Owner Occupied Minor Home Repair Information

Habitat for Humanity Isabella County has several programs for owner occupied home repair. These repairs can include exterior home repair, wheelchair ramps, exterior painting/staining, or critical home repair. If you would like to know if the needed repairs fit our program guidelines, please call the Habitat office at (989) 317-4650

Income Limits: Habitat for Humanity serves low-income families: the total household income needs to be at or below 60% AMI. The income limits are listed below.

Family Size	Household Income Limit
1	$35,160
2	$40,140
3	$45,180
4	$50,160
5	$54,180
6	$58,200

Sweat Equity: Sweat equity is a requirement of Habitat owner occupied minor home repair projects. The amount of sweat equity is determined by the size of the project. Sweat equity is volunteer hours donated to the affiliate, working on the repair project. If you are physically unable to work on your home repair project, then you can perform sweat equity hours in the ReStore, in the office, or a family member can perform your construction sweat equity. The sweat equity plan needs to be approved by the Habitat office.

Required Information: This information needs to be evaluated with the application.

- Proof of homeowner's insurance
- Copy of deed showing homeownership
- Proof of income (most recent two months of pay stubs, documentation of all forms of income (including government))
- Proof of paid taxes

Home Inspection: Once the application is complete, and the project meets the Habitat guidelines, the Habitat office will then perform a home inspection and create a Scope of Work (SOW).

Repayment: There is a possibility that a portion of the funds for the project will be the applicants responsibility. This is not a set percentage, but depends on income and other factors. The amount will be determined by Habitat for Humanity of Isabella County and shared with the applicant.

Habitat for Humanity® of Isabella County

Owner Occupied Repair Application

Date of Application: _____ Has anyone in the household served in the military? _____

Applicant Name: _____ Email: _____

Co-applicant Name: _____

Applicant's street address: _____City: _____

Telephone: (Home) _____ (Work) _____

How long have you lived at the above address? _____

Do you own your home? _____ Do you have home insurance? _____

Number of bedrooms in home: _____ Number of bathrooms: _____

Number of stories on home: _____ Gas or Propane Utility Company: _____

Electric Utility Company: _____

Water Utility Company: _____

Please Circle One:

Furnace:	◉ Gas	○ Electric	
Stove:	◉ Gas	○ Electric	
Water Heater:	◉ Gas	○ Electric	Age of Water Heater _____
Refrigerator:			Age of Refrigerator _____

List below the names of all of the people who are living in your home, including yourself:

Name	DOB	Age	Sex	Disability?	Relationship

What is the condition of the house (use back of sheet or attach additional sheet if necessary)?

_____

_____

What repairs are requested? (If roof repair please specify roof type)

_____

_____

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EQUAL HOUSING OPPORTUNITY

United Way of Isabella County

I/We understand that this program is a loan program and that I may be required to make a monthly payment against the total project costs. I/We are able to afford to pay $_____ per month.

_____ _____

Homeowner Signature Homeowner Signature

FINANCIAL INFORMATION

Monthly Income				
Income Source	Applicant	Co-applicant	Others in household	Total
Wages				
TANF				
Alimony				
Child Support				
Social Security				
SSI				
Disability				
Section 8 Housing				
Other:_____				
Total				

EQUAL HOUSING OPPORTUNITY

United Way of Isabella County

Habitat for Humanity® of Isabella County

Isabella County Habitat for Humanity is an equal opportunity program and therefore shall make housing programs equally available to all qualified families without discrimination. With the scope of their application process, HFHIC will not consider the following factors: sex, marital status, race, color, religion, national origin, age, receipt of public assistance income, physical handicap or family status.

I understand that by signing this application, I am authorizing Habitat for Humanity to evaluate my home and the need for repairs, my ability to potentially repay the no interest loan, and my willingness to be a partner family. I understand that the evaluation may include personal visits, income verification, and program coordination with other community service agencies. I understand that there may be a home inspection by third party inspector.

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 home repair project, I may be disqualified from the program. The original or 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 _____

Owner Occupied Repair Program Voluntary Information

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information or based on whether or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

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 racial designation)	**Race**: (applicant may select more than one racial designation)
☐ American Indian or Alaskan Native	☐ American Indian or Alaskan Native
☐ Native Hawaiian/Pacific Islander	☐ Native Hawaiian/Pacific Islander
☐ Black or African American	☐ Black or African American
☐ White	☐ White
☐ Asian	☐ Asian
Ethnicity:	**Ethnicity:**
☐ Hispanic or Latino ☐ Non Hispanic or Latino	☐ Hispanic or Latino ☐ Non Hispanic or Latino
Sex:	**Sex:**
☐ Female ☐ Male	☐ Female ☐ Male
Birthdate:	**Birthdate:**
_____/_____/_____	_____/_____/_____
Marital Status:	**Marital Status:**
☐ Married ☐ Separated ☐ Unmarried	☐ Married ☐ Separated ☐ Unmarried

To be completed by Affiliate:

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EQUAL HOUSING OPPORTUNITY

United Way of Isabella County

This Application was taken by:	Received by (print or type name)
☐ Face to face interview ☐ Mail ☐ Telephone	Signature Date

Note to affiliate: Once the homebuyer applicant submits an application form, an affiliate representative not involved in the homeowner selection process must detach this sheet from the application form and keep it in a separate file to which no one involved in the homeowner selection process has access.