



**INCLUDE THE MOST RECENT COPY OF THE FOLLOWING ITEMS WITH YOUR APPLICATION**

**Paper Application Documents**

- Intake Form
- Third Party Authorization and Disclosure Agreement

**Additional Supporting Documents**

Provide these items if the following statements apply to you

- Mortgage Statement** if you have a mortgage; provide statement with your lender's name, account status and loan number
- Property Tax Statement** if you pay property taxes yourself and not through a mortgage escrow account; provide a copy of your property tax bill with the property parcel identification number
- Condominium Association Statement** if your home is a condominium; provide a statement with the associates name and your account number
- Income Statement(s)** if you are employed; provide recent paystubs showing employer name(s) and year to date income
- Benefit Statement(s)** if you receive benefit income, such as unemployment, social security, or other government benefits; provide statement(s) showing the benefit amount and payee name
- Federal Tax Return** if you are self-employed; provide a copy of your federal tax return to document your self-employment income
- Property Legal Description** if you own the property; provide documentation showing the legal description with your name listed on the title.  
(example: copy of recorded deed)

***SUBMIT YOUR APPLICATION WITH COPIES OF THE FOLLOWING ITEMS TO:***

Step Forward Michigan/ Michigan Hardest Hit Fund Application Review  
111 S. Capitol Ave. / PO Box 30632  
Lansing, MI 48909-8132

EMAIL: [stepforward@michigan.gov](mailto:stepforward@michigan.gov)  
FAX: (517) 636-6170

**If you have any questions about the Step Forward Michigan Program or need help completing this application, please call us at (866) 946-7432 or call your counseling agent at the number they provided.**



To speed up the processing of your application, provide both sides and all pages of the above items with your initial application. All property owner(s), their spouse, and any co-borrowers must apply together.

<u>Homeowner's Name</u>		<u>Social Security #</u>	<u>Date of Birth</u>	<u>Gender</u> Female <input type="checkbox"/> Male <input type="checkbox"/>
<u>Primary Phone</u> ( )	<u>Secondary Phone</u> ( )		<u>E-mail Address</u>	
<u>Race</u>		<u>Race- other</u>	<u>Hispanic?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Have you received a foreclosure notice?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Are you actively in a bankruptcy?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Marital Status</u>	<u>Total Borrowers</u>	<u>How many family members in home?</u>	
<u>Borrower 2 Name</u>		<u>Social Security #</u>	<u>Date of Birth</u>	<u>Gender</u> Female <input type="checkbox"/> Male <input type="checkbox"/>
<u>Primary Phone</u> ( )	<u>Secondary Phone</u> ( )		<u>Borrower Relationship</u>	
<u>Race</u>	<u>Race-other</u>	<u>Hispanic?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		<u>Marital Status</u>
<u>Borrower 3 Name</u>		<u>Social Security #</u>	<u>Date of Birth</u>	<u>Gender</u> Female <input type="checkbox"/> Male <input type="checkbox"/>
<u>Primary Phone</u> ( )	<u>Secondary Phone</u> ( )		<u>Borrower Relationship</u>	
<u>Race</u>		<u>Race-other</u>	<u>Hispanic?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Marital Status</u>
<u>Borrower 4 Name</u>		<u>Social Security #</u>	<u>Date of Birth</u>	<u>Gender</u> Female <input type="checkbox"/> Male <input type="checkbox"/>
<u>Primary Phone</u> ( )	<u>Secondary Phone</u> ( )		<u>Borrower Relationship</u>	
<u>Race</u>		<u>Race-other</u>	<u>Hispanic?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Marital Status</u>



**EMPLOYMENT**

**Borrower 1**

<u>Primary Employer:</u>	<u>Years in Profession?</u>	<u>Self Employed?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Hire Date</u>
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**Borrower 2**

<u>Primary Employer:</u>	<u>Years in Profession?</u>	<u>Self Employed?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Hire Date</u>
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**Borrower 3**

<u>Primary Employer:</u>	<u>Years in Profession?</u>	<u>Self Employed?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Hire Date</u>
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**Borrower 4**

<u>Primary Employer:</u>	<u>Years in Profession?</u>	<u>Self Employed?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Hire Date</u>
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**Property Information**

<u>Property Address</u>	<u>City</u>	<u>County</u>	<u>Zip code</u>	<u>Municipality</u>
<u>Mailing Address</u>	<u>City</u>	<u>State</u>	<u>Zip code</u>	

