



# GCHFH Emergency Furnace Replacement

The Genesee County Habitat for Humanity (GCHFH) Home Repair Program helps low-income homeowners alleviate health and safety issues in and around 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 be a Consumers Energy customer
- Rental properties must have landlord authorization to participate.
- Household income must be less than or equal to 80% of the Area Median Income as indicated by the U. S. Department of Housing and Urban Development (HUD) or be below 200% of the Federal Poverty Level as determined by the Department of Health and Human Services within the given year applied. See table below.
- Do you have a Basement, Crawlspace, or Concrete Slab? (Please circle one)
- Do you have a Central Air Conditioning Unit?    Yes            No

Homeowner Income Eligibility is based upon the number of household members and total household income and must be less than or equal to 80% of the Area Median Income as indicated by the U. S. Department of Housing and Urban Development (HUD) or be below 200% of the Federal Poverty Level as determined by the Department of Health and Human Services within the given year applied, and shown in the following chart.

\*(Chart eligibility is updated periodically and may not reflect current limits)

HOUSEHOLD MEMBERS	1	2	3	4	5	6
2021 GROSS ANNUAL INCOME LIMIT	\$36,750	\$42,000	\$46,000	\$53,000	\$62,080	\$71,160

FOR QUESTIONS OR ADDITIONAL INFORMATION, PLEASE CONTACT US AT:

101 Burton St. Flint, MI 48503 · (810) 766-9089 ext. 213 · [Intake@geneseehabitat.org](mailto:Intake@geneseehabitat.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 Joseph 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.**

- Did all applicant(s) sign the Home Repair Program application? Refer to Section 9.
- Did you complete all applicable sections?

**To complete this application, please include copies of all required documents listed below. All documents submitted must show the name and address of the homeowner(s):**

- A copy of your most recent mortgage statement, deed, or title.
- A copy of one recent Consumers Energy bill.
- A copy of a valid photo I.D. for all property owners on title.
- Documentation to verify household income (One of the following):
  - 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, Social Security, 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.





**Genesee County Habitat for Humanity**  
**101 Burton Street, Flint, MI 48503**

*For Office Use Only:*

Application No.
Referred By
Home Inspection
Date Received

## GCHFH REPAIR PROGRAM FOR LOW-INCOME HOMEOWNERS IN NEED OF ASSISTANCE

PLEASE PRINT

### SECTION 1 - Homeowner Information

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

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  N

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



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### 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 – MORTGAGE AND PROPERTY INFORMATION

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

If **YES**, How much is your payment:

Are you current on your mortgage?  Yes  No

If **NO**, please explain:

Do you have Homeowner's insurance?  Yes  No

If **NO**, please explain:

Do you have any illegal and/or unpermitted additions/building activity on your home?  Yes  No  Not Sure

If **YES**, please explain:

Do you own any other real estate?  Yes  No

If **YES**, please list here:

Have you applied for the GCHFH Home Repair Program in the past?  Yes  No

If **YES**, please indicate the year you applied:

Has GCHFH performed repairs on your home through the Home Repair Program in the past?  Yes  No

If **YES**, please indicate the year you received repairs:



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**SECTION 5 – SHARING APPLICANT 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 6 – 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 box for statement of need.

**SECTION 7 – 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
- No, I do not give consent to GCHFH to use my story
- Yes, I consent to my picture being used
- No, I do not consent to my picture being used
- Yes, Interviews are OK
- No, I do not want interviews
- Yes, visits by elected officials is OK
- No, I do not want visits by elected officials

**SECTION 8 – PROGRAM REFERRAL**

**WHERE DID YOU HEAR ABOUT GENESEE COUNTY HABITAT FOR HUMANITY’S HOME REPAIR**

<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 GENESEE COUNTY HABITAT HOME REPAIR PROGRAM INFORMATION ON**

- Yes
- No

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

Name

Property Address



**SECTION 9 – 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 Home Repair Program 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 if I/we receive assistance from Genesee County Habitat for Humanity’s Home Repair Program, I/we may reapply to the program after **1 year**, but will not be considered a new applicant until **5 years** after the completion of my/our repairs. Between 1 and 5 years, applicants that have not been served by the Home Repair Program will take priority over my/our application.
- I/We understand that submission of this Home Repair Program application and any supporting documentation **does not guarantee assistance from Genesee County Habitat for Humanity’s Home Repair Program**. 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:*



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