Habitat for Humanity

of Ionia County

115 S. Depot St.

Ionia, MI 48846

616-523-6899



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.



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Application for A Brush with Kindness | | | | | |
| **1. Applicant Information** | | | | | |
| **Applicant** | | | **Co-applicant** | | |
| **Applicant's name** | | | **Co-applicant's name** | | |
| Social Security Number Home Phone D.O.B | | | Social Security Number Home Phone D.O.B. | | |
| \_\_\_Married \_\_\_Separated \_\_\_Unmarried (Incl. single, divorced, widowed) | | | \_\_\_Married \_\_\_Separated \_\_\_Unmarried (Incl. single, divorced, widowed) | | |
| **Dependents** and others who will live with you (not listed by co-applicant)  Name Age Male Female | | | **Dependents** and others who will live with you (not listed by applicant)  Name Age Male Female | | |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Present Address (street, city, state, zip code) Number of Years? | Own | Rent | Present Address (street, city, state, zip code) Number of Years ? | Own | Rent |
| **If Living at Present Address for Less Than Two Years** | |  | **If Living at Present Address for Less Than Two Years** | |  |
| Last Address (street, city, state, zip code) Own Rent  Number of Years | |  | Last Address (street, city, state, zip code) Own Rent  Number of Years | |  |
| **2. 2. Mortgage Information** | | | | | |
| Are you making loan payments on your home? YES or NO If yes, what is your monthly payment? $\_\_\_\_\_\_\_\_\_per month. To Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are your loan payments current? YES or NO Do you currently have homeowner’s insurance? YES or NO  Insurance Carrier:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

|  |  |
| --- | --- |
| **3. Willingness to Partner** | |
| To be considered for A Brush with Kindness, you and your family must be willing to complete 8 hours of "sweat equity" hours per adult over the age of 18. 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 or ReStore, attending homeownership classes or other approved activities.  I am willing to complete the required sweat equity hours: Applicant \_\_\_\_\_\_Yes \_\_\_\_\_\_No  Co-Applicant \_\_\_\_\_\_Yes \_\_\_\_\_\_No | |
| **4. Requested Repairs**     |  |  |  |  | | --- | --- | --- | --- | | Painting | Patching | Minor repair  Landscaping | Replacement of  materials | | Paint scraping | Caulking | Minor siding  repair | Trim repair | | Minor roof  repair | Door replacement | Clean-up brush | Junk removal | | |
| Please circle the types of repairs or modifications you are requesting for your home: | |
| Other: | |
| **5. How will this project benefit you (and your family)?** | |
|  | |
| **6. Employment Information** | |
| **Applicant** | **Co-applicant** |
| Name and Address of Current Employer | Name and Address of Current Employer |
| Number of Years on this Job? | Number of 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 Previous Employer | Name and Address of Previous Employer |
| Number of Years on this Job? | Number of 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** | **Others in Household** |
| Base Employment Income | $ | $ | $ |
| AFDC/TANF |  |  |  |
| Food Stamps |  |  |  |
| Social Security |  |  |  |
| SSI |  |  |  |
| Disability |  |  |  |
| Alimony |  |  |  |
| Child Support |  |  |  |
| Other |  |  |  |
| Total |  |  |  |
| **Gross Monthly Bills** | **Applicant** | **Co-Applicant** | **Others in Household** |
| Rent | $ | $ | $ |
| Utilities |  |  |  |
| Car Payment |  |  |  |
| Cable TV |  |  |  |
| Child Care |  |  |  |
| School Lunch |  |  |  |
| Average Credit Card Payment |  |  |  |
| Student Loans |  |  |  |
| Alimony/Child Support |  |  |  |
| Total |  |  |  |
| Self Employed applicant's) may be required to provide additional documentation such as tax returns and financial statements.  Please attach copies of last month's bills | | List additional household members over 18 who receive income  Name Age Monthly Wages  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **8. Assets** | | | |
| **List checking and savings accounts below** | | | |
| **Applicant** | | **Co-applicant** | |
| Name and Address of Bank, Savings, Loan or Credit Union | | Name and Address of Bank, Savings, Loan or Credit Union | |
| Account # Balance $ | | Account # Balance $ | |
| Name and Address of Bank, Savings, Loan or Credit Union | | Name and Address of Bank, Savings, Loan or Credit Union | |
| Account # Balance $ | | Account # Balance $ | |
| Name and Address of Bank, Savings, Loan or Credit Union | | Name and Address of Bank, Savings, Loan or Credit Union | |
| Account # Balance $ | | Account # Balance $ | |
|  | |  | |

Please continue to next page to complete application with signature

**9. Permission to Refer**

If your needs can be met more appropriately by another program, may we share your application with them? (circle one)

YES NO

Unless you give us permission to share your information with other organizations, your application will be kept confidential.

Send the completed application and supporting documents to:

Habitat for Humanity of Ionia County

115 S Depot St.

Ionia, MI 48846

Or email:

smoore@ioniahabitat.org

**Applicant Agreement**

I hereby authorize and instruct Habitat for Humanity of Ionia County (hereafter HFHIC) to obtain and review my credit report. My credit report will be obtained from a credit-reporting agency chosen by HFHIC. I understand and agree that HFHIC intends to use the credit report for the purpose of evaluating my financial readiness for A Brush with Kindness Repair services.  
I understand that by filing this application, I am authorizing HFHIC to evaluate my need for critical  
home repairs, my ability to repay a no-interest loan, and my willingness to be a partner family. I understand that the evaluation will include a home assessment and income 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 be eligible to receive A Brush with Kindness services, I may be disqualified from the  
program. The original or a copy of this application will be retained by HFHIC even if the application  
is not approved.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Applicant Name (Print) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Co-Applicant Name (Print) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date