



Owner Occupied Home Repair Loan Program Information

Habitat for Humanity Menominee River has several programs for owner occupied home repair. These repairs can include exterior home repair, wheel chair ramps, exterior painting/staining, or critical home repair. You must have lived in your home for at least 12 months to qualify, the home must be your primary residence and you must live in our service area (Dickinson and Iron Counties in Michigan and surrounding Wisconsin communities). If you would like to know if the needed repairs fit our program guidelines, please call the Habitat office at (906) 779-5377.

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 – Dickinson County	Household Income Limit – Iron County
1	\$34,920	\$34,440
2	\$39,900	\$39,360
3	\$44,880	\$44,290
4	\$49,860	\$49,140
5	\$53,880	\$53,100
6	\$57,840	\$57,060

Sweat Equity: Sweat equity is a requirement of Habitat owner occupied 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 will 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
- DD214 if you are veteran
- Military Service Connected Disability Rating Letter, if applicable
- ACH Form for payments

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: All of our home repair programs require the homeowner to repay the funds. The monthly payment that you indicated on this application as well as the anticipated costs are stated in the Homeowner Agreement. When the work is completed, you will receive a Repayment letter with the actual cost and detailing the methods of payment. The Homeowner Agreement needs to be signed before work starts on the house. The loan period will be determined based on your ability to pay. The monthly loan payments are due by the 5th of each month. There is a \$5.00 late fee if the payment is after the 5th.

PO Box 398
Iron Mountain, MI 49801
(906) 779-5377



Owner Occupied Repair Loan Application

Date of Application: _____ Has anyone in the household served in the military? ☐ Yes ☐ No

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

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:

<u>Name</u>	<u>DOB</u>	<u>Age</u>	<u>Sex</u>	<u>SSN</u>	<u>Disability?</u>	<u>Relationship</u>

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 and include a bid from a licensed contractor)

I/We understand that this program is a loan program and that I will 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: _____				
Other: _____				
Other: _____				
Total				

Menominee River 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, HFHMR 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 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 understand that for roof repairs it is my responsibility to obtain a bid from a licensed contractor. Initials: _____

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 _____

Application Checklist

Did you complete all sections of this application?

☐ Yes ☐ No

Did you sign the application?

☐ Yes ☐ No

Are you aware that this is a loan program and you would obligated to pay back funds if you are selected?

☐ Yes ☐ No

Did you enclose proof of ownership and proof of homeowner's insurance?

☐ Yes ☐ No

Did you provide proof of income (most recent two months of pay stubs, documentation of all forms of income (including government))?

☐ Yes ☐ No

Did you enclose proof of paid taxes?

☐ Yes ☐ No

If the requested repairs are for a roof, have you enclosed a bid from a licensed contractor, or are you aware that it is your responsibility to obtain one?

☐ Yes ☐ No

If you are a disabled veteran, did you enclose your DD214 and disability rating letters?

☐ Yes ☐ No

Recurring ACH Entry Authorization

By completing this document, you authorize debit and/or credit entries initiated via ACH to your checking/savings account. A receipt for each payment will be provided to you and the transaction will appear on your bank statement as an "ACH Debit" or as an "ACH Credit". You agree that no prior-notification will be provided unless the date or amount changes (unless variable), in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize Habitat for Humanity to initiate
(Account Holder's Full Name) (Company Name/ACH Originator)

electronic entries to my checking/savings account, with account information indicated

below for \$ _____ on the _____ of each month.
(\$ Amount) (day)

This payment is for _____.
(Description of Goods/Services/Address)

Billing Information

Your Billing Address _____ Your Phone # _____

City, State, Zip _____ Your Email _____

Bank Account Details

Account Type: ☐ Checking ☐ Savings

Bank Name _____

Account Number _____

Routing Number _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Habitat for Humanity** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing or payment date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that **Habitat for Humanity** may at its discretion attempt to process the charge again within 30 days and agree to an additional **\$10.00** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____
(Account Holder's 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

☐ I do not wish to furnish this information.

Race: (applicant may select more than one racial designation)

- ☐ American Indian or Alaskan Native
- ☐ Native Hawaiian/Pacific Islander
- ☐ Black or African American
- ☐ White
- ☐ Asian

Ethnicity:

☐ Hispanic or Latino ☐ Non Hispanic or Latino

Sex:

☐ Female ☐ Male

Birthdate:

_____/_____/_____

Marital Status:

☐ Married ☐ Separated ☐ Unmarried

Co-applicant

☐ I do not wish to furnish this information.

Race: (applicant may select more than one racial designation)

- ☐ American Indian or Alaskan Native
- ☐ Native Hawaiian/Pacific Islander
- ☐ Black or African American
- ☐ White
- ☐ Asian

Ethnicity:

☐ Hispanic or Latino ☐ Non Hispanic or Latino

Sex:

☐ Female ☐ Male

Birthdate:

_____/_____/_____

Marital Status:

☐ Married ☐ Separated ☐ Unmarried

To be completed by Affiliate:

This Application was taken by: <input type="checkbox"/> Face to face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone	Received by (print or type name)
	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.