

		<p>We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, disability, familial status, age, marital status, sexual orientation, gender identity or lawful source of income.</p>
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Dear Potential Applicant,

Thank you for your interest in the Kalamazoo Valley Habitat for Humanity (KVHH) Homeownership Program! Habitat for Humanity is a non-profit organization that makes homeownership possible for lower-income families and individuals. Habitat for Humanity works in partnership with people in need throughout the world to build simple, affordable, and efficient homes that are sold without profit. Selected applicants will apply for a mortgage through our lending partner at the end of their time in the Homeownership Program and will be subject to our partner's regulations and interest rate.

The KVHH Homeownership Program has three program requirements: 1) Need for Better Housing, 2) Willingness to Partner, and 3) Ability to Pay. The following application will help us determine whether you will be able to move through Phase 1 of the process, which primarily focuses on Ability to Pay. Your total gross (pre-tax) household income (income of both the applicant and the co-applicant) must be between 40% and 70% of the Area Median Income (see next page).

If your application moves on to Phase 2, you will be sent a letter with additional documents requested. Your application will then be anonymized and reviewed by our Partner Support Committee and staff to determine if you meet the three program requirements. You will be notified of the committee's decision via a phone call and by mail. If you pass the committee's first review, you will be invited to an orientation with our Family Services Director, where you will learn more about KVHH, how the program works, and next steps.

Please be sure to fill out the application completely, including writing "N/A" in any section that does not apply to you, then return the application to our office by mail or in person at 1126 Gull Road, Kalamazoo, MI 49048, or by email at jvandyke@habitatkalamazoo.org. Our office hours are 9am-4pm, Tuesday through Friday. Applications may also be dropped off after hours in a sealed envelope in the black drop box located to the right of our front door. Incomplete applications will not be accepted. **Applications are accepted from January 1st, 2026 through January 31st, 2026.**

Don't forget to include the non-refundable credit check fee, which is \$40 for an individual or \$70 for two or more applicants on one application. Please write a cashier's check or money order to: Kalamazoo Valley Habitat for Humanity. **We do not accept cash or personal checks.** We will not be able to accept your application without the fee. All application information is considered confidential. Application updates will be sent via mail within 30 days of receipt of your application.

If you have any questions or need help filling out the application, please reach out to Julia Van Dyke at (269) 464-4380 or jvandyke@habitatkalamazoo.org. Thank you for considering Kalamazoo Valley Habitat for Humanity in your pursuit of homeownership!

Sincerely,

Julia Van Dyke
Family Services Director

Allegan and Kalamazoo Counties - MSHDA Area Median Income Limits - Effective 4/1/2025 to 3/31/2026

Kalamazoo County		
Household Size	Income Minimum	Income Maximum
1	\$26,840	\$46,970
2	\$30,680	\$53,690
3	\$34,520	\$60,410
4	\$38,320	\$67,060
5	\$41,400	\$72,450
6	\$44,480	\$77,840
7	\$47,520	\$83,160
8	\$50,600	\$88,550

Allegan County		
Household Size	Income Minimum	Income Maximum
1	\$28,200	\$49,350
2	\$32,240	\$56,420
3	\$36,240	\$63,420
4	\$40,280	\$70,490
5	\$43,480	\$76,090
6	\$46,720	\$81,760
7	\$49,960	\$87,430
8	\$53,200	\$93,100

*Limits are based on total gross (pre-tax) income for both applicant and co-applicant

**Household size is based on total number of people (including children and applicant/co-applicant) who would be living in the Habitat house



Homeownership Program Application 2026

Directions

- 1) Review the Homeownership Program information on the previous page.
- 2) Fill out entire application, being sure to answer each question and provide any additional documents as necessary.
- 3) Submit your application via mail or in person at:

1126 Gull Rd.

Kalamazoo, MI 49048

****Be sure to include the application fee via cashier's check or money order, made out to KVHH. We do not accept cash.**

Applicant Information

Applicant	Co-Applicant
Name:	Name:
Date of Birth:	Date of Birth:
Social Security #:	Social Security #:
Phone:	Phone:
Email:	Email:
Are you a U.S. citizen or permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. citizen or permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Veteran or currently serving in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Veteran or currently serving in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is any other member of the household a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	*A co-applicant is NOT a co-signer. A co-applicant's name will be on the title of the home, will live in the home, and will be jointly responsible for loan repayment.
If yes, who?	

