



We build strength, stability, self-reliance and shelter.

YOU MUST READ THIS PAGE

Dear Applicant,

Habitat for Humanity is a Christian housing ministry financed through private donation and utilizing volunteer labor. Our purpose is to build and renovate decent and affordable housing with families and sell the houses at no profit and no interest to families who could not otherwise afford a home.

Please read the following items to see if you have an interest in our ministry AND to see if you meet our general guidelines:

1. To qualify you must have housing need. For example: no indoor plumbing, poor heating, leaks in the roof, overcrowding (three to a bedroom), unsafe or unsanitary conditions.
2. You need to have a legal, verifiable income of at least \$24,850 for a one person family and more when a family consists of two or more members. That maximum income depends on family size. Please see Family Selection Criteria for more details.
3. With your permission, we will verify employment and other income, verify checking and saving account balances, get a statement from your current landlord, have a credit check done, and ask you for credit references.
4. If you are approved for a Habitat home, we ask that you be willing to join in programs to learn and practice budgeting, home repair, and maintenance. We require that you attend the monthly Habitat for Humanity homeowner's meeting.
5. If approved for a Habitat home, all adult members (18 years and older) in your household must invest 250 hours of sweat equity, at least 100 of those hours on a construction site so you are comfortable with tools and materials used on a home (*In most cases, family members who have served in the armed forces are exempt from the sweat equity requirement*).
6. If approved for a Habitat home, \$1000 will be needed for a down payment. You will have time to save this money before closing if your family is selected by making a minimum payment of \$75 per month from time of acceptance until time of closing.

If you are interested in Habitat and if you believe you qualify for a home according to the above guidelines, we encourage you to request and fill out an application.

All information is considered confidential and is to be used only for family selection. The application process takes between 30 and 60 days. We are very willing to help you fill out this application.

For more information, contact Sue Whitty at 586-263-1540 or email swhitty@macombhabitat.org,
Monday – Friday 9 a.m. to 3 p.m.

Administrative Office | c/o Baker College, 34950 Little Mack Avenue, Clinton Township, MI 48035 tel (586) 263-1540 fax (586) 203-4935
info@macombhabitat.org macombhabitat.org

Shelby Township ReStore | 46660 Van Dyke, Shelby Township, MI 48317 tel (586) 263-1540 macombhabitat.org/restore

Warren ReStore | 23211 Van Dyke, Warren, MI 48089 tel (586) 806-5604 macombhabitat.org/restore





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Family Selection Criteria for Application

Criteria:

There are Three (3) criteria used to select applicants listed below:

1. Ability to Pay - legal verifiable income that falls within income range (see chart below)
2. Need - proof living in some type of substandard housing (see housing need assessment form)
3. Willingness to Partner - each adult in the home complete a minimum of 250 volunteer hours

Ability to Pay:

This section clarifies guidelines used for reviewing the applicant's ability to pay.

Family Size	Minimum Yearly Gross Salary	Maximum Yearly Gross Salary
1	\$24,850	\$39,700
2	\$28,400	\$45,400
3	\$31,950	\$51,050
4	\$35,450	\$56,700
5	\$38,300	\$61,250
6	\$41,150	\$65,800
7	\$44,000	\$70,350
8	\$46,800	\$74,850

**All program requirements are subject to change without notification*

Credit Criteria:

Must have a Credit Score in the 600's to qualify and 640 or higher to close on a house.

Debt-to-Income ratio of 40% or lower: a math projection calculating the income you have coming in versus the debt you should have going out which includes

- Minimum payments
- 5% of collection
- 2% of Student loans
- 1% of medical

Never filed bankruptcy or 2 years from discharge of bankruptcy.

No foreclosure or within 3 year from foreclosure.

No open liens or judgments against the applicants.

Can't be delinquent on Student Loans or Child Support.





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Family Selection Documentation List

Applicant's Name: _____ Co-Applicant's Name _____

• Is Applicant or Co-Applicant a veteran? Yes _____ No _____

You must return a copy (no originals) of the following items and this Documentation List with your application. Please return completed and signed application to Macomb County Habitat for Humanity c/o Baker College of Clinton Township 34950 Little Mack Ave. Clinton Township, MI 48035.

- () 1. A \$50.00 money order made payable to "Macomb County Habitat for Humanity" for the credit report and application processing.
- () 2. Application - complete all sections and sign.
- () 3. Housing Need Assessment Form (check all items that fit your current circumstance).
- () 4. Truth-In-Lending Disclosure Statement (Please print name at top - sign at bottom).
- () 5. **Copy** of the last two (2) year's income tax returns; transcripts will be required and a 4506-T request can be signed by you and submitted by Macomb County Habitat. You can contact the IRS at 1-800-908-9946 for copies of your returns. Please allow 10 days to receive information.*
- () 6. **Copy** of pay stubs covering 90 consecutive days from all employed family members.*
- () 7. **Copy** of any documents that verify income such as; SSI, Child Support, Disability, Alimony, etc.
- () 8. **Copy** of Driver's License or State Issued Identification (front and back) for each applicant.
- () 9. **Copy** of Social Security card for each adult applicant.
- () 10. **Copy** of Proof of U.S. Citizen for each member of the household such as; Birth Certificate; Naturalization Papers; Qualified Alien Papers. Birth Certificates are required for all children.
- () 11. **Copy** of Divorce Papers - if applies.
- () 12. **Copy** of rent receipts for the past six (6) months.
- () 13. **Copy** of bank statements for the two (2) most recent months.
- () 14. Letter of explanation for any concerns you may have about your application.

***Any information provided for this application will not be returned. Please initial: _____**

How did you hear about our program?

- Church Email/Internet/TV Family/Friend Flyer Habitat Homeowner
- Mail School Social Worker Staff Walk-in Word of Mouth
- Other: _____

Where did you get your application?

- Office Restore Event Website Other _____





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Housing Need Assessment Form

Habitat homeownership program requires that future homeowners are currently living in conditions that are considered unacceptable. Based on your current living environment, you must meet at least one of the five needs listed below. Please check all needs that apply to your current living situation. Habitat Family Selection committee will verify all needs claimed with an on-site visit.

Substandard Structure (please check problems)

- Heating system does not provide for healthful/comfortable living.
- Insulation is not sufficient to maintain minimal comfort.
- There is not a continuous supply of safe water.
- There is not a safe/sanitary method of sewage disposal.
- The electrical supply is not reliable.
- Wiring poses a threat to safety.
- Landlord is consistently unwilling to complete necessary repairs.
- Head of household, family and friends are unable to readily repair deficiencies.
- Repairs cannot be made as documented by building inspectors.
- Uncorrectable barriers to physically challenged family members exist.

Safety

- Access to street, yard, parks or playgrounds is hazardous. There are unavoidable dangers to children.
- Immediate physical environment contains un-removable hazardous or toxic material.
- There is no ready means of egress exit from a basement bedroom.

Size of Present Dwelling

- More than three family members share a bedroom
- School-age children of opposite sex share a bedroom
- Child (age 1 or older) and adult share a bedroom

Temporary housing

- Family has tentative living arrangements with relatives or friends.
- Family is living in a transitional housing facility or a motel.
- Family is living in a house that is being condemned or foreclosed.
- Family is losing its lease, certificate or voucher due to uncontrollable circumstances.

Cost of Housing

- Family is paying more than 35% of its monthly net income for rent.

The above information is true about our current housing condition to the best of my/our knowledge.

