



101 Burton Street, Flint, MI 48503

The Flint Home Improvement Fund is a citywide home repair fund managed by Genesee County Habitat for Humanity that helps homeowners make improvements to their home. **Upon completion call (810) 766-9089 ext. 213 to set up an appointment to submit application and required supporting documents.**

ELIGIBILITY CRITERIA

- Applicant(s) must own and occupy a house in the city of Flint.
- Homeowner(s) must pre-qualify and agree to pay the cost of repairs (including change orders) not to exceed \$20,000 at 0-3% interest for up to 84 months.
- Homeowner(s) must be either a U.S. Citizen or a Permanent Legal Resident.
- Eligible properties are Single Family Residences (SFR).
- The property must be habitable.
- Homeowner(s) must be current with the following:
 - Mortgage loan payment (if homeowner is still making payments)
 - Homeowner’s insurance policy
 - Property taxes
- Income guidelines vary based on funding availability. Repayment is sliding scale based on the gross household income, and the area median income (AMI) for Genesee County as indicated by the Department of Housing and Urban Development (HUD) within the given year applied.
 - 0-30% AMI = 5% Repayment // 30-50% AMI = 30% // 50-80% AMI = 50% // 80+% AMI = 100%

Household Members	1	2	3	4	5	6	7	8
30% AMI ☐	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
50% AMI	\$22,400	\$25,600	\$28,800	\$31,950	\$34,550	\$37,100	\$39,650	\$42,200
80%AMI	\$35,840	\$40,960	\$46,080	\$51,120	\$55,280	\$59,360	\$63,440	\$67,520

FOR QUESTIONS OR ADDITIONAL INFORMATION, PLEASE CONTACT US AT:

101 Burton St. Flint, MI 48503 (810) 766-9089 ext. 213 info@flinthif.org



Genesee County Habitat for Humanity provides equal housing opportunities for all, and ensures fair and equal access to its programs and services regardless of race, color, religion, gender, national origin, familial status, disability, marital status, age, ancestry, sexual orientation, source of income, or other characteristics protected by law.

APPLICATION CHECKLIST

Please complete all sections of this application and gather all materials required on this checklist. **Upon completion, call Joe Pettigrew at (810) 766-9089 ext. 213 to schedule an appointment to turn in application and requisite materials.** Please understand that our home repair program is dependent on the availability of funding. Therefore, **not all eligible applicants will be selected. All documents submitted must show the name and address of the homeowner(s):**

- Did all applicant(s) sign the application? Refer to Section 11.
- A copy of your most recent mortgage statement (includes Home Equity Line of Credit), deed, or title.
- A copy of your most recent tax bill, taxes must be current or a plan in place with local Municipality. (Depending on source of funding City of Flint income taxes and water bill must also be current.)
- Proof of current homeowner's insurance (including flood/hazard insurance when applicable).
- A copy of all recent utility bills (gas, power, water, phone, cable, etc.).
- A copy of all reoccurring monthly payments (auto, student, credit cards, lines of credit, medical, child support, childcare, etc.).
- A copy of a valid photo I.D. for all property owners on title.
- A copy of a Social Security Card for all property owners on title.
- Documentation to verify household income:
 - Federal income tax returns and W-2 and/or 1099 forms for the previous two years for all employed household members.
 - Form 1040 with schedule C, E, or F and a year-to-date profit and loss statement for self-employed individuals or business owners.
 - Pay stubs for the previous **three consecutive months** for each employed household member.
 - Child support, alimony, and monthly benefit statements for all household members receiving any form of benefit (e.g. Retirement/Pension, Unemployment, SSI, TANF, SSDI, etc.).
- Current checking and/or savings account statements for **three consecutive months** (including but not limited to stocks, IRAs, pension accounts, mutual funds, etc.).
- For veterans, please provide a copy of your DD-214 discharge form to indicate honorable discharge status.
- If you are a widow/widower of a veteran, please provide a copy of the deceased member's DD-214 discharge form and death certificate.
- To share your experience, as well as before and after photos, send an email to info@Flint-HIF.org or check this box and we will follow up with you using the contact information in this application.

