



Homeownership Program Selection Criteria



You must meet the following criteria to be eligible to qualify for the Habitat Homeownership Program.

I. NEED FOR ADEQUATE HOUSING (AT LEAST ONE OF THESE CONDITIONS MUST BE PRESENT)

A. Inadequate Shelter

1. Inadequate current shelter because of problems with heating, water, electricity, or maintenance.
2. Inadequate number and size of bedrooms as determined by the number of persons in the household as well as the age and the sex of these household members. For example: adolescent girls and boys sharing a bedroom or adolescent child sharing a bedroom with very young children or babies would meet this criterion.
3. Unsafe conditions. Lack of access to safe yard, street, and egress from present home. Physical environment problems such as hazardous or toxic materials.

B. Inadequate Resources

1. Lack of personal resources to buy, rent, or build adequate shelter; or
2. Inability to qualify for a VA, FHA, conventional or government loan.
3. Existing housing cost burden exceeds more than 30% of the household's gross monthly income.

II. INCOME: ABILITY TO PAY FOR THE HABITAT HOME (ALL NINE REQUIREMENTS MUST BE MET)

1. Fall within Blue Water Habitat for Humanity of Sanilac and Saint Clair Counties' income guidelines, which is between 40-60% of median income, adjusted for family size and updated annually.
2. Complete Financial Coaching through Habitat for Humanity Michigan.
3. Record of stable employment and/or other income for one or more years.
4. Enough projected income to pay house payment, insurance, taxes. You must also be able to pay for utilities and all maintenance and repairs.
5. Ability to pay a down payment of 1% (one-time expense).
6. Projected housing expenses will be less than or equal to 30% of gross monthly income.
7. Existing long-term debt is less than or equal to 40% of gross monthly income.
8. Background Check Fee- \$10.00 per person over 18 years old in the household, payable at application turn-in.

**Note: Household income may be threatened by home ownership.
Example: Rent subsidies and welfare payments may cease if you own a house.**

III. WILLINGNESS TO PARTNER WITH HABITAT (YOU MUST BE WILLING TO DO ALL OF THE FOLLOWING)

1. *Eagerness:*
 - a) Application requirements readily fulfilled.
 - b) Willing participant in the home visit.
 - c) Willingness to participate in Habitat functions.
 - d) Attendance and participation in Information meetings.
2. *Acceptance:* Of sweat equity and its demands: Partner families will complete 300 or 500 SE hours, depending on the number of household members 18 years of age or older. This determination is not limited to applicants and co-applicants but includes all who will reside in the home. (per affiliate policy)
 - a) Of Habitat's house design criteria.
 - b) Of financial responsibility of home maintenance and care.
 - c) Of the importance of monthly payments without default.
 - d) Of the expectations of the letter of acceptance.
 - e) Of Habitat's need for willing and active partners.

Date	Change #	Modification
May 9, 2022	II:1	Approved by Board of Directors
February 20, 2020	II:2	Approved by Board of Directors
January 14, 2019	0.0	Approved by the Board of Directors
September 10, 2018	Title; II:8	Approved by the Board of Directors
January 9, 2018	2, 2.7	Approved by the Board of Directors

July 1, 2021 - June 30, 2022 Annual Median Income Limits

St. Clair								
	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
25%	\$14,000	\$16,000	\$18,000	\$20,000	\$21,600	\$23,200	\$24,800	\$26,400
30%	\$16,800	\$19,200	\$21,600	\$24,000	\$25,950	\$27,850	\$29,800	\$31,700
40%	\$22,400	\$25,600	\$28,800	\$32,000	\$34,560	\$37,120	\$39,680	\$42,240
50%	\$28,000	\$32,000	\$36,000	\$40,000	\$43,200	\$46,400	\$49,600	\$52,800
60%	\$33,600	\$38,400	\$43,200	\$48,000	\$51,840	\$55,680	\$59,520	\$63,360
70%	\$39,200	\$44,800	\$50,400	\$56,000	\$60,480	\$64,960	\$69,440	\$73,920
80%	\$44,800	\$51,200	\$57,600	\$64,000	\$69,150	\$74,250	\$79,400	\$84,500
90%	\$50,400	\$57,600	\$64,800	\$72,000	\$77,760	\$83,520	\$89,280	\$95,040
100%	\$56,000	\$64,000	\$72,000	\$80,000	\$86,400	\$92,800	\$99,200	\$105,600
Sanilac								
	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
25%	\$11,300	\$12,900	\$14,525	\$16,125	\$17,425	\$18,725	\$20,000	\$21,300
30%	\$13,550	\$15,500	\$17,450	\$19,350	\$20,900	\$22,450	\$24,000	\$25,550
40%	\$18,080	\$20,640	\$23,240	\$25,800	\$27,880	\$29,960	\$32,000	\$34,080
50%	\$22,600	\$25,800	\$29,050	\$32,250	\$34,850	\$37,450	\$40,000	\$42,600
60%	\$27,120	\$30,960	\$34,860	\$38,700	\$41,820	\$44,940	\$48,000	\$51,120
70%	\$31,640	\$36,120	\$40,670	\$45,150	\$48,790	\$52,430	\$56,000	\$59,640
80%	\$36,150	\$41,300	\$46,450	\$51,600	\$55,750	\$59,900	\$64,000	\$68,150
90%	\$40,680	\$46,440	\$52,290	\$58,050	\$62,730	\$67,410	\$72,000	\$76,680
100%	\$45,200	\$51,600	\$58,100	\$64,500	\$69,700	\$74,900	\$80,000	\$85,200

Materials needed to process your application

Completed Application form and the following items:

- Background Check Fee of \$10.00 per adult in the household.
- Income Tax records with W-2's or equivalent proof of income for the past two years (3 years if self-employed).
- Assistance verification (if applicable.)
- Present landlord name and address.
- Past landlord name and address if you have moved within the past two years.
- Name and address of your present employer.
- Name and address of your former employer if you have changed jobs in the past year.
- Record of all monthly income and sources.
- Business name and the balance of your checking and savings accounts. (IRA, Pension, CD accounts, too)
- List of active credit cards with amount of your unpaid balance and what you pay monthly.
- List of any other debts you have acquired that are unpaid. Include student loans.
- Copies of last month's bills.