Applicant _____ Co-Applicant _____

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TRUTH-IN-LENDING DISCLOSURE STATEMENT

(THIS IS NEITHER A CONTRACT NOR A COMMITMENT TO LEND)

Applicants:

Prepared by: Macomb County Habitat for Humanity

Property Address: Unknown at this time

Family Selection Committee

Application No: Unknown at this time

Date Prepared:

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	AMOUNT FINANCED	TOTAL OF PAYMENTS
The cost of your credit as a yearly rate	The dollar amount the credit will cost you	The amount of credit provided to you or on your behalf	The amount you will have paid after making all payments is scheduled
Fixed low-interest mortgage based on WSJ's Prime Rate	\$0	Amount determined on construction type or location	Amount determined on construction type or location

- REQUIRED DEPOSIT: The annual percentage rate does not take into account your required deposit
 Payments: Your payment schedule will be

Number of Payments	Amount of Payments	When Payments Are Due	Number of Payments	Amount of Payments	When Payments Are Due
300	To be determined on construction type or location	1 st of each month after mortgage is signed			

- DEMAND FEATURE: This obligation has a demand feature
- VARIABLE RATE FEATURE: This loan contains a variable rate feature: A variable rate disclosure has been proved earlier
- CREDIT LIFE/CREDIT DISABILITY: Credit life insurance and credit disability are not required to obtain credit, and will not be provided unless you sign and agree to pay that additional cost.

Type:	Premium	Signature
Credit Life	\$0	I want credit life insurance Signature: N/A
Credit Disability	\$0	I want credit disability insurance Signature: N/A
Credit Life and Disability	\$0	I want credit life and disability insurance Signature: N/A

INSURANCE: The following insurance is required to obtain credit:

- Credit Life Insurance Credit disability Property Insurance Flood Insurance

You may obtain the insurance from anyone you want that is acceptable to creditor

- If you purchase property flood insurance from creditor you will pay \$0 for a one year term

SECURITY: You are giving a security interest in:

- The goods or property being purchased Real property you already own

FILING FEES: \$0

LATE CHARGE: If a payment is more than 10 days late, you will be charged a \$25.00 late fee

PRE-PAYMENT: If you pay the balance owed off early, you may

- will not have to pay a penalty will not be entitled to a refund of part of the finance charge

ASSUMPTION: Someone buying your property

- may subject to conditions may not assume the remainder of your loan in the original terms.

See your contact documents for any additional information about nonpayment, default, or any required repayments in full before the scheduled date and prepayment refunds and penalties

- means an estimate all dates and numerical disclosures except the late payment disclosures are estimated.

THE UNDERSIGNED ACKNOWLEDGES RECEIVING A COMPLETED COPY OF THIS DISCLOSURE

APPLICANT

DATE

APPLICANT

DATE

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Macomb County Habitat for Humanity
 c/o Baker College, 34950 Little Mack Avenue, Clinton Township, MI 48035
 (586) 263-1540

Application

Habitat Homeownership 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 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

Applicant				Co-applicant					
Applicant's name				Co-applicant's name					
Social Security number		Home phone		Age					
_____		_____		_____		_____			
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)				<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)					
Dependents and others who will live with you (not listed by co-applicant)				Dependents and others who will live with you (not listed by co-applicant)					
Name		Age	Male	Female	Name		Age	Male	Female
_____		_____	<input type="checkbox"/>	<input type="checkbox"/>	_____		_____	<input type="checkbox"/>	<input type="checkbox"/>
_____		_____	<input type="checkbox"/>	<input type="checkbox"/>	_____		_____	<input type="checkbox"/>	<input type="checkbox"/>
_____		_____	<input type="checkbox"/>	<input type="checkbox"/>	_____		_____	<input type="checkbox"/>	<input type="checkbox"/>
_____		_____	<input type="checkbox"/>	<input type="checkbox"/>	_____		_____	<input type="checkbox"/>	<input type="checkbox"/>
_____		_____	<input type="checkbox"/>	<input type="checkbox"/>	_____		_____	<input type="checkbox"/>	<input type="checkbox"/>
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		
Number of years _____				Number of years _____					
If you have lived at your present address for less than 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 _____					

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

Date received: _____ Date of selection committee approval: _____

Date of notice of incomplete application letter: _____ Date of board approval: _____

Date of adverse action letter: _____ Date of partnership agreement: _____

3. WILLINGNESS TO PARTNER

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

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

	Yes	No
Applicant	<input type="checkbox"/>	<input type="checkbox"/>
Co-applicant	<input type="checkbox"/>	<input type="checkbox"/>

4. PRESENT HOUSING CONDITIONS

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

Other rooms in the place where you are currently living:

- Kitchen Bathroom Living room Dining room
 Other (please describe) _____

If you rent your residence, what is your monthly rent payment? \$ _____/month

(Please supply a copy of your lease or a copy of a money order receipt or canceled rent check.)

