

Step 1 - Homeownership Applicant Snapshot

APPLICANT	CO-APPLICAN	CO-APPLICANT Name Date of birth: Phone:	
Name:	Name		
Date of birth:	Date of birth:		
Phone:	Phone:		
Email:	Email: Address:		
Address:			
City: State: Zip	City:	State: Zip	
Mailing Address (if different):			
Number of people who will be living in the home.	Adults (18 & older):	Children:	
Has anyone in the household been honorably disc If yes, is this veteran disabled? ☐ Yes ☐ No	charged from the U.S	s. Military? □ Yes □ No	
What is the gross yearly income of the household	i? \$		
In what county do you live? ☐ Grand Traverse You must currently		alkaska county's to be eligible	
What is your current living situation? □ Rent □ Own □ Living with family/friends	□ Homeless		
What are the conditions of your living situation? □ Overcrowded □ Unsafe/unhealthy □ Unaff	fordable 🗖 Homele	ss	
How did you hear about the Habitat Homeowners	ship Program?		
Return the application to:			
	vices@hahitatatr.org	Dron Off: 28/17 Rice St	

Mail: Homeowner Services
Habitat for Humanity GTR
PO Box 5412

Traverse City, MI 49696

Drop Off: 2847 Rice St Traverse City MI (*Cass at S. Airport*) Tuesday - Saturday 10-5



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, handicap, familial status, or national origin.