Please note:

All fees must be paid in full in order to process your application.

If you are unable to have copies made, we can make them at the Blue Water Habitat for Humanity office, 3524 Pine Grove Avenue, Port Huron. Please, call prior to stopping in to ensure we will be available to assist you. 810-985-9080 ext. 200



Blue Water Habitat for Humanity
 P.O. Box 610367 Port Huron, MI 48061
 810-985-9080 ext.200

Application

Habitat Homeownership Program



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.

Dear Applicant: Please complete this application to determine if you qualify for the Habitat for Humanity homeownership program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act.

1. APPLICANT INFORMATION																																																	
Applicant	Co-applicant																																																
Applicant's name	Co-applicant's name																																																
Social Security number _____	Social Security number _____																																																
Home phone _____ Age _____	Home phone _____ Age _____																																																
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)																																																
Dependents and others who will live with you (not listed by co-applicant)	Dependents and others who will live with you (not listed by co-applicant)																																																
<table border="0"> <thead> <tr> <th>Name</th> <th>Age</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Name	Age	Male	Female	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <thead> <tr> <th>Name</th> <th>Age</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Name	Age	Male	Female	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name	Age	Male	Female																																														
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>																																														
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>																																														
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>																																														
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>																																														
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>																																														
Name	Age	Male	Female																																														
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>																																														
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>																																														
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>																																														
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>																																														
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>																																														
Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent																																																
_____	_____																																																
Number of years _____	Number of years _____																																																
If you have lived at your present address for less than two years, complete the following:																																																	
Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent																																																
_____	_____																																																
Number of years _____	Number of years _____																																																

2. FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE	
Date received: _____	Date of selection committee approval: _____
Date of notice of incomplete application letter: _____	Date of board approval: _____
Date of adverse action letter: _____	Date of partnership agreement: _____

3. WILLINGNESS TO PARTNER

To be considered for Habitat homeownership, you and your family must be willing to complete a certain number of "sweat-equity" hours. Your help in building your home and the homes of others is called "sweat equity" and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending homeownership classes or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

	Yes	No
Applicant	<input type="checkbox"/>	<input type="checkbox"/>
Co-applicant	<input type="checkbox"/>	<input type="checkbox"/>

4. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle) 1 2 3 4 5

Other rooms in the place where you are currently living:

Kitchen Bathroom Living room Diningroom

Other (please describe) _____

If you rent your residence, what is your monthly rent payment? \$ _____/month

(Please supply a copy of your lease or a copy of a money order receipt or canceled rent check.)

Name, address and phone number of current landlord: _____

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?

5. PROPERTY INFORMATION

If you own your residence, what is your monthly mortgage payment? \$ _____/month Unpaid balance \$ _____

Do you own land? No Yes Monthly payment \$ _____ Unpaid balance \$ _____

If you wish your property to be considered for building your Habitat home, please attach land documentation.

6. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
Name and address of CURRENT employer	Years on this job	Name and address of CURRENT employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone
If working at current job less than one year, complete the following information			
Name and address of LAST employer	Years on this job	Name and address of LAST employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone

7. 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	\$	\$	\$	\$

PLEASE NOTE:

Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE

Name	Income source	Monthly income	Date of birth

--

Where will you get the money to make the down payment or pay for closing costs (for example, savings or parents)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

9. ASSETS					
Name of bank, savings and loan, credit union, etc.	Address	City, state	ZIP	Account number	Current balance
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

10. DEBT						
	TO WHOM DO YOU AND THE CO-APPLICANT(S) OWE MONEY?					
	APPLICANT			CO-APPLICANT		
	Account	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance
Other motor vehicle	\$	\$		\$	\$	
Boat	\$	\$		\$	\$	
Furniture, appliance, TVs (includes rent-to-own)	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Child support	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Total medical	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Total	\$	\$		\$	\$	

MONTHLY EXPENSES

Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

11. DECLARATIONS

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

	Applicant	Co-applicant
a. 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
b. 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
c. 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
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. 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
g. 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
h. 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
i. 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 question a through h, or "no" to question i, please explain on a separate piece of paper.

12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat equity.

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 to receive a Habitat home, I may be disqualified from the program and forfeit any rights or claims to a Habitat home. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity 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.

Applicant signature	Date	Co-applicant signature	Date
X _____	_____	X _____	_____

PLEASE NOTE: If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for applicant or "C" for co-applicant.

Applicant's Name: _____ Co-Applicant's Name: _____

14 . INFORMATION FOR GOVERNMENT MONITORING PURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING 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 Race (applicant may select more than one racial designation): <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 Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: _____ / _____ / _____ Marital status: <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 Race (applicant may select more than one racial designation): <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 Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: _____ / _____ / _____ Marital status: <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 (print or type)
	Interviewer's signature Date
	Interviewer's phone number