

Critical Home Repair Program

If you can answer 'YES' to all of these questions, you may qualify!

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

If you answered 'Yes' to all of these questions, please complete our Home Repair Application to see if we are able to assist you!

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

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

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.



Home Repair Application

Mailing address
At First Presbyterian Church
1600 W. Chisholm Street
Alpena, MI 49707



Ph. 989-354-5555 Fax, 989-356-9643

Applicant: Name _____

Address _____

City/State/Zip _____

Social Security Number _____ - _____ - _____

Date of Birth ____/____/____

Marital Status (circle one)

Single Married Separated Divorced Widowed

Phone Number: (Home) _____

(Cell) _____

Monthly Income \$ _____

Type of income (circle one)

Social Security Disability Other _____

Are you a Veteran/Branch _____

Signature _____

Co-Applicant: Name _____

Address _____

City/State/Zip _____

Social Security Number _____ - _____ - _____

Date of Birth ____/____/____

Marital Status (circle one)

Single Married Separated Divorced Widowed

Phone Number: (Home) _____

(Cell) _____

Monthly Income \$ _____

Type of Income (circle one)

Social Security Disability Other _____

Are you a Veteran/Branch _____

Signature _____

All Members Living in Household:

Name _____ Date of Birth _____ Name _____ Date of Birth _____

Name _____ Date of Birth _____ Name _____ Date of Birth _____

Name _____ Date of Birth _____ Name _____ Date of Birth _____

Please provide information regarding work needed in the space provided.

(attach additional sheet if necessary)

I understand by filing this application, I am authorizing Habitat NEMI to evaluate my actual need, my ability to repay the loan, & other expenses associated with this project, and my willingness to be a partner family. I understand that the evaluation will include personal visits, , mortgage/employment verifications. I have provided truthful information on this application. I know that dishonest information will disqualify me from the program. I understand that applicants are screened for criminal background as well as sex offender registry. Signatures above indicate willingness to submit to these checks of all adults listed.

Monthly Income

	Applicant	Co-Applicant	Others in home
Base Employment Income			
Food Stamps			
Social Security			
Disability			
Alimony			
Child Support			
Cash Assistance			
Other			
Total			

Monthly Obligation

	Applicant	Co-Applicant	Others in home
Mortgage			
Utilities			
Car Payment			
Insurance			
Child Care			
School Lunch			
Credit Card(s)			
Student Loan(s)			
Alimony/Child Support			
Total			
Other Obligations			
Cell Phone			
Furniture/Appliance			
Medical			
Other Credit (store credit)			
Total			
Grand Total of Debt			

Please CIRCLE the best answers to the following:

Applicant

Co-Applicant

Court enforced debt obligation?	Yes	No	Yes	No
Declaration of Bankruptcy within the last 7 years?	Yes	No	Yes	No
Foreclosure in the last 7 years?	Yes	No	Yes	No
Currently involved in a lawsuit?	Yes	No	Yes	No
U.S. Citizen or permanent resident?	Yes	No	Yes	No

Housing Consulting Services, LLC

Lee Ann Fischer
1816 Short Drive
Prudenville, MI 48651
989-345-5390

Email: fischer_leeann@yahoo.com

AUTHORIZATION FOR RELEASE OF INFORMATION

The undersigned authorized the Housing Consulting Services LLC and/or its contracted agent to contact any agencies, offices, groups, organizations, or employers to obtain, and agencies to release, information that is pertinent to eligibility, level of benefits, or continued participation in the HOME and/or MSHDA Housing Resource Funds (HRF) Programs, FHLBI Neighborhood Impact Program (NIP), and USDA Rural Development.

This includes the Social Security Administration (SSA), U.S. Citizenship and Immigration Services (USCIS), and the State of Michigan Department of Health & Human Services (DHHS) programs. Housing Consulting Services LLC may use this Authorization and the information obtained with it, to administer and enforce program rules and policies.

The undersigned certify that the information given to Housing Consulting Services LLC on household members, income, net family assets, allowances, and deductions is accurate.

I agree that copies of this Authorization may be used for the purposed stated above. This consent will expire 15 months from the state signed.

Signature of Head of Household

Date

Signature of Spouse

Date

Other Adult Signature (if Applicable)

Date

Other Adult Signature (if Applicable)

Date

Other Adult Signature (if Applicable)

Date



“This institution is an equal opportunity provider and employer.” If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 690-7442 or email at program.intake@usda.gov.

