



# Home Ownership Preparation Education

## Information Sheet

### About the Program

Home Ownership Preparation Education is a program through Livingston County Habitat for Humanity to get hardworking low-income families financially ready to own their own home. Anyone in the community is eligible for this program as long as they have an income between 30% and 80% of the Average Median Income for Livingston County. This program is not restricted for families that are looking to go through our Home Ownership Program.

If you answer yes to all of the following questions you **MAY** qualify for our HOPE Program.

Yes No

- Are you looking to purchase a new home?
- Is your household income between the range below?

Family of 1	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6
\$21,510	\$24,600	\$27,660	\$30,720	\$33,180	\$35,640
\$52,160	\$59,600	\$67,040	\$74,480	\$80,480	\$86,400

### Program Overview

Families that are accepted into the HOPE Program will work to become financially ready to take on a mortgage for a new home either through our Home Ownership Program or through traditional means. Families will start out by attending an orientation meeting, meeting one-on-one with a mortgagor, and work with a mentor to help keep them on track.

Please fill out the following application if you think you qualify for the HOPE program and mail or drop off the application to:

Livingston County Habitat for Humanity  
 Attn: Rob Johnson  
 7198 Grand River Road  
 Brighton, MI 48114

If you have any questions or need help filling out the application please contact:  
Rob Johnson, [lchfhed@livingstonhabitat.org](mailto:lchfhed@livingstonhabitat.org), 810-220-9986 Ext 111

7198 Grand River Road, Brighton, MI 48114  
 Phone: 810-220-9986 | Fax: 810-360-0764  
 Email: [LCHFHEd@livingstonhabitat.org](mailto:LCHFHEd@livingstonhabitat.org) | Website: [LivingstonHabitat.org](http://LivingstonHabitat.org)



# Home Ownership Preparation Education Application

SECTION 1 – Applicant Information				
<b>Applicant</b>		<b>Co-applicant</b>		
Applicants Name		Co-applicant's name		
Social Security Number	Phone Number	Social Security Number	Phone Number	
Present address (Street, City, State, Zip Code)		Present address (Street, City, State, Zip Code)		
Number of Years:				
SECTION 2 – 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: _____	\$	\$	\$	\$
<b>Totals</b>	\$	\$	\$	\$



### SECTION 3 – Assets

Name of bank, savings, loan, credit union, etc	Address	City, state	Zip	Current balance

### SECTION 4 – House Hold Income and Mortgage Information

The *total*, combined income *before taxes* for ALL persons living in the home is \$ \_\_\_\_\_ per **month**.

**You must attach verification of all HOUSEHOLD income** for each adult in the house, unless a full time student (provide proof of registration) and/or benefits for children.

(For instance, the most recent income tax return, monthly social security statements, other retirement income statements, employment check stub and please note on attached statements if it represents annual, monthly, twice-monthly, bi-weekly or weekly income).

What are your payments for each of the following expenses?

Mortgage		Car		Medical		Phone	
Electric		Utilities		Cable/Internet		Groceries	
Credit Debt		Other		Please specify other:			



## SECTION 5 - Debt

	TO WHOM DO YOU AND THE CO-AAPPLICANT OWE MONEY?					
	APPLICANT			CO-APPLICANT		
	Monthly Payment	Unpaid Balance	Months left to pay	Monthly Payment	Unpaid Balance	Months left to pay
Other Motor Vehicle						
Boat						
Furniture, Appliance						
Alimony						
Child Support						
Credit Card						
Credit Card						
Credit Card						
Total Medical						
Other						
Other						
<b>Total</b>						

## SECTION 6 - Expenses

MONTHLY EXPENSES			
Account	Applicant	Co-Applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child Care	\$	\$	\$
Internet Services	\$	\$	\$
Cell Phone	\$	\$	\$
Land Line	\$	\$	\$
Business Expenses	\$	\$	\$
Union Dues	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>



## SECTION 7 - Declarations

**Please check the box beside the word that best answers the following questions for you and the co-applicant**

	Applicant		Co-Applicant	
Do you have any outstanding judgments because of a court decision against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had property foreclosed on or deed in lieu of foreclosure in the past seven years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently delinquent or in default on any federal debt or any other loan, mortgage, financial obligation or loan guarantee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you paying alimony or child support or separate maintenance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a co-signer or endorser on any loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "yes" to any questions please explain on a separate piece of paper.

## SECTION 8 – Authorization and Release

**I understand that by filling this application, I am authorizing LCHFH to evaluate my credit for the HOPE program.**

**I understand that the evaluation will include personal visits, a credit check, and employment verification. 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 I may be disqualified from the program and forfeit any rights or claims. The original or a copy of this application will be retained by LCHFH even if the application is not approved**

**I also understand that LCHFH screens all applicants on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.**

**I also understand that I must include proof of all household income from all members of the house hold with this application for it to be complete.**

Applicant Signature

Date

Co-Applicant Signature

Date



## SECTION 9 – Information for Government Monitoring Purposes

**PLEASE READ THIS STATEMENT BEFORE COMPLETEING THE BOX BELOW:** 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
<input type="checkbox"/> I do not wish to furnish this information  <b>Race (applicant may select more than one designation):</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian  <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino  <b>Sex</b> <input type="checkbox"/> Female <input type="checkbox"/> Male  Birthdate _____ / _____ / _____  <b>Marital Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information  <b>Race (applicant may select more than one designation):</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian  <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino  <b>Sex</b> <input type="checkbox"/> Female <input type="checkbox"/> Male  Birthdate _____ / _____ / _____  <b>Marital Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)

### To be completed only by the person conducting the interview

This application was taken by:  <input type="checkbox"/> Face-to-face interview  <input type="checkbox"/> By Mail  <input type="checkbox"/> By Telephone	Interviewer's name (Type or Print)  Interviewer's Signature <span style="float: right;">Date</span>  Interviewer's Phone Number
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## EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that monitors compliance with this law concerning this company is the Federal Trade Commission.

You need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support and separate maintenance income; and the spouse's financial resources.

Accordingly, if you receive income from these source and do not provide this information with your application, your application will be considered incomplete, and we will be unable to invite you to participate in the Habitat program.

### **Applicant(s)**

Signature:

Signature:

Print Name:

Print Name:

Date:

Date: