

Mackinac Island Housing Committee



HOUSING PROGRAM SURVEY

INTEREST IN

_____ **RENTAL**

_____ **HOMEOWNERSHIP**

PART I: GENERAL INFORMATION

Name of Applicant:		Date of Birth:		Social Security No.:	
Name of Co-Applicant:		Date of Birth:		Social Security No.:	
Address:		City:	State: MI	County/Township:	Zip Code:
Home Phone #:		Work Phone #:		Mobile Phone #:	
Marital Status: (CHECK ONE) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes widowed, divorced, or single)					
Email address: (to contact you about housing availability)					
Contact Person: (person to contact in your absence)		Home Phone #:		Work Phone #:	
Address:		City:	State:	Zip Code:	Relationship:
DO YOU CURRENTLY: (CHECK ONE) <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LIVING WITH RELATIVE OR FRIEND					
If interested in homeownership are you currently working with a lender?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Loan Officer Name: _____					
Have you ever purchased a home? (CHECK ONE)		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you completed your Homebuyer Education Counseling Course?		<input type="checkbox"/> Yes <input type="checkbox"/> No			

PART II: HOUSEHOLD INFORMATION

How many people live permanently in your household?				
	NAME	AGE	MONTHLY GROSS INCOME	
a.				
b.				
c.				
d.				
e.				

PART III: MONTHLY DEBTS

Please list all current financial obligations, child support or alimony, installment account, charge accounts, debts to banks, finance companies, mortgage companies, land contract holders and government agencies.

Creditor	Year Loan Account was Opened	Amount Borrowed	Present Balance	Monthly Payments	Is Debt Business Related?
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

I certify that the information stated above is true and correct to the best of my knowledge. I understand that this information is being obtained to assist the housing committee to understand the needs for housing on Mackinac Island and is not an application for an apartment or a loan for a home. This information will be held confidential and my name will not be used within the survey. I may be contacted concerning housing opportunities as they become available.

Applicant Signature

Date

Co-Applicant Signature

Date

Survey information is being compiled by the Mackinac Island Community Foundation and Cinnaire, a full-service, non-profit community development financial partner.

SURVEYS MAY BE DROPPED OFF AT 1933 HOBAN ST, MACKINAC ISLAND, MI 49757 OR EMAILED TO:

info@MICF.ORG.