



# CRITICAL HOME REPAIR PROGRAM APPLICATION

The Joplin Area Habitat for Humanity (JAHFH) Critical Home Repair Program helps low-income homeowners alleviate health and safety issues in and around their home. Homeowners pay for these repair services through an affordable repayment plan. Repayment funds are recycled and used to assist future low-income homeowners in need of home repairs.

## ELIGIBILITY CRITERIA

- Applicant(s) must own a property within the Jasper County service area.
- The property must be owner-occupied and the primary residence of all owners on title.
- Homeowner(s) must either be a U.S. Citizen or a Permanent Legal Resident.
- Homeowner(s) must be able to pass a criminal background check.
- The property must be an eligible property. Eligible properties are owner-occupied Single Family Residences.
  - Multi-family dwellings larger than one unit (apartment buildings, duplex, etc.), homes used as rental units, mobile homes, boats and recreational vehicles (RV's) are not eligible.
- The property must be without any unpermitted or illegal additions.
- Homeowner(s) must be current with the following:
  - Mortgage loan payment (if homeowner is still making payments)
  - Homeowner's insurance policy
  - Property taxes
- Applicants who own multiple real estate properties are not eligible.
- The property must demonstrate a need for repair.
- Household income must be below 80% of the area median income (AMI) for Jasper County as indicated by the Department of Housing and Urban Development (HUD) within the given year applied. See table below.
- The homeowner will be required to repay the JAHFH 6% to 8% of total project cost, depending on income level. A small down payment, no more than \$350, will be required. The down payment amount will go towards the overall cost required by homeowner.
- The JAHFH will set the repayment schedule on 36 month terms, and if very-low income, could consider extending for affordability considerations.
- The JAHFH may also implement an **'Early Pay' incentive**, where a discount of up to 50% of project costs will be applied upon prompt payment.
- Homeowners are eligible to receive assistance from JAHFH's Critical Home Repair Program once every five years.
- Habitat Homeowners (individuals who have purchased their home from JAHFH) are eligible if they have owned their Habitat home for at least ten years, in good standing and meet general criteria listed above.

HOUSEHOLD MEMBERS	1	2	3	4	5	6	7	8
2020 GROSS ANNUAL INCOME LIMIT	\$35,200	\$40,200	\$45,250	\$50,250	\$54,300	\$58,300	\$62,350	\$66,350

FOR QUESTIONS OR ADDITIONAL INFORMATION, PLEASE CONTACT US AT:

5201 N. MAIN ST • JOPLIN, MO 64801 • (417) 782.6533 • [WWW.JOPLINHABITAT.ORG](http://WWW.JOPLINHABITAT.ORG)



Joplin Area Habitat for Humanity provides equal housing opportunities for all, and ensures fair and equal access to its programs and services regardless of race, color, religion, gender, national origin, familial status, disability, marital status, age, ancestry, sexual orientation, source of income, or other characteristics protected by law.

# APPLICATION CHECKLIST

Please complete all sections of this application. Upon review and confirmation of the information provided, you will receive notification regarding the status of your application. Please understand that our home repair program is dependent on the availability of funding. Therefore, not all eligible applicants will be selected. If you have any questions, please feel free to call us at **417.782.6533**.

- Did you complete all applicable sections?
- Did all applicant(s) sign the Critical Home Repair Program application? Refer to Section 10.

**To complete this application, please include copies of all required documents listed below.**

**All documents submitted must show the name and address of the homeowner(s):**

- If you are still making mortgage loan payments, a copy of your most recent mortgage statement
- A copy of proof of ownership (Warranty Deed)
- Proof of current homeowner's insurance (Including flood/hazard insurance when applicable)
- A copy of current paid Real Estate Property Tax receipt
- A copy of one recent utility bill (gas, power, water, phone, etc...)
- A copy of a valid photo I.D. for all property owners on title
- A copy of a Social Security Card for all property owners on title
- Documentation to verify household income:
  - Federal Income tax returns and W-2 and/or 1099 Forms for the previous two years for all employed household members
  - Form 1040 with schedule C, E or F and a year-to-date profit and loss statement for self-employed individuals or business owners
  - Pay stubs for the previous **two consecutive months** for each employed household member
  - Child support, alimony, and monthly benefit statements for all household members receiving any form of benefit (e.g. Retirement/Pension, Unemployment, SSI, TANF, SSDI, etc.)
- Current checking and/or savings account statements for **two consecutive months** (including but not limited to stocks, IRA's, pension accounts, mutual funds etc.)

## APPLICATION PROCESS

- Homeowner submits an application and copies of all supporting documents.
- JAHFH reviews applications for completeness and eligibility.
- Once funding is available, eligible households will receive a property assessment.
- A property assessment allows JAHFH to determine if it can or cannot perform repairs. A property assessment does not guarantee approval.
- Approved homeowners review scope of work and sign program agreements with JAHFH staff.
- Home repair projects are scheduled based on funding and program calendar availability.





