Christmas In Action Holly

Building Hope In Your Community

Homeowner Application COMPLETELY CONFIDENTIAL

This program is for low-income, senior citizens, living in a single family, owner occupied residence. (no trailers, mobile homes, condos or rental homes) If you need assistance in filling out this application, call (810) 252-8550 or (248) 634-8773. Please return to: Holly Christmas in Action P.O. Box 310 Holly, MI 48442

ALONG with the following documents: Copy of last year's Income Tax Returns, Copy of any income, Copy of most recent mortgage statement, Verification that Homeowners insurance and Property Taxes are paid

www.HOLLYCIA.ORG

APPLICANT FULLNAME _____ **Date of Birth** _____
CO APPLICANT FULL NAME _____ **Date of Birth** _____
ADDRESS _____ **TWP/Village**
Phone_____ **EMAIL** _____

Marital status: SINGLE MARRIED WIDOW/WIDOWER
Number of individuals living in the household with the applicant(s) _____
Names, ages, and relationship of these individuals to the applicant(s):
_____
_____
_____
_____

Applicant's Employer _____
Employer's Address _____
Business Phone _____ No. of Years employed ____ Date Terminated _____
Monthly Income $ _____ Base salary (gross) $ _____

Co-Applicant's Employer_____
Employer's address _____
Business Phone _____ No. of Years employed ____ Date Terminated _____
Monthly Income $ _____ Base salary (gross) $ _____

Children or other working person's contribution to household income $ _____
Pensions, annuities, social security, F.I.A., public assistance, food stamps, etc. $ _____
Earnings from savings, rents, interests $ _____
Other income $ _____ (please explain) _____

Total monthly income $ _____

The income information in this section must be supported by your federal and state income tax returns. Please submit one copy of your past year's federal and state tax returns, including all schedules and forms.

Assets

Amount in U.S. savings Bonds $ _____ Securities (stocks, bonds) $ _____
Other real estate (market value) $ _____ Bank accounts: savings: $ _____
checking: $ _____ other assets $ _____ (please explain) _____
Total Assets $ _____

Expenditures by month

Monthly house Payment $_____
Are taxes and insurance included in the house payment? Yes or No
If no:
Property tax amount $ _____ Home insurance amount $ _____

Liabilities	**monthly payment**	**unpaid balance**
Automobile loans	$ _____	$ _____
Name of lender _____ Account No. _____		
Loans		
Personal	$ _____	$ _____
Home Improvement	$ _____	$ _____
Life Insurance	$ _____	$ _____
Credit installment/charge accounts-list:		
_____	$ _____	$ _____
_____	$ _____	$ _____
_____	$ _____	$ _____
Other $ _____ (please explain) _____		
Total Liabilities	$ _____	$ _____

Housing Information

Length of time in present home _____ Age of present home _____
Name & address of mortgage or land contract holder _____
Mortgage account # _____ Is the home insured? **Yes/No**
Are your property taxes current? **Yes/No** If no, how many years owed in back taxes? _____

Description of home: (example: ranch, 3 bedroom, 1 bath, basement, etc.)
_____
_____
_____
_____
_____

HOMEOWNER'S REPAIR WISH LIST:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Do you have any physical disabilities of which we should be aware of in assessing the repairs to you home? _____

If your home is selected will you and/or your family members help the volunteers accomplish the repairs to your home? _____

In space provided, please give a narrative of any unusual circumstances pertaining to this application. (You may add additional pages if necessary)

_____
_____
_____

Have you ever applied for this program before? **Yes/No** If yes, when? _____

Emergency Contact Information

Name _____ Phone _____ Address _____
Name _____ Phone _____ Address _____

I/We hereby certify that the foregoing information is true and complete to the best of my/our knowledge, and inquiries may be made to verify the statements made herein. I/We further certify that the property address contained herein is my/our principal place of residency and I/We request a review of the property for consideration of assistance through the program for which this application is made. I/We further understand that in order to maintain the viability of this program, the program administrators may request a health, safety, and legal review of the property while considering this application. I/We also understand that any information received will be kept confidential and will be used strictly for the purpose of determining my/our eligibility to receive housing rehabilitation. I/We understand that completing this application does not mean automatic selection and houses chosen for rehabilitation will be determined on needs/scope criteria.

Signature of Applicant _____ **Date** _____

Signature of Co Applicant _____ **Date** _____