



**Bring this information along with completed Application to the office.**

- ✓ **Completed Application**
- ✓ **Copy of Driver's License and Social Security Cards**
- ✓ **2019 & 2020 State and Federal Income Tax Return**
- ✓ **Proof of Current Income (last 3 months)**



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**Dear Applicant: Please complete this application to determine if you qualify for the Habitat for Humanity homeownership program. 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.”**

## 1. APPLICANT INFORMATION

YOUR Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Social Security # \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Social Security # \_\_\_\_\_

Are you currently: (circle one)    Married        Separated        Unmarried (incl. single, divorced, widowed)

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

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

### Dependents (children or other people living with you at this time)

Name	Social Security #	Birthdate	Sex M/F
1.			
2.			
3.			
4.			
5.			
6.			

**Personal References-** List two people (non-family members) who know you well and can tell us about your family's life and experiences. Use #3 to list a neighbor

Name	Address	Daytime Phone # <b>REQUIRED</b>	Evening Phone # <b>REQUIRED</b>
1.			
2.			
(Neighbor) 3.			

## 2. CURRENT AND PREVIOUS HOUSING CONDITIONS- you must include all landlord information requested

### PLEASE TELL US ABOUT YOUR CURRENT HOUSING...

Housing Type: (circle one)      Apartment      House      Mobile Home      Shelter      Transitional Housing

Total number of people living in the home: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_

Will any family members be leaving or returning soon?      YES      NO

If YES, please explain: \_\_\_\_\_

Will anyone OTHER THAN you and your children live in your home? (Relatives, friends, etc):      YES      NO

If YES, please describe the relationship: \_\_\_\_\_

Do you own your own residence:      YES      NO      If Yes, what is the unpaid balance: \_\_\_\_\_

Do you own your own property:      YES      NO      If Yes, what is the unpaid balance: \_\_\_\_\_

LANDLORD'S NAME: \_\_\_\_\_ (if renting) LANDLORD'S PHONE NUMBER: \_\_\_\_\_

LANDLORD'S ADDRESS (or address to which you mail rent): \_\_\_\_\_

How long have you lived at this **current** address? \_\_\_\_\_ Is this housing Section 8 subsidized?      YES      NO

In the space below, describe the condition of the house or apartment where you live. Why do you want a Habitat home?

### PLEASE TELL US ABOUT YOUR PREVIOUS HOUSING...

**Previous** Housing Type: (circle one)      Apartment      House      Mobile Home      Shelter      Transitional Housing

**Previous** LANDLORD'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**Previous** LANDLORD'S ADDRESS (or address to which you mail rent): \_\_\_\_\_

How long did you live at this **previous** address? \_\_\_\_\_ When did you leave? \_\_\_\_\_

Why did you leave this **previous** housing? \_\_\_\_\_

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## 3. WILLINGNESS TO PARTNER

To be considered for a Habitat home, each family must be willing to complete 350 sweat equity hours. Your help in building your home and the homes of others is called "sweat equity". This may include clearing the lot, painting, helping with construction, working in the Habitat office, or other approved activities.

**I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS:**      Applicant:      YES      NO  
Co-Applicant:      YES      NO

Please estimate, using the chart below, the **number of hours** and likely **time of day** you will be able to work each week to complete your hours of sweat equity. Example (Monday 5-8pm, Tues 3-5pm, Sat 9am-3pm). **You must be able to complete a minimum of 20 hours a month to qualify for the program.**

	SUN	MON	TUES	WED	THURS	FRI	SAT
Time of day you or your family can work during a typical week							

#### 4. EDUCATION INFORMATION

PLEASE TELL US ABOUT YOUR EDUCATION

Are you currently in school? (circle one) YES NO Is the Co-Applicant in school? YES NO

Highest level of education you have completed: \_\_\_\_\_ Highest level of education for CO-APPLICANT: \_\_\_\_\_

#### 5. EMPLOYMENT INFORMATION

Are YOU currently employed? YES NO

If NO, please explain: (laid off, caring for children, going to school, etc) \_\_\_\_\_

**YOUR WORK HISTORY:** If you have held more than 2 jobs in the previous year, please provide all remaining employment information on a separate sheet of paper.

	CURRENT JOB	PREVIOUS JOB
NAME OF EMPLOYER:	_____	_____
JOB TITLE:	_____	_____
Dates of Employment:	From: _____ To: _____	From: _____ To: _____
Your Supervisor's Name:	_____	_____
Your Supervisor's Phone #:	_____	_____
May we contact your supervisor?	YES NO	YES NO
Why did you leave this job?	_____	_____

#### CO-APPLICANT'S WORK HISTORY

Is the CO-APPLICANT currently employed? YES NO

If NO, please explain: (laid off, caring for children, going to school, etc) \_\_\_\_\_

	CURRENT JOB	PREVIOUS JOB
NAME OF EMPLOYER:	_____	_____
JOB TITLE:	_____	_____
Dates of Employment:	From: _____ To: _____	From: _____ To: _____

Your Supervisor's Name: \_\_\_\_\_

Your Supervisor's Phone #: \_\_\_\_\_

May we contact your supervisor? YES NO YES NO

Why did you leave this job? \_\_\_\_\_

**6. MONTHLY INCOME AND COMBINED MONTHLY BILLS**

(1) Monthly Income (the amount before taxes are taken out)	Applicant	Co-Applicant	(2) Others in household	(3) Monthly Bills	Monthly Amount
Base Employment Income	\$	\$	\$	Rent	
AFDC/TANF				Utilities	
				Car Payments*	
Social Security				Insurance	
SSI				Child Care	
Disability				School Lunch	
Alimony				Average Credit Card Payment*	
Child Support				Student Loans*	
Other (i.e. overtime earned)				Alimony/ Child Support*	
<b>TOTAL</b>	\$	\$	\$	<b>TOTAL</b>	\$

• indicates long term debt

<p>(1) Applicants are required to provide:</p> <p>Copies of last years income tax return forms, both state and federal.</p> <p>Copy of Drivers License and social security cards</p> <p>Proof of current income (last three months)</p>	<p>(2) List additional household members over 18 who receive income:</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: left;">NAME</td> <td style="text-align: center;">Age</td> <td style="text-align: right;">Monthly Wages</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">_____</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">_____</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">_____</td> <td style="text-align: right;">_____</td> </tr> </table>	NAME	Age	Monthly Wages	_____	_____	_____	_____	_____	_____	_____	_____	_____
NAME	Age	Monthly Wages											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											

**7. ASSETS**

List Checking and Savings Accounts Below	
Name and Address of Bank, Savings & Loan or Credit Union	Name and Address of Bank, Savings & Loan or Credit Union
Balance \$	Balance \$

Applicant & Co-Applicants Car (s):

Make and Year: \_\_\_\_\_

## 8. SOURCE OF DOWN PAYMENT

Where will you be getting the money to make the down payment (currently \$2000.00)? If you will be borrowing the money to pay this, explain how and from whom.

## 9. DEBT/CREDIT REFERENCES

### To Whom Do You and the Co-Applicant Owe (or have owed) Money?

Name and Address of Company	Monthly Payment \$ _____	Unpaid Balance \$ _____	Name and Address of Company	Monthly Payment \$ _____	Unpaid Balance \$ _____
		Months left to Pay: _____			Months left to Pay: _____
Name and Address of Company	Monthly Payment \$ _____	Unpaid Balance \$ _____	Name and Address of Company	Monthly Payment \$ _____	Unpaid Balance \$ _____
		Months left to Pay: _____			Months left to Pay: _____
Name and Address of Company	Monthly Payment \$ _____	Unpaid Balance \$ _____	Alimony/Child Support		
		Months left to Pay: _____		\$ _____	/month
Name and Address of Company	Monthly Payment \$ _____	Unpaid Balance \$ _____	<b>Column 2: Subtotal of Payments</b>	<b>\$ _____</b>	<b>/month</b>
		Months left to Pay: _____	<b>Column 1: Subtotal of Payments</b>	<b>\$ _____</b>	<b>/month</b>
<b>Column 1: Subtotal of Payments</b>	<b>\$ _____</b>	<b>/month</b>	<b>Total Monthly Expenses</b>	<b>\$ _____</b>	<b>/month</b>

## 10. DECLARATIONS

Please Circle Which Best Answers the Following Questions for You and the Co-Applicant

	Applicant		Co-Applicant	
a. Do you have any debt because of a court decision against you?	Yes	No	Yes	No
b. Have you been declared bankrupt within the past 7 years?	Yes	No	Yes	No
c. Have you had property foreclosed on within the last 7 years?	Yes	No	Yes	No
d. Are you currently involved in a lawsuit?	Yes	No	Yes	No
e. Are you paying alimony or child support?	Yes	No	Yes	No
f. Are you a U.S. citizen or permanent resident?	Yes	No	Yes	No

Answering "yes" to these questions does not automatically disqualify you. If you answered "yes" to any question *a* through *e*, however, please explain on a separate sheet of paper.

**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 and "C" for Co-Applicant.

## 11. AUTHORIZATION AND RELEASES:

The applicant(s) understand(s) and authorizes Habitat for Humanity® of Roscommon County to perform an in-depth study to determine applicant's actual need, ability to pay homeowner expenses, and how well you care for your current residence, willingness to be a partner through sweat equity. The investigation will include personal visits, employment verification, credit checks and references contacted. I further understand that credit checks could be done at any time deemed necessary during this relationship and throughout the length of the mortgage. I also give permission to use my/our name(s) and picture(s) for publicity prior to building, during the time of construction, and afterward as needed.

I understand my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program and forfeit any rights or claims to a Habitat home. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

### DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Roscommon County Habitat for Humanity may obtain information about you from a consumer reporting agency for housing purposes. Thus, you may be the subject of a "consumer report." The consumer report may contain information regarding your criminal history and/or motor vehicle records ("driving records"), and may also contain other background information about you including sexual offences.

### ACKNOWLEDGEMENT AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

I hereby authorize the conducting of criminal background checks and sex offender checks by Habitat for Humanity at any time during the family selection process. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by ICHAT background checks.

I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

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Applicant (Print)

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Co-Applicant (Print)

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Signature

---

Signature

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Social Security Number

---

Social Security Number

---

Date of birth

---

Date of birth

---

Street Address

---

City, State and Zip Code

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Today's Date



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,

## 12. 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"/> 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)