# CRITICAL HOME REPAIR PROGRAM APPLICATION

**SUBMIT COMPLETE APPLICATIONS TO:**

**JAHFH CRITICAL HOME REPAIR PROGRAM • 5201 N. MAIN ST • JOPLIN, MO 64801**

## SECTION 1 - HOUSEHOLD INFORMATION

Full Name of Homeowner:		Full Name of Co-Homeowner:	
Property Address:		City:	Zip Code:
Home Phone #:	Cell Phone #:	Email Address:	

List the names, ages, and relationships of all people living in the home. Please attach a separate page if more space is needed. Please indicate Military Status (Active/Veteran) and Date of Discharge (if applicable).

Full Name	Relationship	Age	Military Status and Date of Discharge
			<input type="checkbox"/> Veteran - Date of Discharge: <input type="checkbox"/> Active Military
			<input type="checkbox"/> Veteran - Date of Discharge: <input type="checkbox"/> Active Military
			<input type="checkbox"/> Veteran - Date of Discharge: <input type="checkbox"/> Active Military
			<input type="checkbox"/> Veteran - Date of Discharge: <input type="checkbox"/> Active Military

## SECTION 2 - SPECIAL NEEDS

Is anyone in the home disabled?  Yes  No If **YES**, please describe below:

Do you or any of the applicants require translation?  Yes  No If **YES**, in what language:

## SECTION 3 - HOUSEHOLD INCOME

Please indicate the gross monthly income figure	Homeowner	Co-Owner	Household Member	Household Member	Household Member
Wages/Salary	\$	\$	\$	\$	\$
Net Business Income	\$	\$	\$	\$	\$
Unemployment/Disability/Worker's Compensation	\$	\$	\$	\$	\$
Social Security Benefit	\$	\$	\$	\$	\$
Disability/SSI	\$	\$	\$	\$	\$
Retirement/Pension	\$	\$	\$	\$	\$
Alimony/Child Support	\$	\$	\$	\$	\$
Military Pay	\$	\$	\$	\$	\$
Veteran Benefits	\$	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$

#### SECTION 4 - MORTGAGE AND PROPERTY INFORMATION

Are you making mortgage loan payments on your home?  
 Yes  No  
 If **YES**, how much is your payment:

Do you own any other real estate?  Yes  No  
 If **YES**, please list here:

Are you current on your mortgage?  Yes  No  
 If **NO**, please explain:

Do you have Homeowner's Insurance?  Yes  No  
 If **NO**, please explain:

Do you have any illegal and/or unpermitted additions / building activity on your home?  Yes  No  Not Sure  
 If **YES OR NOT SURE**, please explain:

Have you applied for the JAHFH Critical Home Repair Program in the past?  Yes  No  
 If **YES**, please indicate the year you applied:

Has JAHFH performed repairs on your home through the Critical Home Repair Program in the past?  Yes  No  
 If **YES**, please indicate the year you received repairs:

#### SECTION 5 - REQUESTED REPAIRS

Briefly describe the type of repairs needed on your home. Attach a separate sheet of paper if you need additional space. Please understand that items listed below will be considered but the final decision regarding repairs provided is at the sole discretion of Joplin Area Habitat for Humanity.

AREA OF NEED	DESCRIPTION OF REPAIR NEED
<p><b>Accessibility Modifications:</b> Example - Wheelchair ramp, bathroom grab bars, accessible shower stall, etc.</p>	
<p><b>Carpentry Repairs:</b> Describe problems with doors, floors, porches, steps, walls, ceilings, etc. Indicate places where repairs are needed.</p>	
<p><b>Electrical Repairs:</b> List rooms where wall outlets, switches and light fixtures do not work.</p>	
<p><b>Plumbing Repairs:</b> Describe sink, tub, or toilet leaks, etc.</p>	
<p><b>Roofing Repairs:</b> Identify where roof leaks.</p>	
<p><b>Painting:</b> List all exterior painting requirements.</p>	
<p><b>Doors and Windows:</b> Describe repairs required, including locks, glass, frames, and weather stripping.</p>	



<p><b>General Cleaning:</b> Indicate if there is cleaning and/or trash removal required or if yard work is necessary.</p>	
<p><b>Other:</b> Identify other repairs requested but not listed above.</p>	

**SECTION 6 - JAHFH COMMUNITY PARTNERSHIP CONSENT**

If JAHFH has partnerships with other non-profit, civic and utility organizations that can provide free or low cost services to low income households, may we share your contact information and/or any application details with them? *If you do not give us permission to share your information with other organizations, your application will remain confidential and for sole use by JAHFH.*  
 **Yes, I consent**      **No, I do not consent**

