



Northeast Michigan Affordable Housing, Inc.
 Telephone: 989-356-9090, Fax: 989-356-9111

HOUSING APPLICATION
 Toll Free: 866-229-6471

Applicant Information	
Applicant(#1) Name	Applicant(#2) Name
Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Present Address	Check if Permanent Residence? <input type="checkbox"/>
City/State/Zip	City/State/Zip
Past Address if less than 2 years at current address	Past Address if less than 2 years at current address
City/State/Zip	City/State/Zip
Home Phone Number	Marital Status
Work Phone Number	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>
Date of Birth	Social Security Number
Name and Address of Employer	No. of Dependents (exclude yourself and listing by Applicant #2) _____
	No. of Dependents (exclude yourself and listing by Applicant #1) _____
	Name and Address of Employer
	Self Employed <input type="checkbox"/>
	If Employed less than 2 years in current position please list previous employer
	Name and Address of Nearest Relative Not living with You.
	current housing status (mark one) ___ Own ___ Rent ___ Other
	Handicapped/Disabled ___ Applicant ___ Dependent

***Please complete the Monthly Income and Expenses on the next sheet of this application

To be completed by NEMAH staff only

Address of Property to be improved: (street/city/state/zip code) _____

Source of Match (please check all that apply)

USDA 504 Weatherization
 Own Funds Other _____

Property Type Single Family Manufactured Home (perm. Attached) Multi-Unit Building, # of Units _____

Owner Occupied (yes or no) _____

Monthly Income and Monthly Expenses

Gross Monthly Income	Applicant #1	Applicant #2	Other Adults	Monthly Debts	Amount	Months Left
Wages Salaries Tips				House/Rent Payment		
Overtime				Car Payment		
Bonuses or Commissions				Credit Card		
Net Business Income				Credit Card		
Net Rental Income				Credit Card		
Child Support/Alimony				Bank Loan		
Social Security Income				Student Loan		
Retirement/Pension				Child Care		
Food Stamps				Child Support		
Interest Income				Alimony		
Other				Insurance (home, rental)		
Other				Insurance (medical, supplemental)		
Other				Other		
Other				Other		
TOTAL				TOTAL		

Bank Name _____ Checking Account Number _____
 Savings Account Number _____

The information the NEMAH obtains will be used in the processing of my request

Applicants Signature _____ Date _____
 Applicants Signature _____ Date _____

Certification: I/we certify that the information provided in this application is true and correct as of the date of signature below. I/we acknowledge my/our understanding that any intentional or negligent misrepresentation of the information contained in this application may result in civil liability and or criminal penalties including, but not limited to: fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, and liability for monetary damages to the lender, its agents, successors and assigns, insurers and any other person who may suffer any loss due to the reliance upon any misrepresentation which I have made on this document

Authorization To Release Information To Northeast Michigan Affordable Housing, Inc., (NEMAH)

**I/we have applied for financial assistance from Northeast Michigan Affordable Housing, Inc., (NEMAH). As part of the process, I/we understand and authorize NEMAH to verify information contained in this application and in other documents required in connection with this request.

**I/we authorize you (the recipient of this authorization) to provide to NEMAH for verification purposes the following applicable information: past and present employment or income records; bank account, stock holdings and other asset balances; past and present landlord/mortgage/land contract references; other consumer credit references; and any other information necessary to process my application.

**I/we authorize the release of information from my application file to my lender, real estate agent, contractor or other party as NEMAH deems necessary in this request for financial assistance. Additionally, I/we authorize NEMAH to verify all credit history and information and authorize the order of a credit report on all applicants listed in this application.

**I/we understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., NEMAH is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me/us. I/we also understand that financial records involving my loan and loan application will be available to NEMAH without further notice or authorization, but will not be disclosed or released by NEMAH to another government agency or department or used for another purpose with out my consent except as required or permitted by law.

I/we understand this consent is subject to revocation at any time except to the extent that NEMAH has already taken action in reliance on it. I/we understand this consent will terminate **12 months from "Signature Date" (below) of if earlier:

[] Date: _____ [] Event or Condition: _____



Applicant # 1 Signature _____ Date _____ Applicant #2 Signature _____ Date _____

Applicant # 1 Printed Name _____ Applicant # 2 Printed Name _____