



Home Repair Selection Criteria

You must meet the following criteria to be eligible for consideration to participate in any Home Repair Program through Blue Water Habitat for Humanity, Inc.



EQUAL HOUSING
OPPORTUNITY

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, national origin, age, marital status, or sources of income.

I. NEED: HOME MUST BE DEEMED UNSAFE, IN DISREPAIR, LEAKING AND/OR ENDANGERING THE HEALTH OF RESIDENTS

One or more of the following items must be applicable in determining need:

- A. Proposed improvements should financially benefit the family. Repairs that decrease heating or cooling costs, decrease water usage, etc. qualify.
- B. Homeowner must show a lack of personal resources to qualify for a conventional home-equity or home repair loan.
- C. Homeowner must be unable to perform the repairs personally due to age, disability or illness.
- D. Homeowner must be given a referral from other housing and/or community programs/agencies to demonstrate need, as required.

II. INCOME: ABILITY TO PAY (ALL THREE REQUIREMENTS MUST BE MET)

- A. Fall within Blue Water Habitat for Humanity’s income guidelines which is between 25- 60% of median annual income, adjusted for family size and updated annually.
- B. Record of stable employment and/or other income for the past two years.
- C. Ability to pay a down payment of up to 25% of total home repair project cost. Any remaining cost of the project would be payable to Blue Water Habitat for Humanity, Inc. by or before completion.
- D. Background check fee- payment of \$10.00 per person over the age of 18 in the household received at time of application intake.

III. DOCUMENTATION AND FEE: THE HOMEOWNER SHALL PROVIDE THE FOLLOWING

- A. Proof of current Homeowners Insurance Policy.
- B. Proof that real estate taxes are not in arrears.
- C. Proof that mortgage is paid up-to-date.
- D. Application includes all persons listed on the Recorded Deed for the Property.
- E. All required documentation. The documentation list is included with the application.
- F. \$25 non-refundable application processing fee, payable at the time of application.

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

- A. Eagerness:
 - 1. Application requirements readily fulfilled.
 - 2. Willing participation in the home visit/home evaluation.
 - 3. Willing to participate in Habitat functions.
- B. Acceptance:
 - 1. Of sweat equity and its demands: Partner families will complete a minimum of 8 Sweat Equity hours per each adult member of the household dependent on the scope of work/extent of the repair project and physical ability of the household adults. This determination is not limited to applicants and co-applicants, but includes all adults who will reside in the home. (per affiliate policy)
 - 2. Of financial responsibility of home maintenance and care.
 - 3. Of the importance of monthly payments without default.
 - 4. Of the expectations of the letter of acceptance.
 - 5. Of Habitat’s need for willing and active partners.
 - 6. Of Habitat’s homeowner contracts pertaining to home repair projects.

Date	Change #	Modification
January 9, 2023	0.0	Approved by the Board of Directors
January 10, 2022	0.0	Approved by the Board of Directors
January 11, 2021	0.0	Approved by the Board of Directors
January 13, 2020	0.0	Approved by the Board of Directors
January 14, 2019	0.0	Approved by the Board of Directors
September 10, 2018	II:D	Approved by the Board of Directors

Materials needed to process your application:

- \$25 application processing fee (must be received to proceed)
- \$10 per adult in household background check fee (must be received to proceed)
- Sign and date: Release of Information Form
- Proof of Current Homeowner's Insurance
- Proof of Deed of Title/Mortgage
- Proof that Property taxes are current
- Income Tax records with W-2's or equivalent proof of income for the past two years.
- Assistance verification (if applicable)
- Name and address of your present employer (and of your former employer if you have changed jobs in the past year)
- Record of monthly income and source.
- Account numbers and balance of your checking and savings accounts.
- Account numbers and balance of any other assets (IRA, 401k, etc)
- 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.
- Copies of last month's bills.

Please call or email, 810-985-9080 ext. 200 or kara@bwhabitat.org to make an appointment for application intake.

