeowner? ☐ Yes ☐ No

Are you a first-time home buyer? ☐ Yes ☐ No If 'no', what years were you a homeowner? \_\_\_\_\_

Do you currently rent? ☐ Yes ☐ No What is your monthly rental payment? \_\_\_\_\_

Do you currently live in a rural area? ☐ Yes ☐ No

How long have you lived at your current residence? (in years / months) \_\_\_\_\_

Do you have a Section 8 Housing Choice Voucher or do you live in Public Housing? ☐ Yes ☐ No

If yes, is it through MSHDA? ☐ Yes ☐ No

Are you part of the Family Self Sufficiency Program? ☐ Yes ☐ No If yes, is it through MSHDA? ☐ Yes ☐ No

**HOUSEHOLD INCOME INFORMATION:**

<b>Income source</b>	<b>Who receives this income?</b>	<b>What is the monthly amount?</b>
Employment		
Employment		
SSI		
FIP		
Food Stamps		
Unemployment		
Veterans		
Child Support		
Other:		

**Household Net Worth:** \_\_\_\_\_

( [money in checking & savings accounts, auto(s) value, furniture/clothing value, any other item of value] -minus- [any debt items: car loans, students loans, credit card balances, personal loans, etc] = Household Net Worth)

**EMPLOYMENT INFORMATION:****Applicant Employment:**

Current employer: \_\_\_\_\_ Employer phone number: \_\_\_\_\_

How long have you worked at current job? \_\_\_\_\_ Pay Rate: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Start Date: \_\_\_\_\_

Business Type: (ex: construction, health care, education, general labor, etc) \_\_\_\_\_

What is your job title? \_\_\_\_\_

How many years have you been in the above profession? \_\_\_\_\_

Are you currently active in the military? ☐ Yes ☐ No Are you a veteran of the Armed Forces? ☐ Yes ☐ No

**Co-Applicant Employment:**

Current employer: \_\_\_\_\_ Employer phone number: \_\_\_\_\_

How long have you worked at current job? \_\_\_\_\_ Pay Rate: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Start Date: \_\_\_\_\_

Business Type: (ex: construction, health care, education, general labor, etc) \_\_\_\_\_

What is your job title? \_\_\_\_\_

How many years have you been in the above profession? \_\_\_\_\_

Are you currently active in the military? ☐ Yes ☐ No Are you a veteran of the Armed Forces? ☐ Yes ☐ No

**EDUCATION INFORMATION:** *(for statistical purposes only; check all that apply)*

**Applicant Education:**

High School Diploma/ GED ☐ Yes ☐ No  
Associate's Degree ☐ Yes ☐ No  
Some College ☐ Yes ☐ No  
Bachelor's Degree ☐ Yes ☐ No  
Master's Degree ☐ Yes ☐ No  
Educational or vocational training ☐ Yes ☐ No

If 'yes', what training? \_\_\_\_\_

If 'yes', date you completed training: \_\_\_\_\_

**Co-Applicant Education:**

High School Diploma/ GED ☐ Yes ☐ No  
Associate's Degree ☐ Yes ☐ No  
~~Some College~~ ☐ Yes ☐ No  
Bachelor's Degree ☐ Yes ☐ No  
Master's Degree ☐ Yes ☐ No  
Educational or vocational training ☐ Yes ☐ No

If 'yes', what training? \_\_\_\_\_

If 'yes', date you completed training: \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



Habitat for Humanity of Michigan Inc  
**AUTHORIZATION AND RELEASE OF INFORMATION**

***Confidentiality is important to us and we will always protect your privacy.***

I/We understand that in signing this authorization and release of information, I/We agree to actively participate in the Housing and Education Services of Habitat for Humanity of Michigan. I also understand that these services are completely voluntary. By signing this form, I/We understand the following:

