

A Brush with Kindness

5201 N. Main St.
 Joplin, MO 64801



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.

*If you have any questions about our program or application, please feel free to call us at **417-782-6533 x7**.

Applicant: Name _____
 Address _____

 Date of Birth ____/____/_____
 Marital Status (circle one)
 single married separated widowed
 Phone Number
 (home) _____
 (cell) _____
 (email) _____
 Are you a U.S. citizen? ____/Legal resident? ____

Co-Applicant: Name _____
 Address _____

 Date of Birth ____/____/_____
 Marital Status (circle one)
 single married separated widowed
 Phone Number
 (home) _____
 (cell) _____
 (email) _____
 Are you a U.S. citizen? ____/Legal resident? ____

All Members Living in Household (attach additional page if necessary)

Name	Date of Birth
_____	____/____/_____
_____	____/____/_____
_____	____/____/_____
_____	____/____/_____

Home Repairs Needed (attach additional page if necessary)

Household Income

*Your **total, combined income, before taxes** for **all persons living in the home** is: \$ _____ per year.

Please Attach:

- **Proof of income for EVERYONE in the household.**
- **Copies of 2 months of bank statements.**
- **Benefits for children (if applicable)**

. The information provided on this form is used to determine income eligibility. I/we certify that the information presented in this application is true and accurate to the best of my/our knowledge and belief. I/we further understand that providing false representations herein constitutes an act of fraud. I/we agree to provide, upon request at any time, documentation of all income and asset sources for verification by HUD or the City of Joplin.

Flip over (more on back)

Applicant Employment Information

Retired? Yes No
Employer's Name _____
Employer's Address _____

Employer's Phone _____
Type of Business _____
Years at this Job _____

Co-Applicant Employment Information

Retired? Yes No
Employer's Name _____
Employer's Address _____

Employer's Phone _____
Type of Business _____
Years at this Job _____

Do you have proof of **home ownership**? _____ Are you still making **mortgage payments** on your home? _____
If **yes**, what is your **monthly payment**? _____ Are these payments **current**? _____
Do you have proof of **homeowner's insurance**? _____ How long have you **lived** in the home? _____

Please write a brief explanation of why you feel you should be selected to participate in this program and how it will help your family.

Have you applied to other agencies for help? _____ **If so, whom?**

If your application is a more appropriate fit with other programs may we share it with them? **YES** **NO**

I understand that by filing this application, I am authorizing **Joplin Area Habitat for Humanity** to evaluate my need for an **A Brush With Kindness** home repair. I understand that all requests must be evaluated and be within our program's ability to complete. I also understand that if repairs are beyond our means, that the program may be able to assist with modifications through a pay back, no-interest loan. I understand that the evaluation will include personal visits and employment verification. I have answered all application questions truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home repair, I may be disqualified from the program. I also understand that Habitat for Humanity screens all potential applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed to a criminal background check.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

FOR OFFICE USE ONLY- DO NOT WRITE IN THIS SPACE

Date Application Received ____/____/____ Accepted Denied
Date of Home Visit ____/____/____