



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: _____

MISC-explain _____

HANDICAP ACCESSIBILITY ONLY: Ramps or zero Handrails Step Repairs
(CIRCLE APPROPRIATE NEEDS) step entries

ADDITIONAL COMMENTS:

WE CANNOT GUARANTEE YOUR HOME WILL BE INCLUDED IN THE PROGRAM (REQUIRED)

I/We understand that this application does not guarantee that I am/we are in the program, nor that all repairs I request will be made. Clinton-Gratiot Habitat for Humanity will review all applications, conduct assessments of all qualifying applicants and determine the work to be completed. I also understand that I will be working alongside Clinton-Gratiot Habitat for Humanity volunteers to complete the repairs on my home. If chosen for the program, I will contribute sweat equity hours as part of my partnership with Clinton-Gratiot Habitat for Humanity.

HOMEOWNER SIGNATURE: _____ DATE: _____

HOMEOWNER SIGNATURE: _____ DATE: _____

PHOTOGRAPHS, VIDEO AND MEDIA (REQUIRED)

Clinton-Gratiot Habitat for Humanity photographs some homes and homeowners. If this occurs, I hereby authorize Clinton-Gratiot Habitat for Humanity and its employees and volunteers to use and/or publish any and all photographs of my property and myself.

HOMEOWNER SIGNATURE: _____ DATE: _____

WILLINGNESS TO PARTNER (REQUIRED)

To be considered for Critical Home Repair, you and your family must be willing to complete 4-8 hours, depending on the scope of work, of "sweat equity" hours per adult over the age of 18. Your helping in repairing your home and the homes of others is called "sweat equity" and may include clearing the lot, helping with construction, working in the Habitat office or ReStore, attending homeownership classes or other approved activities.

I am willing to complete the required sweat equity hours: Applicant _____ Yes _____ No
Co-Applicant _____ Yes _____ No

MONTHLY EXPENSES (REQUIRED)

Account	Applicant	Co-Applicant	Total
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	\$	\$	\$
Other _____	\$	\$	\$
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	\$	\$		\$	\$	
Boat	\$	\$		\$	\$	
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. My credit report will be obtained from a credit-reporting agency chosen by CGHFH. 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 HOUSE, 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**