



Joplin Area
Habitat
 for Humanity®

5201 North Main Street
 Joplin, MO 64801
 417.782.6533 phone
 417.781.4553 fax

Homeownership Program Information

Joplin Area Habitat for Humanity provides affordable housing for low income families in Jasper County. We offer homes at below market rate with no down payment and also provide a 0% interest mortgage.

To qualify for our home ownership program, your family must meet the following requirements:

- Based on the number of members in your family, your total annual income must be between our minimum and maximum income guidelines. (see below) These amounts are gross income (income before taxes are withdrawn).

# of Family Members	Minimum Annual Income	Maximum Annual Income
1	\$11,880	\$28,950
2	\$13,380	\$33,100
3	\$14,880	\$37,250
4	\$16,380	\$41,350
5	\$17,880	\$44,700
6	\$19,380	\$48,000
7	\$20,880	\$51,300
8	\$22,380	\$54,600

- There is a “sweat equity” requirement. Your family will need to complete hours of volunteer work with Joplin Area Habitat for Humanity.
- You must have a need for adequate housing. This could mean you currently are in HUD housing, are overcrowded, your housing is unaffordable or has inadequate utilities, etc. There are a variety of situations that constitute need.
- You must have been a resident of Jasper County and/or have worked in Jasper County for the past year.
- If you have filed bankruptcy, at least 2 years must have passed since the date your bankruptcy was discharged.

If you have questions, please contact our office at 417-782-6533. Our office is located at 5201 North Main St., Joplin, MO, 64801, and we are open Monday-Friday from 8:00 am to 4:00 pm.

Please note that we will need a completed application including tax returns, pay stubs, and other relevant documents (see list on other side). Credit checks and background checks will also be conducted.

For more information about Joplin Area Habitat for Humanity’s Homeownership Program, visit www.joplinhabitat.org



Equal Housing Opportunity: Joplin Area Habitat for Humanity selects families on an impartial and nondiscriminatory basis. Race, color, gender, national origin, marital status, family status, sexual orientation, age, religion, and disability are not part of the decision-making process. Equal Access Opportunity

To apply for a home, please provide all items listed on the check list below (mail, fax, or drop it off at our offices). We will make copies at no charge.

Check List

1. Completed application (see following pages). Be sure to fill out **everything**. If something does not apply to you, write N/A to show it was not overlooked.
2. Copy of social security card for Applicant, Co-applicant, and all dependents (everyone else who would be living in the home).
3. Copy of driver's license or picture ID for Applicant and Co-Applicant.
4. Copy of proof of legal residency, green card, etc. **(if applicable)**
5. Copies of pay stubs from last **two months** of work for current job.
6. Copies of documentation for other monthly income (child support, social security, disability, etc.)
7. Billing history of utility payments for gas, electric, water, and phone. **Utility companies will print this for you.**
8. Copies of other monthly payments with name, address, and phone number for the company receiving payment (credit card, all loans, prescriptions, medical/doctor, etc.).
9. Copies of last **two months** of bank statements for each bank account.
10. Copies of other assets (bonds, certificates of deposits, land, lots, homes, etc.)
11. Copies of last **two years'** income taxes.
12. If you have been divorced, provide a copy of the divorce decree. If you are currently pursuing a divorce, please note that we cannot accept an applicant until the divorce is finalized.
13. If you have filed bankruptcy within in the past 5 years, provide a copy of your discharge papers listing the cleared charges (debt amount and creditor).

Joplin Area Habitat for Humanity
 5201 North Main Street
 Joplin, MO 64801
 417-782-6533 Phone
 417-781-4553 Fax

HOUSING QUESTIONNAIRE

Applicant Name _____ Date _____

Present Address _____

Owner occupied _____ Rented _____ #of bedrooms _____ ##of bathrooms _____

CATEGORIES AND AREA OF CONCERN	YES	NO	DESCRIPTION OF DEFICIENCIES
SIZE OF HOME 1. Can every family member sleep in a bedroom? 2. Is it necessary for school-age children of the opposite sex to share a room? 3. Is the family living in a part of another family's (relative/friend) home?			
STRUCTURAL RELATED 1. Is the roof or ceiling sagging or caving in? 2. Does the roof leak? 3. Are the windows rotted or inoperable? 4. Are the doors rotted or inoperable?			
CLIMATE 1. Is there air infiltration in: Windows? Doors? Walls? 2. Does the floor system, walls, or attic lack adequate insulation?			
MECHANICAL 1. Does the plumbing system lack proper provision for safe water of disposal of waste? 2. Is the electrical system inadequate or otherwise safe? 3. Is the heating system dysfunctional, inefficient, or unsafe?			

Comments: _____

Applicant _____

Co-Applicant _____

**Southwest Missouri Rental Housing Association
Credit Bureau Report Authorization**

Background Verification Disclosure: As part of the application process, Joplin Area Habitat for Humanity may obtain a Consumer Report and /or an Investigative Consumer Report. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996 requires that we advise you that for the purposes of application only, a Consumer Report may be made which may include information about your character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided in the event the Report contains information regarding your character, general reputation, personal characteristics, or mode of living.