Name, address and phone number of current landlord:

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

5. PROPERTY INFORMATION

If you own your residence, what is your monthly mortgage payment? \$ _____ / month Unpaid balance \$ _____

Do you own land? No Yes Monthly payment \$ _____ Unpaid balance \$ _____

If you wish your property to be considered for building your Habitat home, please attach land documentation.

6. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
Name and address of CURRENT employer	Years on the job	Name and address of CURRENT employer	Years on the 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 LAST employer	Years on the job	Name and address of LAST employer	Years on the job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone

10. DEBT

Account	TO WHOM DO YOU AND THE CO-APPLICANT(S) OWE MONEY?					
	APPLICANT			CO-APPLICANT		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Other motor vehicle	\$	\$	\$	\$	\$	\$
Boat	\$	\$	\$	\$	\$	\$
Furniture, appliances, TVs (includes rent-to-own)	\$	\$	\$	\$	\$	\$
Alimony	\$	\$	\$	\$	\$	\$
Child support	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Total medical	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$

MONTHLY EXPENSES			
Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

11. DECLARATIONS

Please check the box beside the word that best answers the following questions for you and the co-applicant:

	Applicant	Co-applicant
a. Do you have any outstanding judgments because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on or deed in lieu of foreclosure in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are you paying alimony or child support or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Are you a co-signer or endorser on any loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "yes" to any question a through h, or "no" to question i, please explain on a separate piece of paper.

12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Macomb County Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat equity.

I understand that the evaluation will 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 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 Macomb County Habitat for Humanity even if the application is not approved.

I also understand that Macomb County Habitat for Humanity screens all applicants on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

Applicant signature	Date	Co-applicant signature	Date
X _____	_____	X _____	_____

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.

13. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that we may order an appraisal in connection with your loan and we may charge you for this appraisal. Upon completion of the appraisal, we will promptly provide a copy to you, even if the loan does not close.

Applicant's name _____ Co-applicant's name _____

14. 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
<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race (applicant may select more than one racial designation):</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Black/African-American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino</p> <p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Birthdate: _____ / _____ / _____</p> <p>Marital status:</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (single, divorced, widowed)</p>	<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race (applicant may select more than one racial designation):</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Black/African-American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino</p> <p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Birthdate: _____ / _____ / _____</p> <p>Marital status:</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (single, divorced, widowed)</p>

To be completed only by the person conducting the interview	
<p>This application was taken by:</p> <p><input type="checkbox"/> Face-to-face interview</p> <p><input type="checkbox"/> By mail</p> <p><input type="checkbox"/> By telephone</p>	<p>Interviewer's name (print or type)</p> <hr/> <p>Interviewer's signature Date</p> <hr/> <p>Interviewer's phone number</p>

EQUAL CREDIT OPPORTUNITY ACT 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 monitors compliance with this law concerning this company is the Federal Trade Commission, with offices at the **East Central Region, 1111 Superior Ave., Suite 200, Cleveland, OH 44114-2507**, or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

You need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support and separate maintenance income; and the spouse's financial resources.

Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete, and we will be unable to invite you to participate in the Habitat program.

Applicant(s)

Signature

Print name

Date

Signature

Print name

Date



INTERNATIONAL HEADQUARTERS

121 Habitat St., Americus, GA 31709-3498 USA (800) 422-4828

fax (229) 924-6541 publicinfo@habitat.org habitat.org