

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

- Property **must** be owned for a **minimum of 12 months** and is your **primary residence**.
- Single-family homeowner with current homeowner's insurance.
- Property taxes are currently paid.
- Unable to obtain traditional financing.
- Applicants must complete this entire application and **MUST SIGN** pages 10 and 13.

Applying for the Critical Home Repair Program

Please fill out the HFHNEMI Critical Home Repair Program Application as completely and accurately as possible. **Review and complete the Waiver of Liability and Hold Harmless Agreement.** 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.

IMPORTANT NOTE:

- **Critical Home Repair Programs and funding are subject to change at any time.**
- **Applicants MUST SIGN pages 10 and 13 of THIS APPLICATION to be considered for the Critical Home Repair Program.**



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:

 Coordinator 2630 US 23 S. Alpena, MI 49707 repairs@habitatnemi.org	Kristen LeSage Critical Home Repair (989) 354-5854
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***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 programs that may be able to offer assistance include:

- USDA (United States Department of Agriculture)
- MDHHS (Michigan Department of Health and Human Services) for your county
- Home Improvement Program in your county
- NEMCSA (Northeast Michigan Community Service Agency)



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. PLEASE ONLY RETURN THE REQUESTED DOCUMENTS.

Proof of Identification

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

Veteran

- Copy of DD214 Form

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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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.

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

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 _____																																																		
Alternate Phone _____	Alternate Phone _____																																																		
<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)																																																		
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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																																																		
_____	_____																																																		
County: _____ Number of Years _____	County: _____ 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.																																																			

If referred to HFHNEMI, please tell us who referred you:

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

Date received:

Date of notice of incomplete application letter:

Date of notice of incomplete application letter:

Date of adverse action letter:

Date of board approval:

Date of partnership agreement:

3. WILLINGNESS TO PARTNER

To be considered for Habitat Home Repair Programs, you and/or co-applicant must be willing to advocate for Habitat for Humanity in your Community. This can be done by sharing your story, participating in our marketing efforts, and encouraging others to volunteer, donate to our ReStore and apply for our programs.

I AM WILLING TO ADVOCATE FOR HABITAT FOR HUMANITY IN MY COMMUNITY:

Applicant: Yes No Co-applicant: Yes No

4. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle) 1 2 3 4 5 Number of Bathrooms (please circle) 1 2 3

Other rooms in the place where you are currently living: ___ Kitchen ___ Living room ___ Dining Room

Other (please describe) _____

In the space below, describe the condition of the home where you live.

Please list the repair you would like to see completed. Keeping in mind, the repair is for **health and safety purposes only**.

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 ever 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 PREVIOUS employer	Years on this job:	Name and address of PREVIOUS 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	\$	\$	\$	\$

PLEASE NOTE:
Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.

HOUSEHOLD MEMBERS WHOSE INCOME IS NOT LISTED ABOVE

Name	Income Source	Monthly Income	Date of Birth

8. ASSET (BANK 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 will continue to occupy my home for at least 5 years. If I must relocate, I understand I may be responsible for a prorated portion of the project cost. (20% of the project cost will be forgiven yearly.)

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 _____

***If you do not sign the application and waiver, it will be deemed incomplete and mailed back to you. Failure to sign the application could delay your repair request. If you have any questions regarding the above Authorization and Release, please contact the Critical Repair Coordinator at (989) 354-5854.**

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

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

(Home Repair Work by Grant Funds)

This Waiver of Liability and Hold Harmless Agreement (“Agreement”) is made on _____ (today’s date including year) by and between the Applicant/Homeowner:

Homeowner/Property Owner: _____

Address: _____

and

Grant Provider / Funding Source: Habitat for Humanity Northeast Michigan whose address is 2630 US-23 South, Alpena, MI 49707

1. Purpose

The purpose of this Agreement is to allow home repair, rehabilitation, or improvement work (“Work”) to be performed on the above-referenced property, funded in whole or in part by the Grant Provider.

2. Acknowledgment of Work

The Homeowner acknowledges that:

- The Work may be performed by contractors, subcontractors, volunteers, or third parties.
- The Grant Provider is solely a funding source and does not control or supervise the Work.
- The Grant Provider does not guarantee the quality, safety, or completion of the Work.

3. Waiver of Liability

To the fullest extent permitted by law, the Homeowner hereby releases, waives, and discharges the Grant Provider, its officers, directors, employees, agents, and affiliates from any and all liability, claims, demands, or causes of action arising out of or related to:

- The performance or non-performance of the Work
- Any injury, loss, or damage to persons or property
- Any defects or deficiencies in the Work

4. Hold Harmless and Indemnification

The Homeowner agrees to indemnify and hold harmless the Grant Provider from and against any and all claims, damages, losses, and expenses (including reasonable attorney’s fees) arising out of or resulting from the Work, except to the extent caused by the Grant Provider’s gross negligence or willful misconduct.

5. Independent Contractors

The Homeowner understands that any contractors or service providers performing the Work are not employees or agents of the Grant Provider.

6. Insurance

The Homeowner is responsible for maintaining any applicable property or liability insurance coverage related to the property and the Work.

7. No Warranty

The Grant Provider makes no warranties, express or implied, regarding the Work, including but not limited to workmanship, materials, or fitness for a particular purpose.

8. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the State of Michigan.

9. Severability

If any provision of this Agreement is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

10. Entire Agreement

This Agreement constitutes the entire understanding between the parties and supersedes all prior discussions or agreements.

Signatures

Homeowner/Property Owner:

Signature: _____

Name (Printed): _____

Date: _____

Homeowner/Property Owner:

Signature: _____

Name (Printed): _____

Date: _____

**Habitat for Humanity Northeast Michigan
(Grant Provider/Funding Source)**

Signature:

Name (Printed): Kristen LeSage

Title: Critical Home Repair Coordinator

Date: