

A BRUSH WITH KINDNESS APPLICATION



OTSEGO - ANTRIM HABITAT FOR HUMANITY
526 Edelweiss Village Parkway | Gaylord, MI 49735
Phone: (989) 732-6070 | Fax: (989) 731-4578

Dear Applicant: We need you to complete this application to determine if you qualify for our Habitat for Humanity Aging in Place, Critical Home Repair, Weatherization or Brush with Kindness Programs. Please fill out the application as completely and accurately as possible. All information you include on this application is kept confidential in accordance with the Gramm-Leach-Bliley Act. Should you have any questions please feel free to contact our offices at (989) 732-6070.

Otsego County Habitat for Humanity is pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. All applicants are considered without regard to age, ancestry, color, disability, familial status, gender identity, gender neutral, height, marital status, national origin, race, religion, sex/gender, sexual orientation, veterans, weight nor as state or federal law otherwise prohibits.

1. APPLICANT INFORMATION																																																	
Applicant	Co-Applicant																																																
Applicant's Name _____	Co-Applicant's Name _____																																																
Phone Number: _____ Best time to call: _____	Phone Number: _____ Best time to call: _____																																																
Social Security Number _____ Age _____	Social Security Number _____ 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)																																																
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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 _____																																																
Are you listed on the deed of the house? Y or N	Are you listed on the deed of the house? Y or N																																																
If Living at Present Address for Less Than	Two Years Complete the Following																																																

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Applicant Last Name: _____ Property Address: _____

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Last Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____	Last Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____
Last Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____	Last Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____

Is anyone in your household a US Veteran or currently serving in the Armed Forces? Y or N
Who? _____

Is anyone in your household disabled? Y or N
Who? _____

Are there any special repairs or improvements needed to accommodate the disability? Y or N
If yes, what is needed? _____

How did you find out about the Critical Home Repair program? If you were referred by someone, please let us know who to thank. _____

2. WILLINGNESS TO PARTNER

To be considered for our Critical Home Repair program, you and your family must be willing to complete a certain number of "Sweat Equity" hours. Your help in repairing your home and the homes of others is called "Sweat Equity," and may include clearing debris, painting, helping with construction, working in the Habitat office, ReStore, attending homeownership classes or other approved activities.

Please answer yes or no to the following questions.

Will you return phone calls and submit paperwork in a timely manner? _____

Will you contribute a combination of sweat equity hours and payment to help fulfill Habitat's mission? _____

Will you be at your home at all times and working on a Habitat for Humanity activity while work is being completed on your home? _____

Will you fully prepare the site in advance for volunteers and contractors? This may include temporarily removing items from your yard and the sides of your house, relocating outdoor pets, mowing the lawn, eliminating weeds, and making outdoor areas easily accessible. _____

Will you be present and engaged with volunteers and contractors working on your home? _____

Will you work on a team with people you don't know, including Habitat staff, volunteers, donors, and others? _____

If you are not able to help with construction, will you find other ways to support volunteers? _____

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Will you attend Habitat for Humanity's budget workshop class? _____

If you have concerns about Habitat partnership, please explain: _____

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"/>

3. PROPERTY INFORMATION

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) _____

Do you own your home? _____

How long have you lived there? _____

What year was the house built? _____

Are you aware of any lead or asbestos? _____ If yes, where? _____

What is your monthly mortgage payment? \$ _____ /month Unpaid Balance \$ _____

Does this amount include your taxes and insurance?

Are you current on your mortgage, taxes, and insurance payments? _____

Please supply a copy of the deed to your house.

In the space below, list the repair(s) that you feel need to be done for you to be safe and comfortable in your home.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

4. MONTHLY INCOME AND COMBINED MONTHLY BILLS

Alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not

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choose to have it considered for repaying this loan. Please note that self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.

Gross Monthly Income	Applicant	Co-Applicant	Others in Household	Monthly Bills	Monthly Amount
Base Employment Income	\$ _____	\$ _____	\$ _____	Mortgage/Escrow	\$ _____
AFDC/TANF				Utilities: Electric, Gas, Water	
Food Stamps				Transportation: Auto, Gas, Repairs & Insurance	
Social Security				Insurance: Health & House	
SSI				Laundry Food	_____
Disability				Automobile Loan	
Child Support				Student Loan	
Other				Child Support Child Care	_____
Other				TV & Phone	
Total Income	\$ _____	\$ _____	\$ _____	Total Expenses	\$ _____

2. List additional household members over 18 who receive income:

Name	Age	Monthly Wages
_____	___	\$ _____
_____	___	\$ _____
_____	___	\$ _____

3. Loans: Include Credit Card Debt and Family Loans.

Name	Monthly Payment	Amount of Loan
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

5. SOURCE OF PAYMENT AND COST OF REPAIR

Do you have money saved to help pay for needed repairs? _____
 If not, would you be interested in a low-interest loan to help cover the cost? _____
 How is your credit? Do you know your debt-to-income ratio? _____

TOTAL INCOME REPORTED ON LAST YEARS INCOME TAX FORM: \$ _____ Applicant
 \$ _____ Co-Applicant

6. ASSETS

List Checking and Savings Accounts Below

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Applicant Last Name: _____ Property Address: _____

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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
Stove	<input type="checkbox"/>	<input type="checkbox"/>	Car (#1)		
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____	<input type="checkbox"/>	<input type="checkbox"/>
Washer	<input type="checkbox"/>	<input type="checkbox"/>	Car (#2)		
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____	<input type="checkbox"/>	<input type="checkbox"/>

Do you own land? <input type="checkbox"/> Yes <input type="checkbox"/> No	List address:	
Do you have investments or trusts. <input type="checkbox"/> YES <input type="checkbox"/> NO	Please list where:	Amount
Other tangible assets: i.e., campers, trailers, snowmobiles	Please list all:	

7. DEBT

To whom do you and the co-applicant owe money?

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Applicant Last Name: _____ Property Address: _____

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Account	Monthly Payment	Unpaid Balance	Months left to pay
Motor Vehicle			
Boat			
Furniture/Appliances			
Alimony			
Child Support			
Credit Card			
Credit Card			
Credit Card			
Total Medical			
Other			
Other			
Totals	\$	\$	

8. MONTHLY EXPENSES

Account	Applicant	Co-Applicant	Total
Mortgage/Escrow			
Utilities			
Insurance			
Child Care			
Internet Service			
Cell Phone			
Land Line			
Student Loan(s)			
Business Expenses			
Other			
Totals	\$	\$	\$

9. DECLARATIONS

Please answer Yes or No - the response that best answers the following questions for you and the co-applicant.

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I/We have carefully read and submitted the foregoing information and by submitting this application I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay the very low-interest loan and other expenses of homeownership, any my willingness to be a partner though sweat equity. I understand that the evaluation will include a personal home visit of my current residence, a credit check, employment verification and a background check. I have answered all the questions on this application truthfully.

I understand that if I have not answered the questions truthfully, my application will 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 applicants, co-applicant and 18+ Adult living in home families on the sex offender registry. By completing this application, I/we are submitting ourselves to such an inquiry. I/we further understand that by completing this application I/we are submitting ourselves to a criminal background. SDNI and OFAC checks.

I/We have applied for a house with Otsego County Habitat for Humanity, Inc. I authorize you to release any information required by Habitat for Humanity concerning finances, employment and personal references. The information includes, but it is not limited to criminal background check, sex offenders list, payment histories, present and previous employment, credit reports, income verifications, Family Independence Agency reports, checking account balances, savings account balances, consumer credit balances, State and Federal Taxes, and other financial information in addition to personal references regarding my/our application for housing.

A copy of this authorization is the equivalent of the original. I agree to hold you and Habitat for Humanity harmless from any liability in connection with the release of any requested information from you or from a third party. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

Applicant Signature Date

Co-Applicant Signature Date

Social Security Number

Social Security Number

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.



11. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE INFORMATION 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 based on 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 ethnicity, race and sex based on visual observation or surname. If you do not wish to furnish the information below, please check the appropriate box below.

APPLICANT

CO-APPLICANT

I do not wish to furnish this information.

I do not wish to furnish this information.

Race (applicant may select more than one race)

- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Black/African-American
- White
- Asian

Ethnicity:

Hispanic/Latino Non-Hispanic/Latino

Sex:

Female Male

Birthdate: ____ / ____ / ____

Marital Status:

- Married
- Separated
- Unmarried (single, divorced, widowed)

Race (applicant may select more than one race)

- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Black/African-American
- White
- Asian

Ethnicity:

Hispanic/Latino Non-Hispanic/Latino

Sex:

Female Male

Birthdate: ____ / ____ / ____

Marital Status:

- Married
- Separated
- Unmarried (single, divorced, widowed)