Authorization and Release: During the application process and at any time during any subsequent application, I authorize Atlas Risk Management on behalf of the Joplin Area Habitat for Humanity to procure a Consumer Report which I understand may include information regarding my character, general reputation, personal information from courts records repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information on my character, general reputation, personal characteristics or mode of living.

Applicant #1

Date _____

Signature

Current Address

Print Name

City, State, Zip Code

Social Security #

Date of Birth

Applicant #2

Date _____

Signature

Current Address

Print Name

City, State, Zip Code

Social Security #

Date of Birth



JOPLIN AREA HABITAT FOR HUMANITY
5201 NORTH MAIN STREET
JOPLIN, MO 64801
417-782-6533

Application

Habitat Homeownership Program



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.

Dear Applicant: Please complete this application to determine if you qualify for the Habitat for Humanity homeownership program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act.

1. APPLICANT INFORMATION	
Applicant	Co-applicant
Applicant's name	Co-applicant's name
Social Security number Home phone Age	Social Security number Home phone Age
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)
Dependents and others who will live with you (not listed by co-applicant)	Dependents and others who will live with you (not listed by co-applicant)
Name Age Male Female	Name Age Male Female
_____ _____ <input type="checkbox"/> <input type="checkbox"/>	_____ _____ <input type="checkbox"/> <input type="checkbox"/>
_____ _____ <input type="checkbox"/> <input type="checkbox"/>	_____ _____ <input type="checkbox"/> <input type="checkbox"/>
_____ _____ <input type="checkbox"/> <input type="checkbox"/>	_____ _____ <input type="checkbox"/> <input type="checkbox"/>
_____ _____ <input type="checkbox"/> <input type="checkbox"/>	_____ _____ <input type="checkbox"/> <input type="checkbox"/>
_____ _____ <input type="checkbox"/> <input type="checkbox"/>	_____ _____ <input type="checkbox"/> <input type="checkbox"/>
Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent
Number of years _____	Number of years _____
If living at present address for less than two years, complete the following	
Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent
Number of years _____	Number of years _____

2. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date received: _____
 Date of notice of incomplete application letter: _____
 Date of adverse action letter: _____

Date of selection committee approval: _____
 Date of board approval: _____
 Date of partnership agreement: _____

3. WILLINGNESS TO PARTNER

To be considered for Habitat homeownership, you and your family must be willing to complete a certain number of "sweat-equity" hours. Your help in building your home and the homes of others is called "sweat equity" and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending homeownership classes or other approved activities.

		Yes	No
I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:	Applicant	<input type="checkbox"/>	<input type="checkbox"/>
	Co-applicant	<input type="checkbox"/>	<input type="checkbox"/>

4. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle) **1** **2** **3** **4** **5**

Other rooms in the place where you are currently living:

Kitchen Bathroom Living room Dining room Other (please describe) _____

If you rent your residence, what is your monthly rent payment? \$ _____ / month
 (Please supply a copy of your lease or a copy of a money order receipt or canceled rent check.)

Name, address and phone number of current landlord: _____

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?

5. PROPERTY INFORMATION

If you own your residence, what is your monthly mortgage payment? \$ _____ / month Unpaid balance \$ _____

Do you own land? No Yes Monthly payment \$ _____ Unpaid balance \$ _____

If you wish your property to be considered for building your Habitat home, please attach land documentation.

6. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
Name and address of CURRENT employer	Years on this job	Name and address of CURRENT employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone
If working at current job less than one year, complete the following information			
Name and address of LAST employer	Years on this job	Name and address of LAST employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone

10. DEBT

Account	To whom do you and the co-applicant(s) owe money?					
	Applicant			Co-applicant		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Other motor vehicle	\$	\$	\$	\$	\$	\$
Boat	\$	\$	\$	\$	\$	\$
Furniture, appliance, televisions (includes rent-to-own)	\$	\$	\$	\$	\$	\$
Alimony	\$	\$	\$	\$	\$	\$
Child support	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Total medical	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$

Monthly expenses			
Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

11. DECLARATIONS

Please circle the word that best answers the following questions for you and the co-applicant

	Applicant	Co-applicant
a. Do you have any outstanding judgments because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "yes" to any question a through e, or "no" to question f, please explain on a separate piece of paper.		

12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay the no-interest loan and other expenses of homeownership, and my willingness to be a partner through sweat equity. I understand that the evaluation will include personal visits, a credit check and employment verification. I have answered all the questions on this application 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, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all applicant families on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

Applicant signature	Date	Co-applicant signature	Date
X _____		X _____	

PLEASE NOTE: If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for applicant or "C" for co-applicant.

Applicant's name _____

Co-applicant's name _____

13. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note ethnicity, race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below.

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: ____ / ____ / ____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: ____ / ____ / ____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)

To be completed only by the person conducting the interview	
This application was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's name (print or type)
	Interviewer's signature Date
	Interviewer's phone number