<u>Unit Type?</u> Single Unit <input type="checkbox"/> Duplex <input type="checkbox"/> Multi-Family Unit <input type="checkbox"/>	<u>Purchasing date?</u> <u>(Month/Year)</u>	<u>Owner Occupied?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Property Type?</u> Primary <input type="checkbox"/> Vacation <input type="checkbox"/> Investment <input type="checkbox"/>
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<u>Property for Sale?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Do you own the property?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Are you purchasing on a land contract?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
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What type of delinquency are you seeking assistance with? (check as many as needed)

Mortgage  Property Taxes  Condominium Fees

**Past Due Amount**

Mortgage Company Name:	Account #	Amount Owed \$
Condominium Association Name:	Account #	Amount Owed \$
Property Tax Number:	County Property Taxes \$	Local Property Taxes \$



**Miscellaneous**

How did you hear about us?	How would you like to be contacted?
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**Gross Monthly Income** (amount before taxes and deductions)

Income type	<i>Employment Income</i>	<i>Self- Employment</i>	<i>Unemployment</i>	<i>Social Security</i>	<i>Other</i>	Total Income
<i>Borrower #1</i>	\$	\$	\$	\$	\$	\$
<i>Borrower #2</i>	\$	\$	\$	\$	\$	\$
<i>Borrower #3</i>	\$	\$	\$	\$	\$	\$
<i>Borrower #4</i>	\$	\$	\$	\$	\$	\$
<b>Total monthly income</b>						\$

**Asset balance(s)** (CHECKING, SAVINGS, MONEY MARKET, ON DEMAND, and CERTIFICATE OF DEPOSIT ACCOUNTS ONLY)

Type	Amount
<i>Total checking</i>	\$
<i>Total savings</i>	\$
<i>Total money market</i>	\$
<i>Total certificate of deposit</i>	\$
<b>Total assets</b>	\$



**Hardship**

Select the financial hardship reason that most closely relates to why you have become delinquent or fell behind.

- Unemployment
- Underemployment (significant reduction of gross household income)
- Divorce (significant reduction of gross household income or significant out of pocket legal expenses due to the divorce)
- Medical (significant reduction of gross household income or significant out of pocket expense due to a medical event for applicant, spouse, child, parent, or legal dependent)
- Death (significant reduction of gross household income or significant out of pocket funeral expense due for the death of a spouse, child, parent, or legal dependent)
- Other (critical expense such as significant one-time expense due to critical home or car repair)

Explain:

Due to a \_\_\_\_\_ I had a significant reduction of income  and/or expenses  of approximately \$ \_\_\_\_\_ that caused me to become past due on my \_\_\_\_\_ (Delinquent Account)  
Starting \_\_\_\_\_ (Month/Year)

Please provide additional detail specific to the hardship listed above:

Examples: "I had a heart attack back in May 2017 that cost me \$2,500 for out of pocket expense" or "I paid for my mother's funeral in August 2015 costing me \$3,000".

Any additional information we need to know about your situation? (i.e. Sheriff Sale scheduled for..)



In the event a third party is designated to assist on my/our behalf, I will provide written authorization for the designee to assist on my/our behalf.

1. I/we certify that all information provided in this application, including the stated balance of my checking and saving accounts, is truthful and accurate.
2. I/we further confirm that the stated hardship(s) has impacted my ability to pay our mortgage, property taxes, and/or condominium dues.
3. I/we also understand that submitting false information may violate Federal or State law and lead to a decline or termination of program.

\_\_\_\_\_  
**Borrower 1 Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Borrower 2 Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Borrower 3 Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Borrower 4 Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**



**Dodd-Frank Certification**

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to receive assistance from the Hardest Hit Program, authorized under the Emergency Economic Stabilization Act of 2008(12 U.S.C 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony, larceny, theft, fraud, or forgery, (B) money laundering, or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any of the following in connection with a mortgage or real estate transaction:

- (a) Felony, larceny, theft, fraud, or forgery
- (b) Money laundering or
- (c) Tax evasion.

I/we understand that the Michigan Homeowner Assistance Nonprofit Housing Corporation, the U.S Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law. This certificate is effective on the earlier of the date listed below or the date received by your servicer.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

When you sign and date this form, you will make important certifications, representations and agreements listed above; certifying under penalty of perjury that all the information provided for the Hardest Hit Fund® program are accurate and truthful.

Failure to sign the consent form may result in denial of program assistance or termination of program benefits.

<b>Borrower 1 Printed Name</b>	<b>Signature</b>	<b>Date</b>
<b>Borrower 2 Printed Name</b>	<b>Signature</b>	<b>Date</b>
<b>Borrower 3 Printed Name</b>	<b>Signature</b>	<b>Date</b>
<b>Borrower 4 Printed Name</b>	<b>Signature</b>	<b>Date</b>