



HEARTS FOR HOMES  
APPLICATION FOR ASSISTANCE  
MACOMB COUNTY  
FOR: PRIMARY APPLICANT/HEAD of HOUSEHOLD

Date: \_\_\_\_\_

Full Legal Name of Primary Applicant: \_\_\_\_\_  
(First Name, M.I., Last Name)

Mailing Address:

Number / Street \_\_\_\_\_ Apt: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Applicant e-mail required: \_\_\_\_\_

Applicant Social Security Number: \_\_\_\_\_

Applicant Date of Birth: Month \_\_\_\_\_ Day: \_\_\_\_\_ Year \_\_\_\_\_

Race	White	Citizenship	Citizen	Gender	Male
	Black or African American		Non Citizen		Female
	American Indian	Disabled?	Yes		Unknown
	Alaskan Native		No		Unverified Gender
	Asian				
	Native Hawaiian	Ethnicity	Hispanic or Latino		
	Pacific Islander		Not Hispanic or Latino		

Annual Income in \$ From all Sources for Applicant only: \$ \_\_\_\_\_  
(Before taxes or deductions)

Annual Income in \$ From all Sources for Applicant and Household members. \$ \_\_\_\_\_  
(Before taxes or deductions)

Do you or any family member with a disability require an accessible unit? Y / N

Have you Served in the Military? Y / N

Contact Person, if necessary, for the person who will assist with completing future paperwork:

Contact Person Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person e-mail: \_\_\_\_\_



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**Certification of Information**

**WARNING: IT IS A FELONY TO KNOWINGLY AND WILLING MAKE FALSE OR FRAUDULENT STATEMENTS FOR FINANCIAL ASSISTANCE. APPLICANTS FOUND GUILTY MAY BE FINED OR IMPRISONED, OR BOTH, AS ALLOWED BY LAW.**

Check both items below:

\_\_\_\_\_ I undersand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for assistance.

\_\_\_\_\_ I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

I attest that all information in this Application is true and accurate:

Primary applicant name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please email application and requested documents to [help@hearts4homes.org](mailto:help@hearts4homes.org)

For more information call: 586-850-6668

# Getting Ready – Document Checklist

The items on the following checklist are REQUIRED. When you return this application, please include the documents listed. **IMPORTANT: You must reside in or are moving into Macomb County to be eligible for assistance.**

**You will Need:**

**Has    Needs**

- |  |  |                                                                                    |
|--|--|------------------------------------------------------------------------------------|
|  |  | Driver’s license or State ID with Macomb County address – or                       |
|  |  | Driver’s license or State ID with Verification of Employment in Macomb County      |
|  |  | Birth Certificates, for every household member                                     |
|  |  | Social Security Cards, for every household member                                  |
|  |  | Proof of income (Pay stubs, W-2, SSI letter, Child support, cash assistance, etc.) |
|  |  | (rent ledger if requesting rental assistance)                                      |

Name	Birth Certificate	Social Security Card

**If you change your mailing address, email address, telephone number, or any other contact information, please email updated information to [help@hearts4homes.org](mailto:help@hearts4homes.org)**

**We also suggest that you do the following to help increase your chances of getting approved for housing:**

- Clear, pay, or make arrangements on old utility bills
- Save money for deposit and application fees
- Check your credit history, (if it is in need of repair). For free assistance contact MSU-Extension at 586-469-6430 or Greenpath Financial Wellness at 800-550-1961



EQUAL HOUSING OPPORTUNITY

# HEARTS FOR HOMES, INC. (H4H)

## FAMILY COMPOSITION

Name:		Home Telephone Number:
Unit Address:	City, State, ZIP Code:	Work Telephone Number:
Mailing Address:	City, State, ZIP Code:	Message Telephone Number:

### List yourself and all other persons who will live in the unit:

Name	Social Security # (if no SS# use Alien Registration Number)	Relationship to Head of Household	Student? Yes/No	Birth Date	Age	Sex M/F	Disabled? Yes/No	Hispanic or Latino? Yes/No	*Race Code #'s	US Citizen? Yes/No

**\*Race Code #'s (enter one or more):**  
 11 – White; 12 – Black/African American; 13 – Asian; 14 – American Indian or Alaska Native; 15 – Native Hawaiian or Other Pacific Islander; 16 – American Indian or Alaska Native AND White; 17 – Asian AND White; 18 – Black or African American AND White; 19 – American Indian or Alaska Native AND Black or African American; 20 – Other Multi-Racial

If there are new births, please send a copy of proof of birth and social security card. Head of Household — Please complete the following section (for statistical purposes only):

Enter Code #

- Marital Status
1. Married
  2. Single
  3. Widowed
  4. Divorced
  5. Separated

I certify that only the people listed above will occupy the unit.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

Do you, as a person with a disability, require SPECIFIC accommodation(s) to fully use our programs and services?

No  Yes [List specific accommodation(s) required]

\_\_\_\_\_  
\_\_\_\_\_

After completing this form, please return to:

[help@hearts4homes.org](mailto:help@hearts4homes.org) or  
 Hearts for Homes,  
 115 S. Main Street  
 Mt. Clemens, MI 48043

Si no puedes leer este documento porque usted no lee a Inglés, o desea que esta comunicación sea interpretada o traducida y nadie que sabe usted puede traducir, por favor llame a nuestra oficina para obtener una lista de intérpretes o traductores. Para más información enviar el email a [help@hearts4homes.org](mailto:help@hearts4homes.org).

Penalties may be imposed for intentionally submitting false or misleading information in obtaining financial assistance from Hearts for Homes, Inc.