

PRE-SCREENING APPLICATION

P.O Box 495 Phone: (231) 723-7458 231-690-5885

Manistee, MI 49669 Email:

2023 APPLICANT/CO-APPLICANT

INFORMATION:

| 1. Applicant's Name: | 1. Co-applicant's Name: | | |
|--|--|--|--|
| 2. Address: | 2. Address: | | |
| City: State: Zip: 3. Phone: | City: State: Zip: | | |
| 4. Email Address: | 4. Email Address:SeparatedSeparated | | |
| 5. Marital Status:MarriedSeparated Unmarried (single, divorced, widowed) 6. Social Security Number:// | Unmarried (single, divorced, widowed) 6. Social Security Number:// 7. Date of Birth:// | | |
| 7. Date of Birth:/// 8. Military Veteran: YES NO I would like to receive updates from Manistee County Habitat | 8. Military Veteran:YESNO I would like to receive updates from Manistee County Habitat | | |

INCOME GUIDELINES:

2023 MSHDA Manistee County Annual Income Guidelines (Gross Income before deductions)

| Family Size | 60% Area Median Income | 80% Median Income |
|----------------|------------------------------|-------------------------|
| 1 | \$ 30,060 | \$40,050 |
| 2 | \$ 34,320 | \$45,800 |
| 3 | \$ 38,640 | \$51,500 |
| 4 | \$42,900 | \$57,200 |
| 5 | \$46,380 | \$61,800 |
| 6 | \$49,800 | \$66,400 |
| 7 | \$53,220 | \$70.950 |
| 8 | \$56,640 | \$75,550 |

^{*}These figures are adjusted annually by the U.S. Dept. of Housing and Urban Development (HUD). Figures above are subject to change.

FINANCIAL INFORMATION:

| Applicant signature | Date | Co-applican | t signature Date | |
|---|---|---|--|-------------------------------|
| Humanity (MCHFH) to evan evaluation will include screening form truthfully. | aluate my ability to repay a credit check, criminal ba The original or a copy of t a information on this pre-s | the no-interest loan and oth ckground and sexual offend this application will be retain | ning form, I am authorizing Manistee County Ha ner expenses of homeownership. I also understa er check. I have answered all the questions on t ned by MCHFH even if the application is not ap tside agency and your name (s) will not be put | and tha this pre proved |
| Other (please specify | source) - \$ | | | |
| Disability - \$ | Chilo | d Support - \$ | Alimony - \$ | |
| Cash Assistance - \$_ | Food | d Assistance - \$ | Social Security - \$ | |
| Additional Sources Aid do not qualify): | of Income (Enter mo | nthly dollar amounts fo | r all that apply. Unemployment and Fina | ıncial |
| Name of Current Emp | oloyer (s) and Monthly | / Earnings: | \$ | |
| Number of individuals | who will live in the H | abitat Home: Adults: _ | Children (under 18): | |

Return completed application: Manistee County Habitat for Humanity P.O. Box 495 Manistee, MI 49660 Email: habitat.manistee.county@gmail.com

