



HFH of Benzie County
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APPLICATION for Habitat Homeownership Program

Please complete the Application as completely and accurately as possible. Your Application will be kept confidential.

1. APPLICANT INFORMATION			
Applicant		Co-applicant	
Name		Name	
Email		Email	
Social Security#		Social Security#	
Phone#	Birth Date	Phone#	Birth Date
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current USPS Mail Address			
Street/PO Box		Street/PO Box	
City, ST, ZIP		City, ST, ZIP	
Number of Years		Number of Years	
IF you have lived at your current address LESS THAN 2 years, include Previous Address			
Street/PO Box		Street/PO Box	
City, ST, ZIP		City, ST, ZIP	
List Dependents & Others who will live with you:			
Name	Birth Date	Social Security#	Male/Female
2. PROCESS DATES – OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE			
Pre Application Received		Receipt Acknowledged	
Final Application Received		FSS Committee Approval	
Incomplete Application Letter		Board Approval	
Adverse Action Letter		Partnership Agreement	

3. WILLINGNESS TO PARTNER

To be considered for Habitat homeownership, you and your family must be willing to complete “sweat equity” hours. This will involve attending home ownership classes, helping with construction and construction clean-up at your build, landscaping, and working on other Habitat projects such as fundraisers, office help, or other tasks.

I AM WILLING TO COMPLETE 200 REQUIRED SWEAT-EQUITY HOURS:

Applicant: YES NO

Co-applicant: YES NO

4. PRESENT HOUSING CONDITIONS & NEED FOR HOUSING

In the list, indicate all that your home has:

Kitchen Living Room Dining Room Bathroom Full or Half 2nd Bathroom Laundry

Number of Bedrooms: _____

What is your monthly rent payment? \$ _____

Landlord Name _____ Phone# _____

Landlord Address (Mail or Email) _____

If you are NOT renting, please describe your housing arrangement:

Tell us why you NEED a Habitat home!

Include physical aspects of your current home and other factors such as financial, safety, or family insecurity.

If you own property, please briefly describe below (vacant land, building, etc).

5.1 EMPLOYMENT & INCOME INFORMATION

Applicant		Co-applicant	
Name & Address of CURRENT Employer	Years on this job	Name & Address of CURRENT Employer	Years on this job
	ANNUAL gross wages \$		ANNUAL gross wages \$
Your Job Title	Business Phone	Your Job Title	Business Phone
If working at current job less than one year, complete the following:			
Name & Address of PREVIOUS Employer	Years on this job	Name & Address of PREVIOUS Employer	Years on this job
	ANNUAL gross wages \$		ANNUAL gross wages \$
Your Job Title	Business Phone	Your Job Title	Business Phone

5.2 OTHER INCOME SOURCES

If your household has other regular income such as Social Security or Self Employment, please list source and ANNUAL Income Amount.

Income Source	Applicant ANNUAL \$	Co-applicant ANNUAL \$	Others in Home ANNUAL \$	Total ANNUAL \$

6. DEBT INFORMATION

	Applicant			Co-Applicant		
	Monthly payment \$	Unpaid balance \$	Months left to pay	Monthly payment \$	Unpaid balance \$	Months left to pay
Installment Loans (Cars, etc)						
Credit Cards	Monthly payment \$	Unpaid balance\$	Months left to pay	Monthly payment \$	Unpaid balance \$	Months left to pay
Total	\$	\$		\$	\$	

7. DECLARATIONS

Please check the correct boxes for the following questions:	Applicant	Co-applicant
a. Are there any judgments or liens against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you filed for bankruptcy 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 or collection action?	<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 that 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 student loan or 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 US 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. to h., or No to question i, please explain here:		

8. AUTHORIZATION AND RELEASE

I understand that by filing this Application, I am authorizing Habitat for Humanity (HFH) to evaluate my need for the Habitat Homeownership Program, my ability to repay an affordable loan and other expenses of home ownership, and my willingness to be a partner through sweat equity.

I understand that the evaluation will include phone calls and visits with HFH personnel, employment verification, credit reports, bank account reports, tax returns, and required background checks, including Michigan State Police Criminal Background, national Sex Offender Registry, and federal Anti Money Laundering SDN list, and possible requests for other specific documents,

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 HFH even if the application is not approved.

Applicant Signature	Date	Co-applicant Signature	Date
X _____	_____	X _____	_____

PLEASE NOTE: If more space is needed to complete any part of this Application, attach a separate sheet of paper. Please mark your additional comments as made by Applicant or Co-Applicant.