



Clinton-Gratiot Habitat for Humanity
 P.O. Box 313, 2352 N US 27
 St. Johns, MI 48879
 989-227-1771

A Brush with Kindness & Critical Home Repair Application

Applicant Information																								
HOMEOWNER #1		HOMEOWNER #2																						
Name:		Name:																						
Soc. Sec. #:	Birthdate:	Soc. Sec. #:	Birthdate:																					
	Age:		Age:																					
Place of Employment:		Place of Employment:																						
Month/Year of Employment:		Month/Year of Employment:																						
Name(s) on the title of the house:		Month/Year purchased:																						
Address:		City:	Zip Code:																					
Home Phone:		Cell Phone:																						
Email address:		Email Address:																						
<p>Dependents: List all dependents who live with you and indicate their ages.</p> <table border="1"> <thead> <tr> <th>Names</th> <th>Relationship to you</th> <th>Age:</th> </tr> </thead> <tbody> <tr> <td>1)</td> <td></td> <td></td> </tr> <tr> <td>2)</td> <td></td> <td></td> </tr> <tr> <td>3)</td> <td></td> <td></td> </tr> <tr> <td>4)</td> <td></td> <td></td> </tr> <tr> <td>5)</td> <td></td> <td></td> </tr> <tr> <td>6)</td> <td></td> <td></td> </tr> </tbody> </table>				Names	Relationship to you	Age:	1)			2)			3)			4)			5)			6)		
Names	Relationship to you	Age:																						
1)																								
2)																								
3)																								
4)																								
5)																								
6)																								

For Office Use Only - Do not write in this space

Date received: _____ Date of adverse action letter: _____
 Date of notice of incomplete application letter: _____ Date of selection committee approval: _____

MONTHLY EXPENSES (REQUIRED)

Account	Applicant	Co-Applicant	Total
House Payment/Rent	\$	\$	\$
Utilities	\$	\$	\$
Car Payment	\$	\$	\$
Insurance	\$	\$	\$
Child Care	\$	\$	\$
Television/Internet Service	\$	\$	\$
Cell Phone	\$	\$	\$
Land Line	\$	\$	\$
School Lunch	\$	\$	\$
Business Expenses	\$	\$	\$
Student Loans	\$	\$	\$
Alimony/Child Support	\$	\$	\$
Union Dues	\$	\$	\$
Food	\$	\$	\$
Other _____	\$	\$	\$
Total	\$	\$	\$

DEBT (REQUIRED)

Account	Applicant			Co-Applicant		
	Monthly Balance	Unpaid Balance	Months left to pay	Monthly Balance	Unpaid Balance	Months left to pay
Other Motor Vehicle	\$	\$		\$	\$	
Property Taxes	\$	\$		\$	\$	
Furniture, Appliance, Televisions (includes rent-to-own)	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Child Support	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Total medical	\$	\$		\$	\$	
Other _____	\$	\$		\$	\$	
Other _____	\$	\$		\$	\$	
Other _____	\$	\$		\$	\$	
Total	\$	\$		\$	\$	

PLEASE TELL US A LITTLE ABOUT YOUR CURRENT SITUATION (REQUIRED)

PERMISSION TO REFER (REQUIRED)

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 programs, your application will be kept confidential.

CLINTON-GRATIOT HABITAT FOR HUMANITY RELEASE (REQUIRED)

The undersigned hereby releases and forever discharges the officers, directors, agents, employees, volunteers and representatives of the Clinton-Gratiot Habitat for Humanity program and the persons or entities providing materials or labor to the rehabilitation, renovation or revitalization work provided to the undersigned residence, from all claims, demands, actions and causes of action relating to any injury or loss which the undersigned may sustain in any way connected with the undersigned's home participating in the Clinton-Gratiot Habitat for Humanity program.

The undersigned understands that the undersigned is to assume all the risk and grant this release in consideration for whatever rehabilitation or renovation work is provided to the undersigned's residence. The undersigned understands that no promises or assurances have been made that any particular work will be done or that any particular result will be achieved.

HOMEOWNER SIGNATURE: _____ **DATE:** _____

HOMEOWNER SIGNATURE: _____ **DATE:** _____

Please submit these documents at this time:

- Picture I.D. for all household members
- Proof of homeowner's insurance policy

APPLICANT AGREEMENT (REQUIRED)

I hereby authorize and instruct Clinton-Gratiot Habitat for Humanity (hereafter CGHFH) to obtain and review my credit report as well as a criminal background check. My credit report will be obtained from a credit-reporting agency chosen by CGHFH and my background check will be obtained from the Michigan State Police. I understand and agree that CGHFH intends to use the credit report for the purpose of evaluating my financial readiness for A Brush with Kindness or Critical Home Repair services.

I understand that by filing this application, I am authorizing CGHFH 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 this evaluation will include a home assessment and income verification. I have answered all questions on this application truthfully. I understand that if I have not answered 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 or Critical Home Repair services, I may be disqualified from the program. The original or a copy of this application will be retained by CGHFH even if the application is not approved.

Applicant Name (Print)

Date

Applicant Signature

Co-Applicant Name (Print)

Date

Co-Applicant Signature

PLEASE FILL OUT ONLY ONE APPLICATION PER HOUSEHOLD, BRING TO:

**Clinton-Gratiot Habitat for Humanity
2352 N US 27
St. Johns, MI 48879
(989) 227-1771**

OR MAIL TO:

**Clinton-Gratiot Habitat for Humanity
PO Box 313
St. Johns, MI 48879**