**SECTION 7 - STATEMENT OF NEED**

**WHAT FACTORS ARE LIMITING YOUR HOUSEHOLD'S ABILITY TO MAKE THE NEEDED REPAIRS? (CHECK ALL THAT APPLY):**

<input type="checkbox"/> Income (low, limited, or no income in home)	<input type="checkbox"/> Lack of savings/assets to finance home repairs
<input type="checkbox"/> Ineligible for a loan/consumer credit due to poor credit, lack of home equity, or personal property	<input type="checkbox"/> Unwillingness to take a loan or consumer debt
<input type="checkbox"/> Physical Limitation	<input type="checkbox"/> Lack of building/repair/home maintenance knowledge
<input type="checkbox"/> Unfamiliar with contractors and repair process	<input type="checkbox"/> Other (please explain):

**PLEASE TELL US WHY YOU THINK YOU SHOULD BE SELECTED FOR THE CRITICAL HOME REPAIR PROGRAM AND HOW IT WILL HELP YOUR HOUSEHOLD. PLEASE FEEL FREE TO ATTACH AN ADDITIONAL SHEET IF NECESSARY.**

**SECTION 8 - PROGRAM REFERRAL**

**WHERE DID YOU HEAR ABOUT JAHFH'S CRITICAL HOME REPAIR PROGRAM? (CHECK ALL THAT APPLY):**

<input type="checkbox"/> Television	<input type="checkbox"/> Habitat Homeowner	<input type="checkbox"/> Community/Civic Group	<input type="checkbox"/> Neighbor
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Habitat ReStore	<input type="checkbox"/> Church	<input type="checkbox"/> Other Non-Profit
<input type="checkbox"/> Radio	<input type="checkbox"/> Internet Search	<input type="checkbox"/> Work/Job Fair	<input type="checkbox"/> Friend/Family Member
<input type="checkbox"/> Habitat Website	<input type="checkbox"/> Habitat Staff Member	<input type="checkbox"/> School	<input type="checkbox"/> Other

<b>DO YOU KNOW A VETERAN HOMEOWNER IN NEED OF HOME REPAIR ASSISTANCE?</b>	<b>MAY WE SEND THEM JAHFH CRITICAL HOME REPAIR PROGRAM INFORMATION ON YOUR BEHALF?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If yes, please indicate their name and contact information below:**

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**SECTION 9 - DEMOGRAPHIC INFORMATION (OPTIONAL)**

This data will be used for statistical reporting only and will be kept strictly confidential.

Ethnicity	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic
Racial Background	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian & White <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & African American <input type="checkbox"/> Black/African American & White	

**SECTION 10 - APPLICANT AGREEMENT**

- I/We certify that the information provided on this application is true and accurate and that I/we own the property at the address given.
- I/We grant permission to JAHFH to check any and all references and to take any and all actions reasonably necessary to substantiate the information contained in this application or otherwise establish my/our suitability as an applicant(s) for the JAHFH's Critical Home Repair Program, including without limitation, contacting or otherwise attempting to confirm my/our (1) employment status and credit history, (2) personal references, including all parties listed in this application and/or any other parties which JAHFH desires to contact, (3) credit worthiness, (4) immigration status, (5) police records and other information relative to criminal charges and/or convictions, (6) any additional information that JAHFH deems necessary to evaluate this application. I/We understand that JAHFH may reject this application based upon results of these inquiries.
- I/We agree that if JAHFH selects my/our home to be repaired, photos of me/us, my/our household members, and my/our home may be taken and a biographical summary about me/us and my/our project may be written and shared with the general public or utilized for public relations, promotional or program development purposes.
- I/We understand that JAHFH makes no guarantees as to the start or completion dates or length of repairs.
- I/We understand that JAHFH is a nonprofit corporation with limited resources and cannot afford to provide or guarantee assistance for each applicant. Consequently, I/we agree that JAHFH, its staff, whether voluntary or compensated, and its board of directors will not be liable in any way or otherwise be held responsible by me/us or anyone acting on my/our behalf in connection with my/our application for JAHFH or any claims of any nature associated herewith.
- I/We understand that copies of any and all documentation provided to determine my/our program eligibility will not be distributed to a third-party without my/our authorization and may only be returned upon request.
- I/We understand that if I/we receive assistance from JAHFH's Critical Home Repair Program, I/we may not receive additional assistance for **5 years** after the completion of my/our repairs.
- I/We understand that submission of this Critical Home Repair Program application and any supporting documentation **does not guarantee assistance from JAHFH's Critical Home Repair Program**. I/We understand that selection is based on submitting all required documentation, meeting the eligibility criteria, and the availability of program funding and not all applicants may be serviced.
- I/We understand that selection and repairs provided are subject to the availability of funds and that program policies are subject to change at any time without prior notice.

Signature of Homeowner	Date
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Signature of Co-Homeowner	Date
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