- I/We am authorizing Habitat for Humanity of Michigan (HFHM), its agents, employees or Habitat Affiliates to request income and asset information from all income providers, those entities listed on the Intake Form and any other associated application forms. This form also authorizes the gathering of mortgage, credit bureau, landlord and personal information pertinent to the Housing and Education Services of HFHM.
- I/We understand a referral to other services of HFHM or another appropriate agency may be made to assist with particular concerns that have been identified, including housing programs and loan products; I/We am not obligated to use any of the services offered to me.
- ~~I/We am allowing HFHM to provide this information to its agents, employees or Affiliates involved with the~~ Financial Coaching Network for the purposes in this program. The agents, employees or Affiliates involved with the HFHM Financial Coaching Network may also provide information to HFHM.
- This release of information also gives permission to share my information to and from the Habitat for Humanity Michigan Fund.
- I/We understand that this agency receives funds through HUD, NeighborWorks and other grantors and as such, is required to share some of my personal information with program administrators or their agents for the purposes of program monitoring, compliance and evaluation.
- I/We allow contact to be made on my/our behalf with representatives from mortgage, attorney, collection and credit bureau companies.
- I/We understand a counselor may provide information and answer questions, but cannot give legal advice. If I/we am in need of legal services, I/we will be referred to an attorney for assistance.
- I/We understand that private companies (collection companies, etc) may not receive our personal information authorized by this form unless disclosure of such information is required under State or Federal Law.
- Following is the list of people / agencies that I do not want to have my personal information: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Monthly Household Budget

**Client Name:** \_\_\_\_\_

**Co-Client Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Net(after taxes) Income

Applicant Income	
Co-Applicant Income	
Social Security/SSI/Disability	
Child Support	
Food Stamps/FIA Income	
Other Income	
<b>Total Monthly Income</b>	<b>\$</b>

### Fixed Expenses

Housing- Rent/Mortgage	
Homeowner Associations Fees	
Line of Credit/Lr Liens	
Car Loans	
Car & Renters Insurance	
Student Loans	
Personal Loan/Line of Credit	
Child Support	
Child Care Expenses	
Savings	
Other Fixed Expenses	

### Flexible Expenses

Food- Groceries	
Inbetween Grocery Expenses	
Toiletries/Cosmetics	
Natural Gas/Propane	
Electric	
Trash Removal	
Water Bill	
Telephone	
Cell Phone	
Automobile Gas	
Automobile Maintenance	
Cable/Internet	
Movie Rentals	
Laundry/Dry Cleaning	
Activities/Going Out	
Dinners Out	
Lunches Out	
Kids School Lunches	
Dues/Subscriptions	

Medical Insurance	
Money Orders or Cashiers Checks	
Banking Fees(ATM,Check Cashing,NSF)	
Rent to Own/Payday Loans	
Hair Care	
Nail Care	
Clothing	
Cigarettes	
Charity/Tithing	
Education	
Pets	
Allowance/Children Activities	
Other Flexible Expenses	

### Occasional Expenses

Property Taxes(If not included in Mortgage)	
Homeowners Insurance(If not included in Mortgage)	
Medical	
Dental	
Vision	
Ongoing Medical	
Birthdays	
Christmas/Holidays	
Vacation	

### Debt Reducing Expenses

<b>Total Expenses</b>	<b>\$</b>

### Final Calculations

Total Monthly Income \$

Total Monthly Expenses \$

Difference -Gain/(Loss) \$

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Questionnaire

### Part 1: How well does this statement describe you or your situation?

This statement describes me	Completely	Very well	Somewhat	Very little	Not at all
1. I could handle a major unexpected expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am securing my financial future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Because of my money situation, I feel like I will never have the things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can enjoy life because of the way I'm managing my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am just getting by financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am concerned that the money I have or will save won't last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Part 2: How often does this statement apply to you?

This statement applies to me	Always	Often	Sometimes	Rarely	Never
7. Giving a gift for a wedding, birthday or other occasion would put a strain on my finances for the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have money left over at the end of the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am behind with my finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My finances control my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Part 3: Tell us about yourself.