APPLICATION PROCESS

- Homeowner schedules an appointment to submit an application and copies of all supporting documents.
- Genesee County Habitat for Humanity reviews applications for completeness and eligibility.
- Referral is made to our LISC Financial Opportunity Center (FOC). Financial Coach will calculate/review monthly income and housing ratios to determine affordability.
- If household is eligible, households will receive a property assessment.
- A property assessment allows Genesee County Habitat for Humanity to determine if it can or cannot perform repairs. **A property assessment does not guarantee approval.**
- Based on program funding and property assessment results, applications are reviewed for program approval.
- Approved homeowners review scope of work and sign program agreements with Genesee County Habitat for Humanity.
- **Home repair projects are scheduled based on funding and program calendar availability.**



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Would you prefer Genesee County Habitat for Humanity to conduct the construction management on this project?
 If no, scope of work and 3 estimates must be provided before loan closing. Yes No

PLEASE PRINT

SECTION 1 – Homeowner Information

Legal Name		Date of Birth	
Street Address		Email	
City	ZIP	County	
Telephone Home ()		Number of Years at Address	Name of Neighborhood
Cell ()			
Work ()			
Occupation		Employer	

List the names, ages and **relationship to homeowner** of ALL people living in the home (attach additional list if needed)

Name/Relationship	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Name/Relationship	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Name/Relationship	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Name/Relationship	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F

Is anyone in your household a veteran? Yes No Name Branch
 Is anyone in your household currently serving in the military? Yes No Name Branch

Special Needs

Does anyone in the home have a disability requiring modifications to the house? Yes No

If yes, indicate the type of disability below (check all that apply):

Uses a walker, cane or crutches Wheelchair bound Hearing impaired Blind Loss of limb

Mentally disabled Other (please describe):

Is translation needed? Yes No If yes, in what language?

SECTION 2 – Demographic Information (Optional)

Please complete the following demographic information. This data will be used for statistical reporting only and will be kept strictly confidential.

Ethnic Background	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic
Racial Background	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> American Indian/Alaskan native & African American	<input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black African American & White <input type="checkbox"/> Asian & White

SECTION 3 – Household Income

Please indicate the total gross monthly income figure for each member	Homeowner	Co-Owner	Household Member with Income	Household Member with Income	Household Member with Income
Wages/Salary	\$	\$	\$	\$	\$
Net Business Income	\$	\$	\$	\$	\$
Unemployment/Disability/Worker’s Compensation	\$	\$	\$	\$	\$
Social Security Benefit	\$	\$	\$	\$	\$
Disability/SSI	\$	\$	\$	\$	\$
Retirement/Pension	\$	\$	\$	\$	\$
Alimony/Child Support	\$	\$	\$	\$	\$
Military Pay	\$	\$	\$	\$	\$
Veteran Benefits	\$	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$

SECTION 4 – Monthly Expenses

Please indicate the total expense for the following:	\$ Per Month
Mortgage (Including Home Equity Line of Credit):	\$
Power/Gas:	\$
Water:	\$
Phone:	\$
Cable:	\$
Auto Loans (Including Insurance):	\$
Student Loans:	\$
Credit Cards (Total):	\$
Lines of Credit:	\$
Medical:	\$
Childcare:	\$
Child Support:	\$
Other (List):	\$



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SECTION 5 – Mortgage and Property Information

Are you making mortgage loan payments on your home? Yes No

Are you current on your mortgage? Yes No

If no, please explain:

Do you have homeowner's insurance? Yes No

If no, please explain:

SECTION 6 - House Information / Exterior

House Information

Place an "X" over the house which most resembles the size of your house:



1 story 1.5 story 2 story 2.5 story

Year Purchased

Year Built

Last Painted

Square Feet

House Exterior

Siding

- wood
- brick
- shakes
- stucco
- painted stucco
- asbestos/slate
- aluminum
- vinyl

Trim

- wood
- vinyl
- metal

Garage Exterior

Siding

- wood
- brick
- shakes
- stucco
- painted stucco
- asbestos/slate
- aluminum
- vinyl

Trim

- wood
- vinyl
- metal

SECTION 7 - Requested Exterior Repairs

Briefly describe the type of work you would like done to your home. Remember that the items listed below will be considered for repair, but the final decision on what work can be done with our time and financial resources will be made at the discretion of Genesee County Habitat for Humanity.

Area	Description
Accessibility Modifications , such as wheelchair ramp, bathroom repairs, etc. Do you need an assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Carpentry Repairs . Describe problems with exterior doors, floors, porches, steps, walls, ceilings, etc.	
Electrical Repairs . List inoperable exterior lights and receptacles.	
Siding Repairs . Describe missing or damaged siding, gutters, shutters, etc.	
Roofing Repairs . Identify where roof leaks or where shingles missing.	
Painting . List all exterior painting requirements.	
Doors and Windows . Describe repairs required, including locks, glass, frames, weather-stripping, etc.	



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SECTION 8 – Sharing Application Information

If Genesee County Habitat for Humanity (GCHFH) has partnerships with other nonprofit organizations that can provide free or low cost services to low income families, may we share your contact information and/or any application details with them? *If you do not give us permission to share your information with other organizations, your application will remain confidential and for sole use by GCHFH. If you check yes, you give GCHFH your consent to share the information you provide on this application with similar organizations if GCHFH is not able to assist you or if your specific needs may be met through the assistance of outside organizations. You will have the choice to pursue assistance with these organizations based on their program terms.*

- Yes, I consent
- No, I do not consent

SECTION 9 – Statement of Need

PLEASE TELL US WHY YOU THINK YOU SHOULD BE SELECTED FOR THE HOME REPAIR PROGRAM AND HOW IT WILL HELP YOUR HOUSEHOLD. PLEASE FEEL FREE TO ATTACH AN ADDITIONAL SHEET IF NECESSARY.