Current Housing Information

***If applicant and co-applicant have *different addresses*, use applicant's here and include co-applicant's on separate paper.**

Address:			
City:	Zip code:	County:	
Housing type:	<input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Mobile home <input type="checkbox"/> Family/Friends <input type="checkbox"/> Other: _____		
Housing status:	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly rent:	Utilities included? <input type="checkbox"/> Yes <input type="checkbox"/> No
Years and months living at address:			
# of people living in home:	Is your housing subsidized?	If yes, what subsidy?	
Landlord's (or apartment complex/company) name:			
Landlord's address:			
City:	State:	Zip code:	County:
Landlord's phone:	Landlord's email:		

Household Member Information

***List everyone, other than applicant and co-applicant, who would be living in the Habitat house. If more space needed, use separate paper.**

Name	Date of Birth	Gender	Relation to Applicant

Employment Information

Applicant	Co-Applicant
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Employer	Current Employer
Employer name:	Employer name:
Employer address:	Employer address:
City: State: Zip code:	City: State: Zip code:
Phone (main line):	Phone (main line):
Position name:	Position name:
Average hours/week: Wage:	Average hours/week: Wage:
Start date: Is this job seasonal?	Start date: Is this job seasonal?
Previous Employer	Previous Employer
Employer name:	Employer name:
Employer address:	Employer address:
City: State: Zip code:	City: State: Zip code:
Phone (main line):	Phone (main line):
Position name:	Position name:
Start date: End date:	Start date: End date:

***If applicant and co-applicant have had more than two jobs in the last 12 months, provide additional employment history on separate paper.**

Self-Employed Income

***Self-employment income sources include Uber, Shipt, DoorDash, hairstyling, running childcare from home, owning one's own business, etc.**

Does Applicant have self-employment income? ☐ Yes ☐ No

Does Co-Applicant have self-employment income? ☐ Yes ☐ No

If "yes," please provide the following:

- 1) A statement showing total revenue earned per month over the last 12 months.
- 2) A statement showing total business expenses per month over the last 12 months.
- 3) A copy of most recent Federal Tax Return including Schedule C, if self-employment income was reported.

Additional Income Information

Applicant		Co-Applicant	
Type of Income	Monthly Amount	Type of Income	Monthly Amount
Social Security		Social Security	
SSI/Disability		SSI/Disability	
Child Support		Child Support	
Cash Assistance		Cash Assistance	
Adoption/Foster Care Subsidy		Adoption/Foster Care Subsidy	
Pension/Retirement		Pension/Retirement	
Veterans Administration Benefits		Veterans Administration Benefits	
Other (please specify)		Other (please specify)	
Other (please specify)		Other (please specify)	

***Please provide official benefits statements or award letters for each income type.**

Debts

***List *total* debt in each category by adding any costs in the same category before writing them in.**

Type of Debt	Monthly Payment	Remaining Balance	Whose Debt?
Car Loan/Payment(s)			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant
Student Loan(s)			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant
Credit Card(s)			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant
Bank Loan(s)			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant
Pay Day Loan(s)			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant
Collection Debt(s)			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant
Tax Lien(s)			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant
Unsatisfied Judgement(s)			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant
Other Debt(s)			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant
	Total		

Expenses

***List *total* expense in each category by adding any costs in the same category before writing them in.**

Type of Expense	Monthly Payment	Remaining Balance	Whose Expense?
Child Support			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant
Alimony			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant
Car Insurance			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant
Other Insurance (Renter's, Life)			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant
Gas/Electric			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant
Other Utilities (Phone, Internet)			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant
Child Care			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant
Other Expense(s)			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant
	Total		

Savings and Asset Information

Asset	Held Where?	Average Balance	Whose Asset?	
Checking Account			<input type="checkbox"/> Applicant	<input type="checkbox"/> Co-Applicant
Checking Account			<input type="checkbox"/> Applicant	<input type="checkbox"/> Co-Applicant
Checking Account			<input type="checkbox"/> Applicant	<input type="checkbox"/> Co-Applicant
Checking Account			<input type="checkbox"/> Applicant	<input type="checkbox"/> Co-Applicant
Savings Account			<input type="checkbox"/> Applicant	<input type="checkbox"/> Co-Applicant
Savings Account			<input type="checkbox"/> Applicant	<input type="checkbox"/> Co-Applicant
Savings Account			<input type="checkbox"/> Applicant	<input type="checkbox"/> Co-Applicant
Savings Account			<input type="checkbox"/> Applicant	<input type="checkbox"/> Co-Applicant
Cash			<input type="checkbox"/> Applicant	<input type="checkbox"/> Co-Applicant
Cash			<input type="checkbox"/> Applicant	<input type="checkbox"/> Co-Applicant
CDs, Stocks, Bonds			<input type="checkbox"/> Applicant	<input type="checkbox"/> Co-Applicant
CDs, Stocks, Bonds			<input type="checkbox"/> Applicant	<input type="checkbox"/> Co-Applicant

