



Macomb County Habitat for Humanity

"building houses, building hope, building lives"

YOU MUST READ THIS PAGE

Dear Applicant,

Habitat for Humanity is Christian housing ministry finances through private donations 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 lived in our service area, Macomb County for 6 months.
3. You need to have a minimum steady income of \$20,000 a year, and you maximum depends on family size please see *Family Selection Criteria.*
4. 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,
5. 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 ask that you attend the monthly Habitat for Humanity homeowners' meeting
6. If approved for a Habitat home, we require that all adult (18 years and older) members in your household be willing to work 250 hours of sweat equity, 50 of those hours before construction can begin on your home.
7. If approved for a Habitat home, about \$1,000 will be needed for a down payment and closing cost. You will have some 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 till time of closing.
8. If you are approved for a home and if you meet the sweat equity and down payment requirements, then we will sell you a home at cost. Habitat house payments include taxes and insurance and will cost approximately \$550 a month.* the house payments will be used by Habitat to build more houses with other families. This requires that you make these payments on time.

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

All information is considered confidential and is to be use only for family selection. The application process takes between 4 and 6 months. We are very willing to help your fill out this application. If you have any questions, please call Kristine De Witt at (586) 263-1540 ext 107 from 9:00 am to 4:00 pm, Monday through Friday.

All applications will be reviewed monthly. Please see sticker on front of envelope for processing date.

Sincerely
Family Selection Committee

* The stated cost of this home is an estimate. The actual cost may vary.





Macomb County
Habitat
for Humanity®

Family Selection Criteria

Updated 11/01/2009

Criteria:

There are four (4) criteria are used to select applications listed below:

1. Ability to Pay
2. Need
3. Willingness to Partner
4. Residency (Macomb County resident for at least 6 months)

Ability to Pay:

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

Family Size	Minimum Yearly Gross Salary	Max Yearly Gross Salary Macomb County
1	\$20,000	\$24,850
2	\$20,000	\$28,400
3	\$20,000	\$31,950
4	\$20,000	\$35,500
5	\$20,000	\$38,350
6	\$20,000	\$41,200
7	\$20,000	\$44,000
8	\$20,000	\$46,850

Credit Criteria:

- Debt-to-Income ratio of 40% or lower
- Never filled bankruptcy or
- Discharged from bankruptcy within the last two years.
- No liens or judgments against the applicants or
- Liens or judgments are satisfied
- No collections in the last 18 months





**Habitat
for Humanity[®]
Macomb County**

Macomb County Habitat for Humanity

"building houses, building hope, building lives"

Family Selection Committee Documentation List

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

You must return a copy (no originals) of the following items and this Documentation List with your application. Please return completed application to 130 N Groesbeck Hwy Mt Clemens MI 48043 Attention: Kristine De Witt

- () 1. \$25.00 money order made payable to "Macomb County Habitat for Humanity" for the credit report and application processing.
- () 2. Application
- () 3. Housing Need Assessment form
- () 4. Truth-In-Lending Disclosure Statement
- () 5. **Copy** of the last two (2) year's income tax returns (all pages) with W2-forms attached.
- () 6. **Copy** of the last two (2) pay stubs 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 license and/or State Issued Identification for each applicant
- () 9. **Copy** of proof of U.S Citizen for each member of the household such as Birth Certificate, Social Security cards, Naturalization Papers or Qualified Alien Papers
- () 10. **Copy** of divorce papers (if divorced).
- () 11. **Copy** of rent receipts for the past six (6) months.
- () 12. **Copy** of current bank statements.
- () 13. Letter of explanations for any concerns you may have about your application.

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

For Staff Use Only

All documents are enclosed? () Yes () No, See comments.

Comments _____

Reviewed by _____ Date _____





Macomb County Habitat for Humanity
 130 N Groesbeck Hwy Mt Clemens , MI 48043
 (586) 263-1540

Application FOR HOUSING



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: We need you to complete this application to determine if you qualify for a Habitat for Humanity house. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

1. APPLICANT INFORMATION	
Applicant	Co-applicant
Applicant's Name	Co-applicant's Name
Social Security Number _____ Home Phone _____ Age _____	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 applicant)
Name _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	Name _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____ Age _____ Male <input type="checkbox"/> Female <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 Living at 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: _____
 More Information Requested? Yes No
 Date Application Completed: _____
 Accepted Denied

Date Letter Sent: _____
 Date of Home Visit: _____
 Date Letter Sent: _____

3. WILLINGNESS TO PARTNER

To be considered for a Habitat home, 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:

Applicant:	Yes	No
	<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 (If yes, please describe, including location) _____

Is there a mortgage on the land? No Yes If yes: Monthly Payment \$ _____ Unpaid Balance \$ _____

If you are approved for a Habitat home, how should your name(s) appear on the legal documents?

6. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
Name and Address of Current Employer	Years on This Job	Name and Address of Current Employer	Years on This 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 This Job	Name and Address of Last Employer	Years on This Job
	Monthly (Gross) Wages \$		Monthly (Gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone

7. MONTHLY INCOME AND COMBINED MONTHLY BILLS

Gross Monthly Income	Applicant	Co-Applicant	² Others in Household	³ Monthly Bills	Monthly Amount
¹ Base Employment Income	\$	\$	\$	Rent	\$
TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child Care	
Disability				School Lunch	
Alimony				Average Credit Card Payment	
Child Support				Student Loans	
Other				Alimony/Child Support	
Total	\$	\$	\$	Total	\$

¹ Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.

³ Please attach copies of last month's bills.

² List additional household members over 18 who receive income:

Name	Age	Monthly Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

8. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment (for example, savings or parents)? If you borrow the money, who will you borrow it from, and how will you pay it back?

9. 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:
Account Number: Balance \$	Account Number: Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$

Do you own a:	Yes	No	Do you own a:	Yes	No
Boat	<input type="checkbox"/>	<input type="checkbox"/>	Car (#1)	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Home	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____		
Washer	<input type="checkbox"/>	<input type="checkbox"/>	Car (#2)	<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____		

10. DEBT

To Whom Do You and the Co-applicant Owe Money?

COLUMN 1			COLUMN 2		
Car	Monthly Payment \$	Unpaid Balance \$	Cell Phone Contracts	Monthly Payment \$	Unpaid Balance \$
	Mos. left to pay:			Mos. left to pay:	
Furniture, Appliances and Televisions	Monthly Payment \$	Unpaid Balance \$	Other Money You Owe		
	Mos. left to pay:		Name and Address of Company	Monthly Payment \$	Unpaid Balance \$
Credit Card	Monthly Payment \$	Unpaid Balance \$		Mos. left to pay:	
	Mos. left to pay:		Alimony/Child Support	\$	/month
Medical	Monthly Payment \$	Unpaid Balance \$	Job-related Expenses (Child Care, Union Dues, etc.)	\$	/month
	Mos. left to pay:		Column 2: Subtotal of Payments	\$	/month
Column 1: Subtotal of Payments	\$	/month	Column 1: Subtotal of Payments	\$	/month
			Total Monthly Expenses	\$	/month

11. DECLARATIONS

Please Check the Box That 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?	<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 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. Are you paying alimony or child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. 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 **e**, or "no" to question **f**, please explain on a separate piece of paper.

12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the no-interest loan and other expenses of homeownership and my willingness to be a partner family. 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. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members and applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons listed on the first page of the application 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.

Applicant's name _____

Co-applicant's name _____

13. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please Read This Statement Before Completing the Box Below: The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Applicant	Co-applicant
<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National Origin:</p> <p><input type="checkbox"/> American Indian or Alaskan 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"/> Caucasian</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Caucasian</p> <p><input type="checkbox"/> Asian AND Caucasian</p> <p><input type="checkbox"/> Black/African American AND Caucasian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Black/African American</p> <p><input type="checkbox"/> Other (specify)</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic</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 (Incl. single, divorced, widowed)</p>	<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National Origin:</p> <p><input type="checkbox"/> American Indian or Alaskan 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"/> Caucasian</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Caucasian</p> <p><input type="checkbox"/> Asian AND Caucasian</p> <p><input type="checkbox"/> Black/African American AND Caucasian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Black/African American</p> <p><input type="checkbox"/> Other (specify)</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic</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 (Incl. 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>	Interviewer's Name (print or type)
	Interviewer's Signature Date
	Interviewer's Phone Number



Habitat
for Humanity®
Macomb County

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Housing Need Assessment Form

Habitat homeownership program requires that future homeowners are 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, sold or moved.
- 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 _____

37829 Groesbeck Hwy, Clinton Township, MI 48036
phone: (586) 263-1540 fax: (586) 468-2360
email: info@macombhabitat.org web: www.macombhabitat.org



TRUTH-IN-LENDING DISCLOSURE STATEMENT

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

Applicants:

Prepared By: Macomb County Habitat for
Humanity , Family Selection Committee

Property Address: Unknown at this time

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
0%	\$ 0	\$ Amount determined on construction type and location	\$ amount determined on construction type and location

REQUIRED DEPOSIT: The annual percentage rate does not take into account your required deposit

Payments: You payment schedule will be

Number of Payments	Amount of Payments	When Payments Are Due	Number of Payments	Amount of Payments	When Payments Are Due	Number of Payments	When Payments Are Due	Amount of Payments
300	To be determined by construction type and 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 \$25.00 late fee

PREPAYMENT: If you pay off early, you

may will not have to pay a penalty

may will not be entitled to a refund of part of the fiancé charge

ASSUMPTION: Someone buying your property

may may, subject to conditions may not assume the remainder of your loan on the original terms.

See your contract documents for any additional information about nonpayment, default, 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