

PRE-SCREENING APPLICATION

P.O Box 495 Phone: (231) 723-7458 231-690-5885 Manistee. MI 49669 Email:

2021 APPLICANT/CO-APPLICANT

INFORMATION:

| 1. Applicant's Name: 2. Address: | 1. Co-applicant's Name: | |
|--|---|--|
| City: State:Zip: 3. Phone: 4. Email Address: | City: State: Zip: 3. Phone: | |
| 5. Marital Status:MarriedSeparated Unmarried (single, divorced, widowed) 6. Social Security Number:/ // 7. Date of Birth:/ / 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:

| Number of individuals who will live | e in the Habitat Home: Adults: | Children (under 18): |
|--|-------------------------------------|---|
| Name of Current Employer (s) and Monthly Earnings: | | \$ |
| Additional Sources of Income Aid do not qualify): | (Enter monthly dollar amounts for a | Il that apply. Unemployment and Financial |
| Cash Assistance - \$ | Food Assistance - \$ | Social Security - \$ |
| Disability - \$ | Child Support - \$ | Alimony - \$ |
| Other (please specify source) - \$ | | |

AUTHORIZATION & RELEASE: I understand that by submitting this pre-screening form, I am authorizing Manistee County Habitat for Humanity (MCHFH) to evaluate my ability to repay the no-interest loan and other expenses of homeownership. I also understand that an evaluation will include a credit check, criminal background and sexual offender check. I have answered all the questions on this pre-screening form truthfully. The original or a copy of this application will be retained by MCHFH even if the application is not approved. MCHFH will not share the information on this pre-screening form with any outside agency and your name (s) will not be put on any mailing lists outside this agency.

Applicant signature

Date

Co-applicant signature

Date



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