Does Applicant own a car? ☐ Yes ☐ No

Make/Model: _____ Year: _____

Does Applicant own land? ☐ Yes ☐ No

Where? _____

Does Applicant own a house? ☐ Yes ☐ No

Where? _____

Does Co-Applicant own a car? ☐ Yes ☐ No

Make/Model: _____ Year: _____

Does Co-Applicant own land? ☐ Yes ☐ No

Where? _____

Does Co-Applicant own a house? ☐ Yes ☐ No

Where? _____

Do Applicant or Co-Applicant own any of the following appliances? Check all that apply:

☐ Refrigerator

☐ Stove

☐ Washer

☐ Dryer

Declarations

Has Applicant filed for bankruptcy in the past two years?

☐ Yes

☐ No

Has Applicant had a house or property foreclosed on in the past three years?

☐ Yes

☐ No

Has Applicant co-owned or co-signed on a house or property in the past three years?

☐ Yes

☐ No

Has Applicant ever applied for and been approved for a mortgage loan?

☐ Yes

☐ No

Is the Applicant currently involved in a lawsuit?

☐ Yes

☐ No

Has Co-Applicant filed for bankruptcy in the past two years?

☐ Yes

☐ No

Has Co-Applicant had a house or property foreclosed on in the past three years?

☐ Yes

☐ No

Has Co-Applicant co-owned or co-signed on a house or property in the past three years?

☐ Yes

☐ No

Has Co-Applicant ever applied for and been approved for a mortgage loan?

☐ Yes

☐ No

Is the Co-Applicant currently involved in a lawsuit?

☐ Yes

☐ No

Authorization and Release

Applicant and Co-Applicant:

- 1) I understand that by submitting this application, I am authorizing Kalamazoo Valley Habitat for Humanity to evaluate my need for a Habitat home, my ability to repay an affordable mortgage loan, and my willingness to partner with Kalamazoo Valley Habitat for Humanity.
- 2) I authorize Kalamazoo Valley Habitat for Humanity to pull my credit report, which may effect my credit score.
- 3) I authorize Kalamazoo Valley Habitat for Humanity to verify my work history by contacting my current and/or former employers.
- 4) I authorize Kalamazoo Valley Habitat for Humanity to verify my rental history by contacting my current and/or former landlord/rental company.
- 5) I understand that Kalamazoo Valley Habitat for Humanity will screen my name against sex offender and OFAC registries.
- 6) I have answered all questions on this application truthfully, to the best of my knowledge. I understand that if I have not answered any questions truthfully, my application may be denied or, if already selected for the Homeownership Program, I may be deselected.
- 7) I understand that the original or a copy of this application will be securely retained by Kalamazoo Valley Habitat for Humanity for a minimum of 25 months, even if my application is denied, based on federal guidelines.
- 8) I understand that data from my application may be used along with other application data for statistical analysis.

Applicant's Signature

Date

Applicant's Printed Name

Co-Applicant's Signature

Date

Co-Applicant's Printed Name

Other Household Adults:

***All adults residing in the household should sign this section. Applicant and Co-Applicant should not sign this section.**

- 1) I understand that Kalamazoo Valley Habitat for Humanity will screen my name against sex offender and OFAC registries.

First Adult's Signature

Date

First Adult's Printed Name

Second Adult's Signature

Date

Second Adult's Printed Name

Third Adult's Signature

Date

Third Adult's Printed Name

FOR OFFICE USE ONLY--DO NOT WRITE IN THIS SPACE

Application fee recieved?

☐ Yes

☐ No

☐ Approved

☐ NOI

☐ Denied

Application complete?

☐ Yes

☐ No

Date/type letter sent:

Date application recieved:

Date/type letter sent:



Homeownership Program Supplemental Form 2026

Directions

- 1) Fill out entire form, being sure to answer each question and providing any additional documents as necessary.
- 2) Attach this form to your completed Homeownership Program Application before submitting both.

Veteran or Active Military Status

***If you or any member of your household is a Veteran or Active Military Member, complete the following section. If not, leave blank.**

Did anyone in your household serve, or is serving, in the United States Armed Forces?

(Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Reserve or National Guard) ☐ Yes ☐ No

If yes, check all that apply:

- ☐ 1) Currently serving on active duty with projected expiration date of service/tour ____/____/____ (mm/dd/yyyy)
- ☐ 2) Currently retired, discharged, or separated from service
- ☐ 3) Only period of service was as a non-activated member of the Reserve or National Guard
- ☐ 4) Surviving spouse

***If more than one household member is serving or has served in the Armed Forces, please list their name(s) below and which check box(es) above applies:**

Name	Which check box(es)?

Willingness to Partner

To be considered for the Habitat homeownership program, you and your household members must be willing to complete a certain number of Volunteer Hours, which may include hours spent helping to build your home and the homes of others, attending homeownership and home maintenance classes, and/or other approved activities.

I am willing to complete the required Volunteer Hours:

- ☐ Applicant
- ☐ Co-Applicant

Present Housing Conditions

***If applicant and co-applicant live at *different addresses*, use applicant's here and include co-applicant's on separate paper.**

Number of bedrooms: 0 1 2 3 4 5 6+

Number of bathrooms: 1 1.5 2 2.5 3 3.5 4+

*A half bathroom includes a toilet and sink, but no shower/tub. A full bath includes a toilet, shower/tub, and sink.

Other rooms being used as bedrooms, if applicable:

Present Housing Conditions, Continued

In the space below, describe the condition of your current living accommodations. Why do you need a Habitat home?

[illegible]

Right to Receive Copy of Appraisal

This is to notify you that if you qualify for the Homeownership Program and complete the Program requirements, we may order an appraisal to determine the value of a home that you may be eligible to purchase, and we may charge you for this appraisal. Upon completion of the appraisal, we will promptly provide a copy to you, even if the loan does not close.

Please sign below to indicate your understanding of this information:

Applicant	Co-Applicant

Co-Applicant	
--------------	--

Additional Information	
1	1
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99	99
100	100

1) I understand that, after submitting my completed Homeownership Program Application, Kalamazoo Valley Habitat for Humanity has 30 days to review my application and send me a letter of determination.

2) I understand that if my application is not complete or my application fee is not submitted, Kalamazoo Valley Habitat for Humanity will notify me. If I do not correct my application or submit my fee within one (1) week, my application will be denied.

3) I understand that if I am denied from the Homeownership Program, I will not receive a refund of my application fee. Application fees are used to help cover the cost of my credit report.

4) I understand that if my credit report has one or more credit bureaus locked, I must unlock them prior to submitting my application. If my credit report is locked, Kalamazoo Valley Habitat for Humanity will charge me an additional credit report fee.

Applicant's Signature	Date	Applicant's Printed Name
-----------------------	------	--------------------------

Date

Applicant's Printed Name

Applicant's Printed Name

<u>Co-Applicant's Signature</u>	<u>Date</u>	<u>Co-Applicant's Printed Name</u>

 Date Co-Applicant's Printed Name

Co-Applicant's Printed Name

Information for Government Monitoring Purposes & Statistical Analysis – OPTIONAL

Please read this statement before completing: The following demographic information is often requested by the government to monitor compliance with equal credit opportunity and fair housing laws. You are NOT required to furnish this information but are encouraged to do so. The law provides that we may neither discriminate on the basis of this information nor on whether or not you choose to furnish this information. If you do not wish to furnish this information, please check the box indicating so.

Applicant

☐ I do not wish to provide any of this information.

1. Gender

☐ Male ☐ Female ☐ Non-Binary
☐ Prefer Not to Answer

2. Ethnicity

☐ Hispanic/Latino
☐ Non-Hispanic/Latino
☐ Prefer Not to Answer

3. Race

☐ Indigenous or Alaskan Native
☐ Black
☐ Asian
☐ White
☐ Native Hawaiian or other Pacific Islander
☐ Prefer Not to Answer

4. Marital Status

☐ Married ☐ Separated
☐ Unmarried (single, divorced, widowed)
☐ Prefer Not to Answer

Co-Applicant

☐ I do not wish to provide any of this information.

1. Gender

☐ Male ☐ Female ☐ Non-Binary
☐ Prefer Not to Answer

2. Ethnicity

☐ Hispanic/Latino
☐ Non-Hispanic/Latino
☐ Prefer Not to Answer

3. Race

☐ Indigenous or Alaskan Native
☐ Black
☐ Asian
☐ White
☐ Native Hawaiian or other Pacific Islander
☐ Prefer Not to Answer

4. Marital Status

☐ Married ☐ Separated
☐ Unmarried (single, divorced, widowed)
☐ Prefer Not to Answer

How did you hear about Kalamazoo Valley Habitat for Humanity?

☐ Agency ☐ Church
☐ Employer ☐ Web/Google search
☐ Referral

Name of referral: _____