

## PRE-SCREENING APPLICATION

201 E. Pickard St. Phone: (989) 317-4650

Mt. Pleasant, MI 48858 Email: kim@hfhic.org www.hfhic.org

## 2022/23 APPLICANT/CO-APPLICANT INFORMATION:

1. Applicant's Name:	1. Co-applicant's Name:
2. Address:	2. Address:
City: State: Zip:	City: State: Zip:
3. Phone:	3. Phone:
4. Email Address:	4. Email Address:
5. Marital Status:MarriedSeparated	5. Marital Status:MarriedSeparated
Unmarried (single, divorced, widowed)	Unmarried (single, divorced, widowed)
6. Social Security Number://	6. Social Security Number://
7. Date of Birth:/	7. Date of Birth:/
8. Military Veteran: YES NO	8. Military Veteran: YES NO
I would like to receive updates from Isabella County Habitat	I would like to receive updates from Isabella County Habitat
PLEASE CHECK ALL THAT APPLY  I have a NEED because:  Use of the content of the co	g from a bank. blems or is unsafe.
I have the ABILITY TO PAY because:	
□ I can pay a 25-30 year low-interest mortgage, v income.	with monthly payments that will not exceed 30% of my household gross
☐ I will save \$1,000 for a down payment	
<ul> <li>□ I have not had bankruptcy or foreclosure in the</li> <li>□ My income falls within the guidelines outlined o</li> </ul>	
I am WILLING TO PARTNER because I will:  Commit to a long-term partnership with Isabella  Complete a minimum of 250 "sweat equity" hou  Complete finance & home maintenance classes	irs for each adult.

## **INCOME GUIDELINES:**

If your total annual gross income is within the income ranges on this chart, you <u>STILL MAY QUALIFY</u> for the program.

2022 MSHDA Isabella County Annual Income Guidelines (Gross Income before deductions)

Family	60% Area	80%		
Size	Median	Median		
	Income	Income		
1	\$30,060	\$40,050		
2	\$34,320	\$45,800		
3	\$38,640	\$51,500		
4	\$42,900	\$57,200		
5	\$46,380	\$61,800		
6	\$49,800	\$66,400		
7	\$53,220	\$70,950		
8	\$56,640	\$75,550		

<sup>\*</sup>These figures are adjusted annually by Development (HUD). Figures above are subject to change.

the U.S. Dept. of Housing and Urban

FI	NAN	ICIAL	INF	ORM	ATION	l:
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Applicant	sigr	atur	re		Date			Co-applicant s	signature	Date
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		500	0 – 59	99				Unknown		
			0 – 69					399 or below		
iny Crea		700	0 +					<b>bers below:</b> 400 - 499		
			-					nore heleur		
Disability	- \$_					(	Chile	d Support - \$	Alimony - \$_	
Cash Ass	sistaı	nce -	- \$		_	F	000	d Assistance - \$	Social Secu	rity - \$
<b>Addition</b> do not qu			ces of	f Inc	ome (	Enter	mo	onthly dollar amounts for a	all that apply. Unemplo	oyment and Financial
Name of Current Employer (s) and Monthly Earnings:					\$ <u></u>					

Return completed application: Habitat for Humanity of Isabella County 201 E. Pickard St. Mt. Pleasant, MI 48858
Email: kim@hfhic.org