



**Neighborhood Revitalization
Home Preservation &
Critical Repair**

Applicant Information			
HOMEOWNER #1		HOMEOWNER # 2	
Name:		Name:	
Social Security #:	Date of Birth:	Social Security #:	Date of Birth:
Place of Employment:		Place of Employment:	
Month/Year Current Employment Began:		Month/Year Current Employment Began:	
Name(s) on the Title or Deed:		Month/Year Home was Purchased:	
Address:		City:	Zip Code:
Phone:		Cell:	
E-mail:			
Additional Contact Person:		Phone:	

LIST ALL OTHER PEOPLE WHO LIVE IN THE HOME.			
Name	Relationship to you	Date of Birth	Soc. Sec. #
1)			
2)			
3)			
4)			
5)			

APPLICANT AND HOUSEHOLD INFORMATION

- 1 Do you have a mortgage or a land contract? _____
- 2 Are you or anyone in your household serving or have served in the armed forces? **yes** **no**
- 3 If yes, what discharge did you receive? _____
- 4 Have you applied for disability? **yes** **no**
- 5 If yes, are you receiving your monthly benefits? **yes** **no**
- 6 Amount of monthly mortgage payment? _____ Is it current? **yes** **no**
- 7 Are your property taxes and insurance included in mortgage payment? **yes** **no**
- 7a) If not included in monthly mortgage payment: Taxes \$ _____ Insurance \$ _____
- 7b) Are your property taxes current? **yes** **no** Is your insurance current? **yes** **no**
- 8 Are you, or someone in your house, a registered sex offender? **yes** **no**
- 9 Have you, or someone in your household, been convicted of drug charges? **yes** **no**
- 10 Are there any other criminal charges against you? **yes** **no**
- 11 Is your house in the process of foreclosure? **yes** **no**
- 12 Have you lived in the house longer than 18 months? **yes** **no**
- 13 Do all persons who appear on the title/deed live in the home as their primary residence? **yes** **no**
- 14 If you have children under 18 are you the custodial parent? **yes** **no**
- 15 Do you receive alimony? **yes** **no** \$ _____ Do you pay alimony? **yes** **no** \$ _____
- 16 Do you receive child support? **yes** **no** \$ _____ Do pay child support? **yes** **no** \$ _____
- 17 Are you a landlord? **yes** **no**
- 18 Do you live in the house for which you are applying? **yes** **no**
- 19 Is there a lien on the house for which you are applying? **yes** **no**
- 20 What is the gross monthly income of your household? \$ _____

WE CANNOT GUARANTEE YOUR HOME WILL BE INCLUDED IN THE PROGRAM

I/We understand that this application does not guarantee that I am/we are in the program, nor that all repairs I request will be made. Bay County Habitat for Humanity will review all applications, conduct inspections of all qualifying applicants and determine the work to be completed. I also understand that I will be working alongside Bay County Habitat for Humanity volunteers to complete the repairs on my home.

HOMEOWNER SIGNATURE: _____ **DATE:** _____

HOMEOWNER SIGNATURE: _____ **DATE:** _____

PHOTOGRAPHS, VIDEO AND MEDIA

Bay County Habitat for Humanity photograph some homes an homeowners. If this occurs, I hereby authorize Bay County Habitat for Humanity an its employees and volunteers to use and /or publish any and all photographs of my property and myself.

HOMEOWNER SIGNATURE: _____ **DATE:** _____

HOMEOWNER SIGNATURE: _____ **DATE:** _____

BAY COUNTY HABITAT FOR HUMANITY RELEASE

The undersigned hereby releases and forever discharges the officers, directors, agents, employees, volunteers and representatives of the Bay County Habitat for Humanity Program and the persons or entities providing materials or labor to the rehabilitation, renovation or revitalization work provided to the undersigned residence, from all claims, demands, actions and causes of action relating to any injury or loss which the undersigned may sustain in any way connected with the undersigned's home participating in the Bay County Habitat for Humanity Program.

The undersigned understands that the undersigned is to assume all the risk and grant this release in consideration for whatever rehabilitation or renovation work is provided to the undersigned's residence. The undersigned understands that no promises or assurances have been made that any particular work will be done or that any particular result will be achieved.

The undersigned fully understands the meaning of the terms of this release and the undersigned has freely agreed to be bound by its' terms.

HOMEOWNER SIGNATURE: _____ **DATE:** _____

HOMEOWNER SIGNATURE: _____ **DATE:** _____

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, or repair 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.)

I do NOT wish to furnish this information

Race/National Origin:

- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Black/African American
- Caucasian
- Asian
- Asian and Caucasian
- Black/African American and Caucasian
- American Indian or Alaskan Native AND Black/African American
- Other (specify)

Ethnicity:

Hispanic Non-Hispanic

I do NOT wish to furnish this information

Race/National Origin:

- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Black/African American
- Caucasian
- Asian
- Asian and Caucasian
- Black/African American and Caucasian
- American Indian or Alaskan Native AND Black/African American
- Other (specify)

Ethnicity:

Hispanic Non-Hispanic

**FOR YOUR APPLICATION TO BE CONSIDERED COMPLETE,
YOU MUST PROVIDE THE FOLLOWING INFORMATION.**

Information needed for all the programs

- Completed Neighborhood Revitalization Application
- Copy of Picture I.D.
- Copy of Utility bills for past 12 months

PROOF OF INCOME:

Must have all current documents that apply to each member of your household ages 18 and over.

- Pay Stubs: 60 days of Current, Consecutive
- 2 Years Most Recently Filed Federal Income Tax Complete Returns with W-2s, 1099s etc.
- Social Security/SSI/SSDI: Current Benefit statement and 1099 (Award letter for new SS recipients)
- Pensions and Annuities: 2 Consecutive Current Monthly Statements and 1099's
- Interest Earned, Year to Date for Pensions and Annuities
- If a household member is 18 or older with no income they must fill out a zero income form.
- Current Friend of the Court Statement for child support
- Current 60 days Workers Compensation statement
- If Self-Employed: 2 years of Current Profit and Loss Statements
- Documentation of any and all other household income (unemployment, alimony, stocks, etc..)
- Declaration Page from Current Homeowner's Insurance Policy
- Warranty Deed / Title For Home

ONLY ONE APPLICATION PER HOUSE

PLEASE CALL BAY COUNTY HABITAT FOR HUMANITY FOR AN APPOINTMENT

PHONE: 989-895-0980 or

email info@habitatbaycounty.org

OR MAIL APPLICATION WITH COPIES OF REQUIRED DOCUMENTS TO:

BAY COUNTY HABITAT FOR HUMANITY

3460 S. HURON RD

BAY CITY, MI 48706