June 15, 2022 - June 15, 2023 Annual Median Income Limits

St. Clair								
	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
25%	\$15,675	\$17,900	\$20,150	\$22,375	\$24,175	\$25,975	\$27,750	\$29,550
30%	\$18,800	\$21,500	\$24,200	\$26,850	\$29,000	\$31,150	\$33,300	\$35,450
40%	\$25,080	\$28,640	\$32,240	\$35,800	\$38,680	\$41,560	\$44,400	\$47,280
50%	\$31,350	\$35,800	\$40,300	\$44,750	\$48,350	\$51,950	\$55,500	\$59,100
60%	\$37,620	\$42,960	\$48,360	\$53,700	\$58,020	\$62,340	\$66,600	\$70,920
70%	\$43,890	\$50,120	\$56,420	\$62,650	\$67,690	\$72,730	\$77,700	\$82,740
80%	\$50,150	\$57,300	\$64,450	\$71,600	\$77,350	\$83,100	\$88,800	\$94,550
90%	\$56,430	\$64,440	\$72,540	\$80,550	\$87,030	\$93,510	\$99,900	\$106,380
100%	\$62,700	\$71,600	\$80,600	\$89,500	\$96,700	\$103,900	\$111,000	\$118,200
Sanilac								
	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
25%	\$12,525	\$14,300	\$16,100	\$17,875	\$19,325	\$20,750	\$22,175	\$23,600
30%	\$15,050	\$17,200	\$19,350	\$21,450	\$23,200	\$24,900	\$26,600	\$28,350
40%	\$20,040	\$22,880	\$25,760	\$28,600	\$30,920	\$33,200	\$35,480	\$37,760
50%	\$25,050	\$28,600	\$32,200	\$35,750	\$38,650	\$41,500	\$44,350	\$47,200
60%	\$30,060	\$34,320	\$38,640	\$42,900	\$46,380	\$49,800	\$53,220	\$56,640
70%	\$35,070	\$40,040	\$45,080	\$50,050	\$54,110	\$58,100	\$62,090	\$66,080
80%	\$40,050	\$45,800	\$51,500	\$57,200	\$61,800	\$66,400	\$70,950	\$75,550
90%	\$45,090	\$51,480	\$57,960	\$64,350	\$69,570	\$74,700	\$79,830	\$84,960
100%	\$50,100	\$57,200	\$64,400	\$71,500	\$77,300	\$83,000	\$88,700	\$94,400

Volunteer Repair Program (A Brush With Kindness/Critical Home Repair)
Application Form



Dear Applicant: Please fill out this application as completely as possible. We will use this application to help determine if you qualify for the Habitat for Humanity Volunteer Repair Program. All information will remain confidential.

Have you ever applied to Habitat for Humanity? _____ If yes, when? _____

1: Applicant Information

Applicant	Co-Applicant
Name _____	Name _____
Social Security Number: _____ - _____ - _____	Social Security Number: _____ - _____ - _____
Date of Birth _____	Date of Birth _____
E-mail address _____	E-mail address _____
Cell Ph. _____ Work Ph. _____	Cell Ph. _____ Work Ph. _____

2: Household Information

Address _____	City, ST, Zip Code _____
Home Telephone Number: _____	Years at Address _____
Do you have pets? _____ If yes, what kind and how many? _____	

Names, ages and relationship to homeowner of all people living in the home:

Name	Relationship	Age	Monthly Income

Total: \$ _____

Square Feet of Living Area _____	Number of bedrooms _____
Number of Bathrooms _____	Foundation type _____
Wood Wall Sheathing _____	
Number of Adults _____	Number of Children _____
Family Income _____	Median Inc. Level _____

5: Household Expense Information

Are you still making payments on your home? _____ If yes, what is your payment? \$ _____ per month

MONTHLY EXPENSES - APPLICANT
(NOTE: DOCUMENTATION MUST BE PROVIDED FOR MONTHLY EXPENSES)

