



Rev 2017

Project # : _____

Date of Application

_____/_____/_____

Homeowner Application

Bring or Mail this completed form to:

A Brush With Kindness, Macomb County Habitat for Humanity
c/o Baker College, 34950 Little Mack Ave. Clinton Twp., MI 48035

HOUSEHOLD INFORMATION:

Homeowner: _____

Co-Homeowner: _____

Address: _____

City: _____

Home Phone: _____ Other Phone: _____

Include the name, relationship to applicant, and birth date for each person living in this home.

You must attach verification of all household income for each adult in the house unless the adult is a full-time student (provide proof of registration) and/or benefits for children. House hold income may include but is not limited to employment income, TANF, food stamps, child support, SSI, SSDI, pension/retirement/Social Security and contributions from other family members not living in this home. *If you need additional space, please attach additional information.*

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>
_____	<u>Applicant</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The Total combined Monthly Income of all persons living in this home is \$ _____

Are you still making mortgage payments on this house? Yes or No: _____

Do you have Homeowners Insurance, Yes or No: _____

Do you plan to stay in this home for the next 5 years? Yes or No: _____

Veteran of the Armed Forces or Active Military Family? Yes or No: _____ explain _____

Homeowner are 62 or over? Yes or No: _____

Is any household member Disabled? Yes or No: _____

Is this Home a Condominium? Yes or No: _____

Is this a Mobile Home? Yes or No: _____

Have you made an appointment with Consumer's Energy Yes or No: _____ Appointment Date: _____

Home owners Monthly Expenses

Auto, vehicle loan payment, Insurance, Maintenance & Gas:

Credit Card Payments:

Medical: Premium payments, prescriptions, deductibles, etc.:

Utilities: Water, Gas, Electric, phone, cable:

Home Mortgage and/or Insurance:

Loans:

Groceries:

Child Care:

Other:

Child Care:

TOTAL Monthly Expenses

Exterior Home Repairs ONLY Needed:

MAKE your appointment with Consumer's Power

Please describe the repairs your home needs, that you are unable to complete, because of age, disability or the ability to pay. Please remember that Macomb County Habitat for Humanity will make the ultimate decision on the repairs made to your home.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Have you received a code violation for any of the above listed repairs? Yes ___ No ___

If yes, please explain: _____

How did you learn about the A Brush With Kindness program? _____

Media and Publicity Consent Form

Macomb County Habitat for Humanity often works in conjunction with corporate/church sponsors. These sponsors provide all or a portion of the funds to the A Brush With Kindness program. In addition, the sponsors may provide volunteers to help complete the work on your home. In celebration, some sponsors wish to publicize the event and information about you and your family in different newsletters, radio, newspapers, etc.

I/We consent to having information released about our family to sponsors and for Macomb County Habitat for Humanity publications including, but not limited to; newsletters, radio, TV and websites.

Signature of Homeowner

Date

Signature of Homeowner

Date

Homeowner agreement

I understand I must be the owner and occupier of the property. I understand as the homeowner that I am expected to be friendly and cooperative to all staff and volunteers. I will be realistic about the work being done. I understand that I must be home during the times when volunteers are working on my property. I will keep all pets contained and away from the work area.

I certify that the information on this application is true and accurate. I confirm that any physically able person residing in my home or visiting on project day(s) will work alongside the ABWK (A Brush With Kindness) staff and volunteers. I confirm that, except for the conditions listed in this application, my home is a safe place for staff and volunteers.

I recognize that there will be required a payback over time of at least part of the costs of my project, to be determined by my ability to pay and the scope of work. In addition, I agree to provide "sweat equity", or personal involvement of time and energy on the days that volunteers are onsite at my home, as I am able.

I understand that the people who may work on my house are unpaid volunteers; few of these volunteers are skilled in the building trades, and that **ABWK MAKES NO WARRANTIES, EXPRESSED or IMPLIED regarding materials used or work done by anyone at my house.** I hereby agree that I, my assignees, their heirs, distributes, guardians, and legal representatives will not make a claim against, sue or attach the property of Macomb County Habitat for Humanity, Inc. (MCHFH) or any affiliated organizations or the suppliers of any tools or equipment that is used in these activities, for injury or damage resulting from negligence or other acts. I hereby release MCHFH and any other of its affiliated organizations from all actions, claims or demands that I, my assignees, heirs, guardians, and legal representatives now have or may hereafter have for injury or damages resulting from my participation in any MCHFH activities.

Signature of Homeowner

Date

Signature of Homeowner

Date

Required by All Applicants

- _____ Proof of Homeowner's Military Service, if applicable
- _____ Proof of current homeowners insurance (copy of last invoice & payment)
- _____ (If Condo) Copy of Condo Association Contract
- _____ (If Condo) Copy of Condo Insurance
- _____ Proof of ownership of your home (copy of Deed)
- _____ Copy of most recent property tax statement and proof of payment
- _____ Copy of most recent mortgage statement and proof of payment (if applicable)
- _____ Copy of the Consumer's Energy report
- _____ Copy of your most recent Income Tax return or Income Statements

Consumer's Energy MUST do an evaluation before Macomb County Habitat for Humanity will approve your Application.

Consumers Energy offers a Home Energy Analysis. An analyst will visit your home and perform a basic analysis of all its systems while also installing some basic energy saving measures such as compact fluorescent light bulbs, faucet aerators, and pipe wrap. HEA program funds are limited and available to natural gas customers in select geographic areas on a first-come, first-served basis.

To get started, call **877-448-9433 for free.**

NOTE: Missing information regarding this application will only hold the processing. Take the time to be sure all information and documents are included.

We will process all applications within 30 days, in which you will receive a written response only. We will not accept phone calls or personal visits from applicants unless we have made a appointment with you.