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of age, ancestry, color, disability, familial status, gender identity, gender neutral, height, marital status, national origin, race, religion, sex/gender, sexual orientation, veterans, weight; 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 **FTC Regional Office for the East Central Region, Federal Trade Commission 1111 Superior Avenue | Suite 200 | Cleveland, Ohio 44114-2507** or **Federal Trade Commission | Equal Credit Opportunity | Washington, D.C. 20580.**

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**FOR OFFICE USE ONLY
DO NOT WRITE BELOW THIS SPACE**

TO BE COMPLETED ONLY BY THE PERSON CONDUCTING THE INTERVIEW

This application was taken by:

Interviewers Name (Print or Type)

___ Face-to-face Interview

___ By Mail

Interviewer's Signature Date

___ By Telephone

Interviewer's Phone Number

Applicant's Name _____

Co-Applicant's Name _____

Date Application Received _____

Date of Incomplete Notice _____

Date of Adverse Action Letter _____

Date of Selection Committee Approval _____

Date of Board Approval _____

Date of Partnership Agreement _____

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11



Employment Verification Authorization

To be completed by the employee --

Employer:

Address:

Supervisor name:

Supervisor phone #:

I, _____, authorize my employer to provide the below information to Otsego County Habitat for Humanity.

_____ Employee Signature	_____ Date
------------------------------------	----------------------

To be completed by the employer --

Name of Employee:

Employment start date:

Annual salary:

Hourly wage:

Hours/week:

_____ Employer Signature _____ Printed Name _____ Title	_____ Date
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Homeowners' Insurance Proof of Coverage Verification Authorization

Insurance Company Name _____

Agent Name _____

Agent Phone _____

Insured Name _____

Policy Number _____

Property address _____

In order to be considered for the Critical Home Repair program, I authorize a representative of the above named insurance company to provide proof of homeowner insurance to Otsego County Habitat for Humanity.

Signature of Insured _____ Date _____

Please mail proof of homeowner insurance to:

OCHFH
A Brush With Kindness
526 Edelweiss Village Pkwy
Gaylord, MI 49735

Or fax to (989) 731-4578

Thank you!

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Agreement and Authorization

Please read carefully. The signatures of everyone on the homeowner deed are required in order for the application to be considered. Check each box to show that you understand the statement and that it is true.

- I certify that in signing this application, I am authorizing Otsego County Habitat for Humanity to evaluate my need for home repairs and renovations.
- I certify that I own the property at the address above and use it as my primary residence.
- I intend to continue to occupy my home for at least 2 years.
- I agree to sign the release and waiver of liability, which will not affect the coverage provided by the required homeowner's insurance.
- I certify that I understand that Otsego County Habitat for Humanity will obtain a Deed of Trust on my property for the amount of the repair minus my financial contribution (if any) to the project.
- I certify that I understand that Otsego County Habitat for Humanity may not be able to provide all the repairs I have requested on this application.
- I certify that I understand that the priority for Otsego County Habitat for Humanity's Critical Home Repair project is primary homes of residence and that repairs to any auxiliary buildings (garages, sheds) will only be considered after this priority is met.
- I certify that I will provide all household income to Otsego County Habitat for Humanity and I will allow Otsego County Habitat for Humanity to conduct a certification of household income, pull my credit report, verify people on the deed, and make personal visits to my home.
- Otsego County Habitat for Humanity assumes all homes contain some lead from lead-based paint, and Otsego County Habitat for Humanity is a certified firm for lead-based paint renovations. As such I agree to allow Habitat to mitigate and dispose of lead-based paint according to EPA regulations.
- I certify that I will notify Otsego County Habitat for Humanity of any changes to my financial or living situation as soon as they occur.
- I certify that Otsego County Habitat for Humanity has permission to search for all adult members of my household on the sex offender registry.
- I certify that I understand that this application and all copies of supporting documents will become the property of Otsego County Habitat for Humanity and will not be returned to me, and that Otsego County Habitat for Humanity will keep the original application on file for three years, whether or not it is approved.
- I certify that I will communicate program information and requirements, an explanation of repairs to be made, and any property lien information with all other titleholders (if any) of the property listed on this application.

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I certify that the information on this application is accurate.

Signature of all persons listed on the deed:	
_____	_____
Applicant Signature	Date
_____	_____
Co-applicant Signature	Date

We are pledged to the letter and spirit of US 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.

Please return completed original application to Tish Jankowski by mail to:

OCHFH
A Brush With Kindness
526 Edelweiss Village Pkwy
Gaylord, MI 49735

For confidentiality purposes, you may also drop off your application at our office in a sealed envelope. If you wish to fax, please call first. We can be reached at (989) 732-6070.

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