Empty text box for providing a statement of need.

SECTION 10 – Media and Publicity

If **Genesee County Habitat for Humanity** (GCHFH) selects your home, pictures of you and your home may be taken. Are you willing to let GCHFH use your story in future media information? Are you willing to be interviewed by media reporters? May we bring elected officials to your home?

- Yes, I give consent GCHFH to use my story
- Yes, I consent to my picture being used
- Yes, interviews are OK
- Yes, visits by elected officials is OK
- No, I do not give consent to GCHFH to use my story
- No, I do not consent to my picture being used
- No, I do not want interviews
- No, I do not want visits by elected officials

SECTION 11 – Program Referral

WHERE DID YOU HEAR ABOUT THE FLINT HOME IMPROVEMENT FUND?

<input type="checkbox"/> Television/Radio	<input type="checkbox"/> Habitat Homeowner	<input type="checkbox"/> Community/Civic Group	<input type="checkbox"/> Other Non-Profit
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Habitat ReStore	<input type="checkbox"/> Church:	<input type="checkbox"/> Friend/Family
<input type="checkbox"/> School	<input type="checkbox"/> Habitat Website	<input type="checkbox"/> Work/Job Fair	<input type="checkbox"/> Neighbor

DO YOU KNOW A VETERAN HOMEOWNER IN NEED OF HOME REPAIR ASSISTANCE?

- Yes
- No
- Not Sure

MAY WE SEND THEM THE FLINT HOME IMPROVEMENT FUND INFORMATION?

- Yes
- No

If Yes, please indicate their name and property address below:

Name

Property Address



SECTION 12 – Applicant Agreement

- I/We certify that the information provided on this application is true and accurate and that I /we own the property at the address given.
- I/We grant permission to Genesee County Habitat for Humanity to check any and all references and to take any and all actions reasonably necessary to substantiate the information contained in this application or otherwise establish my/our suitability as an applicant(s) for the Genesee County Habitat for Humanity’s Home Repair Program, including without limitation, contacting or otherwise attempting to confirm my/our (1) employment status and credit history (2) personal references, including all parties listed in this application and/or any other parties which Genesee County Habitat for Humanity desires to contact, (3) family composition and marital status and related issues, (4) credit worthiness, (5) immigration status, (6) police records and other information relative to criminal charges and/or convictions, (7) any additional information that Genesee County Habitat for Humanity deems necessary to evaluate this application. I/we understand that Genesee County Habitat for Humanity may reject this application based upon the results of these inquiries.
- I/We agree that if Genesee County Habitat for Humanity selects my/our home to be repaired, photos of me/us, my/our household members and my/our home may be taken and a biographical summary about me/us and my/our project may be written and shared with the general public or utilized for public relations, promotional or program development purposes.
- I/We understand that Genesee County Habitat for Humanity for Humanity is a nonprofit corporation with limited resources and cannot afford to provide or guarantee assistance for each applicant. Consequently, I/we agree that Genesee County Habitat for Humanity for Humanity, its staff, whether voluntary or compensated, and its board of directors will not be liable in any way or otherwise be held responsible by me/us or anyone acting on my/our behalf in connection with my/our application for Genesee County Habitat for Humanity or any claims of any nature associated herewith.
- I/We understand that my/our submitted application will be considered sole property of Genesee County Habitat for Humanity. I/We understand that the submitted original copy of my/our Flint Home Improvement Fund application and any correspondence between Genesee County Habitat and me/us for Humanity will remain on file regardless of the decision rendered by Genesee County Habitat for Humanity.
- I/We understand that copies of all documentation provided to determine my/our program eligibility will not be distributed to a third party without my/our authorization and may only be returned upon request.
- I/We understand that if I/we receive assistance from Flint Home Improvement Fund, I/we may not receive additional assistance until the loan obligations have been fulfilled
- I/We understand that submission of this Home Repair Program application and any supporting documentation **does not guarantee assistance from the Flint Home Improvement Fund**. I/We understand that selection is based on submitting all required documentation, meeting the eligibility criteria and the availability of program funding and not all applicants may be serviced.
- I/We understand that selection and repairs provided are subject to the availability of funds and that program policies are subject to change at any time without prior notice.

SIGNATURE OF HOMEOWNER

DATE

SIGNATURE OF HOMEOWNER

DATE

Complete the following if you are not the homeowner, but are assisting the homeowner in completing this application:

Name	Daytime Phone Number	Email Address
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