



Critical Home Repairs Program Application

Project # : _____

Bring this completed form to:
Critical Home Repairs, Macomb County Habitat for Humanity
c/o CoLab, 25 N. Main St., Mount Clemens, 48043-5613

Date of Application
_____/_____/_____

HOUSEHOLD INFORMATION:

Homeowner: _____

Co-Homeowner: _____

Address: _____ City: _____ Zip Code _____

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. Household 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 further 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 five years? Yes or No: _____

Served in the U.S. Armed Forces or Active Military Family? Yes or No: _____ Branch _____

Isny household member 62 or more? 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: _____

Made an appointment with Consumers or SEMCO Energy? Yes or No: _____ Appointment Date: _____

Homeowner's 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: _____

TOTAL Monthly Expenses: _____

Exterior Home Repairs Needed:

Please describe the repairs to your home needed that you cannot 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. _____

Interior Home Needs:

5. _____

6. _____

7. _____

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 Critical Home Repairs program? _____

MAKE your appointment with Consumers Energy or SEMCO Energy

Media and Publicity Consent Form

Macomb County Habitat for Humanity often works in conjunction with corporate/church sponsors. They provide all or a portion of the funds to the Critical Home Repairs program. The sponsors may also 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. As the homeowner, I know 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 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 CHR (Critical Home Repairs) 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 a required payback over time of at least part of my project's costs, determined by my ability to pay and the scope of work. Also, I agree to provide "sweat equity" or the 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; and that few of these volunteers are skilled in the building trades. **CHR MAKES NO WARRANTIES, EXPRESSED or IMPLIED regarding materials used or work done by anyone at my house.** I agree that neither I, my assignees, their heirs, distributes, guardians, and legal representatives will make a claim against, sue, or attach Macomb County Habitat for Humanity, Inc (MCHFH) property or any affiliated organizations. Nor make claims against the suppliers of any tools or equipment used in these activities for injury or damage resulting from negligence or other acts. I now 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 Consumers Energy or SEMCO Energy report
- _____ Copy of your most recent Income Tax return or Income Statements

Note: Projects undertaken each year are entirely dependent upon the grants and funding we can line up to pay for materials and labor and our ability to recruit volunteers to work alongside our staff. Receipt of an application is not a commitment to do the work, but we try to get to as many families as possible each year. Completing a project is not a commitment by Macomb Habitat to forever return to the home to make future repairs.

Consumers Energy or SEMCO Energy MUST first do an evaluation before Macomb County Habitat for Humanity will approve your application, if there are any planned work on your home beyond porches, ramp.

Often, there are energy-saving repairs that can be done simultaneously with requested repairs if we know what is needed in your home before the project starts. Your gas company, Consumers Energy or SEMCO Energy, offers a Home Energy Analysis. An analyst will visit your home and perform a basic analysis of all its systems while installing some necessary energy-saving measures such as lighting fixtures/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. This analysis can guide our work to save you energy and utility costs.

To get started, call **Consumers at 877-448-9433 or SEMCO at 800-624-2019 for free.**

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

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 an appointment with you.