

Applicant is responsible for:
Application Fee - \$100.00
Theworknumber employment verification \$34.95 ea

Initial that you understand the fees:_____

Fees are non-refundable.

Neighborhood Revitalization 2015

Home Preservation & Critical Home Repair

Date Stamp:	
household code:	office use only

	Applica	nt Information			
НОМЕ	OWNER #1	НОМЕ	HOMEOWNER #2		
Name:		Name:	Name:		
Soc. Sec. #: Yr. of Birth:		Soc. Sec. #:	Yr. of Birth:		
Place of Employment:		Place of Employment:	Place of Employment:		
Month/Year of Employme	ent:	Month/Year of Employme	Month/Year of Employment:		
Name(s) on the title of the	e house:	Month/Year purch	ased:		
Address	Cit	ty Zip Code			
Home/Work Phone:		Cell Phone:	Cell Phone:		
Additional contact pers	on:	Phone:	Phone:		
Dependents : List all dep	endents who live with yo	ou and indicate their ages.			
N	lames	Relationship to	you	Yr. of Birth	
1)					
2)					
3)					
4)					
5)					
6)					

1	Do you have a: Mortgage or Land Contract or are you Mortgage-free?				
2	Are you a veteran? [] yes [] no				
3	If yes, what discharge did you receive?				
4	Have you applied for disability? [] yes [] no				
5	If yes, are you receiving your monthly benefits? [] yes [] no other				
6	Are you current on your house payments? [] yes [] no				
7	Are your property taxes up-to-date? [] yes [] no				
8	Are you, or someone in your house, a registered sex offender? [] yes [] no				
9	Have you, or someone in your household, been convicted of other criminal charges? [] yes [] no				
10	Are there any criminal charges pending against you or someone in your house? [] yes [] no				
11	Is your house in the process of foreclosure? [] yes [] no				
12	Have you lived in the house longer than 18 months? [] yes [] no				
13	Do all persons who appear in the title live in the home as their primary residence? [] yes [] no				
14	4 Are you a landlord? [] yes [] no				
15	5 Do you receive child support? [] yes [] no				
17	7 Have you purchased your home in the last 5 years and received down payment assistance?[]y []n				
18	18 Is there a lien on the house for which you are applying? [] yes [] no				
19	9 Have you received NIP funds in the last 5 years from another agency? [] yes [] no				
	Description of House				
	# of Bedrooms Is your house: 1-story1.5 stories2-stories				
	Square Feet Circle One: No Basement Crawl Space Michigan Basement Full Basement				
	Type of siding: wood aluminum vinyl asbestos other				
	Type or staining.				
	Housing Conditions and Requested Repairs				
	Housing Conditions and Requested Repairs				
	Critical Home Repairs: Although there are many types of repairs a home needs, we concentrate on the listed				
	repairs that follow. Please explain what the problem is with each.				
	□ ROOF				
	☐ WALLINSULATION				
	I I WALLINSULATION				
	☐ WALL INSULATION☐ SIDING				

	☐ SOFFIT	T/FASCIA					
	☐ HEATII	NG/VENTILATION	J				
	☐ GUTTE	RS					
	EXTER	IOR DOORS					
	□ WEATI	HERIZATION					
	☐ WINDO	OWS					
	☐ SCREE	N REPAIR					
	HANDI	ICAP ACCESSIBILI	TY ONLY:	BUILD	REMODEL	INSTALL	
	\sqcup (CIRCL	E APPROPRIATE	NEEDS)	RAMP	BATHROOM for Handicap	WIDER DOORS	LOWER KITCHEN
A D D I T I		ANAENITC.			101 Handicap	DOOKS	CABINETS
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SAGINAW-SHIAWASSEE HABITAT FOR HUMANITY RELEASE

The undersigned hereby releases and forever discharges the officers, directors, agents, employees,

volunteers and representatives of the Saginaw-Shiawasee Habitat for Humanity Program as well as the City of Saginaw, Michigan 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 Saginaw-Shiawassee 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:
To be considered, you MUST submit the	e documents that apply to the household:
□Picture I.D.	
□Proof of homeowner's insurance policy	
□ Proof of Income: 2013 tax returns, W-2 and	d 1099s for all household members
☐Proof of Income: 4 consecutive pay stubs fo	r each household member that works
□ Proof of Income: 4 monthly statements an	d 1099s for pensions and annuities
□ Proof of Income: Social Security, SSI, SSDI -	benefit statement and 1099
□ Proof of Income: Friend of the Court states	nent for child support
□ Proof of Income: Unemployment current s	tatement & 1099
☐Self-employed - please contact Saginaw-Sh	niawassee Habitat for Humanity
☐Year to date interest earned	
☐Deed for property	

Applications must be **COMPLETE** before they will be considered!

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

Saginaw-Shiawassee Habitat for Humanity 315 W. Holland Avenue Saginaw, MI 48602

Saginaw (989) 753-5200 x 500

Toll-Free (844) 721-8038