Auto Loan.....	_____	Electricity	_____
Auto Insurance.....	_____	Gas	_____
Gasoline.....	_____	Water.....	_____
Medical (co-pays, medication).....	_____	Homeowners Insurance.....	_____
Food.....	_____	Property Taxes	_____
Child Support	_____	Other.....	_____

MONTHLY EXPENSES - CO-APPLICANT
(NOTE: DOCUMENTATION MUST BE PROVIDED FOR MONTHLY EXPENSES)

Auto Loan.....	_____	Electricity	n/a
Auto Insurance.....	_____	Gas	n/a
Gasoline.....	_____	Water.....	n/a
Medical (co-pays, medication).....	_____	Homeowners Insurance.....	n/a
Food.....	_____	Property Taxes	n/a
Child Support	_____	Other.....	_____

MONTHLY EXPENSES - OVER 21 RESIDENT
(NOTE: DOCUMENTATION MUST BE PROVIDED FOR MONTHLY EXPENSES)

Auto Loan.....	_____	Electricity	n/a
Auto Insurance.....	_____	Gas	n/a
Gasoline.....	_____	Water.....	n/a
Medical (co-pays, medication).....	_____	Homeowners Insurance.....	n/a
Food.....	_____	Property Taxes	n/a
Child Support	_____	Other.....	_____

MONTHLY EXPENSES - OVER 18 RESIDENT
(NOTE: DOCUMENTATION MUST BE PROVIDED FOR MONTHLY EXPENSES)

Auto Loan.....	_____	Electricity	n/a
Auto Insurance.....	_____	Gas	n/a
Gasoline.....	_____	Water.....	n/a
Medical (co-pays, medication).....	_____	Homeowners Insurance.....	n/a
Food.....	_____	Property Taxes	n/a
Child Support	_____	Other.....	_____

MONTHLY EXPENSES - OVER 18 RESIDENT
(NOTE: DOCUMENTATION MUST BE PROVIDED FOR MONTHLY EXPENSES)

Auto Loan.....	_____	Electricity	n/a
Auto Insurance.....	_____	Gas	n/a
Gasoline.....	_____	Water.....	n/a
Medical (co-pays, medication).....	_____	Homeowners Insurance.....	n/a
Food.....	_____	Property Taxes	n/a
Child Support	_____	Other.....	_____

**Application for Blue Water Habitat for Humanity
A Brush With Kindness Home Repair Program Part 2**

6: Household Income Information

MONTHLY INCOME - APPLICANT NOTE: BENEFITS RECEIVED ON BEHALF OF A MINOR CHILD COUNT AS APPLICANT INCOME

Employment.....	_____	SSI.....	_____
Food Stamps.....	_____	Social Security.....	_____
SSDI	_____	Pension/Retirement.....	_____
Child Support	_____	Other	_____

MONTHLY INCOME - CO-APPLICANT NOTE: BENEFITS RECEIVED ON BEHALF OF A MINOR CHILD COUNT AS CO-APPLICANT INCOME

Employment.....	_____	SSI.....	_____
Food Stamps.....	_____	Social Security.....	_____
SSDI	_____	Pension/Retirement.....	_____
Child Support	_____	Other	_____

MONTHLY INCOME NOTE: BENEFITS RECEIVED ON BEHALF OF A MINOR CHILD COUNT AS RESIDENT INCOME

Employment.....	_____	SSI.....	_____
Food Stamps.....	_____	Social Security.....	_____
SSDI	_____	Pension/Retirement.....	_____
Child Support	_____	Other	_____

MONTHLY INCOME NOTE: BENEFITS RECEIVED ON BEHALF OF A MINOR CHILD COUNT AS RESIDENT INCOME

Employment.....	_____	SSI.....	_____
Food Stamps.....	_____	Social Security.....	_____
SSDI	_____	Pension/Retirement.....	_____
Child Support	_____	Other	_____