11. How old are you?	<input type="checkbox"/> 18-61	<input type="checkbox"/> 62+
12. How did you take the questionnaire?	<input type="checkbox"/> I read the questions	<input type="checkbox"/> Someone read the questions to me

# FREEDOM TO CHOOSE DISCLOSURE

Habitat for Humanity of Michigan (HFHM) is a non-profit financial coaching and housing counseling agency that supports a network of Habitat for Humanity Affiliate Offices in Michigan, which are non-profit housing developers and support services agencies.

Our goal in providing financial coaching and housing counseling is to help you make the best decision about your finances, housing and mortgage lending needs.

In addition to our counseling services, HFHM offers the following programs and services:

- Down Payment Assistance Programs (through HOME, FHLBI or others)
- Neighborhood Revitalization and Neighborhood Improvement Programs
- Habitat for Humanity Michigan Fund, a wholly owned subsidiary of HFHM
- Rural Development Loan Packaging Program
- Affiliation with sixty-two Habitat for Humanity offices in Michigan
- Michigan Regional Distribution Center for Habitat for Humanity ReStores

You may hear about or be referred to these and other programs during discussions about our services.

You have the right to work with any financial coaching and housing counseling agency and any mortgage company; you have the right to apply for any housing program or to use any mortgage product that you choose. Please see the attached list of resources and programs in your area. We encourage you to shop around for the best program, product and services that fit your circumstances. Please see page two of this form for a brief description of the services we offer.

Agency Relationships: HFHM has financial affiliation or professional affiliations with HUD, NeighborWorks America, USDA Rural Development, and the State of Michigan; insurance companies like Allstate and State Farm, and banks including Bank of America, Flagstar, Comerica, Fifth Third, Huntington, Wells Fargo and JP Morgan Chase. As a housing counseling program participant, you are not obligated to use the products and services of HFHM or our industry partners.

**~~You have the freedom to choose any program or product you wish; you are not obligated to work with Habitat for Humanity of Michigan or any Affiliate agency.~~**

Your signature below indicates you have read and understand these statements. Regardless of your decision, we are pleased to offer our services to you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Revised 2/2017





# FREEDOM TO CHOOSE DISCLOSURE

**The following services are offered by Habitat for Humanity of Michigan:**

**Pre Purchase Counseling:** This service is provided individually to consumers and focuses on readiness and preparation for home ownership. We offer goal setting and action planning, and walk with consumers as they remove barriers to their homeownership goal.

**Pre-Purchase Home Buyer Education Workshops.** Our workshops include information on various home ownership options and programs to assist first time home buyers. We provide information about **Fair Housing and Fair Lending, as well as Predatory Lending Avoidance** as a part of the pre purchase education workshops, thru individual counseling or as a stand-alone workshop.

**Resolving or Preventing Mortgage Delinquency or Default.** HFHM offers foreclosure avoidance strategies and works with consumers as an advocate with their lenders to help navigate the loss mitigation process.

**Non-Delinquency Post-Purchase Counseling including Home Repair and Improvement:** HFHM educates homeowners on a variety of topics individualized to their personal needs. We also help homeowners determine necessary repairs and obtain access to home repair grants and/or loans available through community, state and federal resources

**Locating, Securing, or Maintaining Residence in Rental Housing.** We provide information on HUD rental and rent subsidy programs, other federal, state or local rental assistance. We provide information on landlord tenant laws, budgeting for rent payments and providing assistance with locating alternative housing.

**Financial Management, Budget and Credit Workshops:** HFHM offers the following financial management topics during the following two- to three-hour group workshops: Budgeting, Credit Repair, Debt Reduction, Saving and Investing, Insurance and Long Term Planning, and Consumer Protection.

**Financial Management, Budgeting and Credit Counseling:** HFHM provides individual counseling on financial management, as a follow up to workshop attendance or as a stand-alone service, in order to further assist consumers in focusing on their unique situation.

**Homeless Assistance:** We provide referrals to emergency shelters, coordinated assessment providers, homeless services and programs available in their communities, other emergency services and transitional housing programs.

Revised 2/2017





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Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

