

Schoolcraft County Economic Development Corporation

321 Deer Street, Manistique, MI 49854 Phone (906) 341-5126 Fax (906) 341-5555

Credit Application

Address of Property to be Improved: <i>(street/city/state/zip code)</i> _____		County: _____	
Property Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Multi-Unit Building/List # of Units _____			
Owner Occupied <i>(yes or no)</i> _____ Year Dwelling Built: _____			
BORROWER		CO-BORROWER	
Name _____		Name _____	
Birth Date _____ Social Sec. # _____ - _____ - _____		Birth Date _____ Social Sec. # _____ - _____ - _____	
Present Address <i>(if different from above)</i>		Present Address <i>(if different from above)</i>	
Street _____		Street _____	
City/State/Zip _____		City/State/Zip _____	
Number of years _____ Phone () _____		Number of years _____ Phone () _____	
Former Address <i>(if less than 2 years at present address)</i>		Former Address <i>(if less than 2 years at present address)</i>	
Street _____		Street _____	
City/State/Zip _____		City/State/Zip _____	
Years at former address _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent		Years at former address _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent	
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried	
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Total # in Household Inc. you _____ Ages _____		Total # in Household Inc. you _____ Ages _____	
Name & Address of Employer:		Name & Address of Employer:	
Number of Years _____		Number of Years _____	
Phone () _____ Position _____		Phone () _____ Position _____	
Name & Address of nearest relating not living with you:		Name & Address of nearest relating not living with you:	
Relationship: _____ Phone () _____		Relationship: _____ Phone () _____	
GROSS MONTHLY INCOME <i>(Report Income for All Adult Household Members 18 years or older)</i>			
Borrower		Co-Borrower	
Regular Work Income	\$ _____	Regular Work Income	\$ _____
Social Security	\$ _____	Social Security	\$ _____
All Other Income	\$ _____	All Other Income	\$ _____
TOTAL INCOME	\$ _____	TOTAL INCOME	\$ _____
Describe any other income for household:		Name & Address of Financial Institution you use: Account # _____ Checking <input type="checkbox"/> Yes <input type="checkbox"/> Savings Savings <input type="checkbox"/> Yes <input type="checkbox"/> Savings	

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DEBTS: LIST ALL DEBTS (if more space is needed, list on an attached sheet). IF NO OUTSTANDING DEBT, LIST THREE PREVIOUS CREDIT REFERENCES (such as telephone, electricity, etc.) AND INCLUDE COPIES OF RECENT BILLINGS.				
B=Borrower C=Co-Borrower	Creditor's Name, Address, & Account #	Original Amount of Debt	Present Balance	Monthly Payment
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
	Auto Lien Holder(s) Year & Make:	\$	\$	\$
	Auto Lien Holder(s) Year & Make:	\$	\$	\$
Check one: <input type="checkbox"/> Mortgage <input type="checkbox"/> Land Contract <input type="checkbox"/> None				
Payments Made to:		\$	\$	\$
If not included in mortgage or land contract payment, enter the following:				
<u>Property Taxes (Total yearly amount including summer & winter tax divided by 12 months)</u>				\$
<u>Home Owners Insurance (Annual premium divided by 12 months)</u>				\$
Amount paid for child care, child support, and/or alimony:				\$
TOTAL OF MONTHLY OBLIGATIONS				\$
IMPROVEMENTS PLANNED:				

IMPORTANT, READ THIS BEFORE SIGNING:

I/We certify that the above statements are true, accurate, and complete to the best of my/our knowledge and belief, and further certify for owner occupied units only, that I/We have disclosed in this application the total income(s) for all adults who now are, or are reasonably expected to be, within 60 days of my/our receiving the assistance applied for, members of the household. This application shall remain the property of the lending institution to which it is submitted, the community agency, and/or MSHDA. Verifications may be obtained from any source including but not limited to those named in this application.

I/We hereby consent to and authorize the lending institution, community agency, MSHDA or HUD, after giving reasonable notice, to enter the improved property to determine that the improvements specified in this application have been completed. I/We understand that the selection of a contractor and acceptance of the materials used and the work performed is my/our responsibility, and neither the lender, community agency, MSHDA or HUD guarantees the quality or workmanship of the improvements.

I/We understand that it may be a federal crime punishable by fine or imprisonment, or both, to knowingly make and false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code.

Borrower's Signature	Date	Co-Borrower's Signature	Date
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