ASSETS

Savings.....	_____	401K.....	_____
CDs/Stocks/Bonds.....	_____	Other:_____	_____
Real Estate (Other than primary residence.....	_____	Other:_____	_____
IRA	_____	Other:_____	_____

7: Employment Information

Name: _____	Circle one:	Applicant	Co-Applicant	Over 18 resident
Name of Company: _____		Date Started: _____		
Job Title: _____		Supervisors Name: _____		
Base Pay: \$ _____	Per: _____	Hour	Week	Every two weeks
				Twice a month
				Month
Frequency of pay:		Weekly	Every two weeks	Twice a month
				Monthly
Do you work year round?	Yes	No	If no, please explain: _____	

	Applicant	Co-Applicant	Over 18 Resident
Name of Company: _____		Date Started: _____	
Job Title: _____		Supervisors Name: _____	
Base Pay: \$ _____	Per: _____	Hour	Week
			Every two weeks
			Twice a month
			Month
Frequency of pay:		Weekly	Every two weeks
			Twice a month
			Monthly
Do you work year round?	Yes	No	If no, please explain: _____

	Applicant	Co-Applicant	Over 18 Resident
Name of Company: _____		Date Started: _____	
Job Title: _____		Supervisors Name: _____	
Base Pay: \$ _____	Per: _____	Hour	Week
			Every two weeks
			Twice a month
			Month
Frequency of pay:		Weekly	Every two weeks
			Twice a month
			Monthly
Do you work year round?	Yes	No	If no, please explain: _____

8: Special Needs

Does anyone in the home have special needs or limitations that would prevent them from making the home repairs on their own? _____

If yes, please describe needs in your own words:
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Bankruptcy? Yes (yr) _____ No

Translation needed? _____ If yes, what language? _____

9: Applicant Agreement

I certify that the information on this application is accurate; that I own and reside in the property at the address given on this application; and that I have no present intention to move or offer my home for sale for at least 5 years. I confirm that

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for assistance through this program, my ability to repay the no-interest loan and other expenses incurred and my willingness to partner with Habitat for Humanity. **I understand that the evaluation will include personal visits, a credit check, and employment verification.**

I understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members, and applicant families on the sex offender registry. I understand that a credit check is completed on all applicants. By completing this application, I am submitting to such inquiries.

The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I understand that the people who may work on my house are unpaid volunteers; that few, if any of them, are trained in the building trades; and that BWHFH MAKES NO WARRANTIES, EXPRESS OR IMPLIED, REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE. I hereby release BWHFH and all associated with it from any and all liability whatsoever.

Applicant Signature

Date

Co-Applicant Signature

Date

Complete the following if you are not the Applicant but you are assisting the Applicant in completing this application.

Printed Name

Signature

Daytime telephone number

Are all homeowners aware of this application?

yes

no

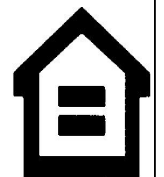
10: Permission to Refer

If your needs can be met more appropriately by or in cooperation with another program, may we share your application with them?
(circle one)

YES

NO

Unless we have your explicit permission, your application is a confidential document and will be used solely to evaluate the acceptability of your home for repairs and refurbishment by Blue Water Habitat for Humanity.



Applicant's Name: _____

Co-Applicant's Name: _____

Information for Government Monitoring

Please Read This Statement Before Completing the Box Below. The following information is requested by the federal government for loans related purchase of homes, in order to monitor the lender's compliance with equal opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose to furnish it, under federal regulations this lender is required to noted race and sex on the basis of visual observation or surname. If you do to wish to furnish the information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Applicant	Co-Applicant
<input type="checkbox"/> I do not wish to furnish this information Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> American <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> I do not wish to furnish this information Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> American <input type="checkbox"/> Other (Specify)
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Birthdate: ____/____/____	Birthdate: ____/____/____
Martial Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)	Martial Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. 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) <hr/> Interviewer's Signature Date <hr/> Interviewer's Phone Number
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