



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 market rate or below, with no down payment and we 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 (see below) These amounts are gross income (income before taxes or other deductions are withdrawn).

# of Family Members	Minimum Annual Income	Maximum Annual Income
1	\$12,880	\$33,750
2	\$17,420	\$38,550
3	\$21,960	\$43,350
4	\$26,500	\$48,150
5	\$31,040	\$52,050
6	\$34,950	\$55,900
7	\$37,350	\$59,750
8	\$39,750	\$63,600

- 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 not affordable, has inadequate utilities, is in poor condition, 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](http://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.

Joplin Area Habitat for Humanity  
5201 North Main Street  
Joplin, MO 64801

Phone: (417) 782-6533  
Fax: (417) 781-4553

**To apply for a home, please provide all items listed on the check list below that apply to you and your family (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, SNAP, disability, etc.).
7. Billing history of utility payments for gas, electric, water, sewer, trash, 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 (car loans, insurances, credit cards, 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).

**Please provide your email address:** \_\_\_\_\_



JOPLIN AREA HABITAT FOR HUMANITY  
 5201 North Main Street  
 Joplin, MO 64801  
 417-782-6533 phone 417-781-4553 fax

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

2. FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE	
Date received: _____	Date of selection committee approval: _____
Date of notice of incomplete application letter: _____	Date of board approval: _____
Date of adverse action letter: _____	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.

#### I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

	Yes	No
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 <b>CURRENT</b> employer	Years on this job	Name and address of <b>CURRENT</b> employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone
<b>If working at current job less than one year, complete the following information</b>			
Name and address of <b>LAST</b> employer	Years on this job	Name and address of <b>LAST</b> employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone

### 7. MONTHLY INCOME

Income source	Applicant	Co-applicant	Others in household	Total
Wages	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Section 8 housing	\$	\$	\$	\$
Other: <u>SNAP</u>	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**PLEASE NOTE:**

Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.

#### HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE

Name	Income source	Monthly income	Date of birth

**8. SOURCE OF DOWN PAYMENT AND CLOSING COSTS**

Where will you get the money to make the down payment or pay for closing costs (for example, savings or parents)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

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**9. ASSETS**

Name of bank, savings and loan, credit union, etc.	Address	City, state	ZIP	Account number	Current balance
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

**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, TVs (includes rent-to-own)	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Child support	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Total medical	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
<b>Total</b>	\$	\$		\$	\$	

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	\$	\$	\$
<b>Total</b>	\$	\$	\$

11. DECLARATIONS		
Please check the box beside 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 or deed in lieu of foreclosure 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. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are you paying alimony or child support or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Are you a co-signer or endorser on any loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. 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
<i>If you answered "yes" to any question a through h, or "no" to question i, please explain on a separate piece of paper.</i>		



## 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 an affordable 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 and forfeit any rights or claims to a Habitat home. 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 applicants 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.

## 13. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that we may order an appraisal in connection with your loan and we may charge you for this appraisal. Upon completion of the appraisal, we will promptly provide a copy to you, even if the loan does not close.

Applicant's name \_\_\_\_\_

Co-applicant's name \_\_\_\_\_



## 14. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

**PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:** We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information, or based on whether or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information  <b>Race</b> (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  <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino  <b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male  <b>Birthdate:</b> _____ / _____ / _____  <b>Marital status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information  <b>Race</b> (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  <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino  <b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male  <b>Birthdate:</b> _____ / _____ / _____  <b>Marital status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (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	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; height: 30px; vertical-align: bottom;">Interviewer's name (print or type)</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 30px; vertical-align: bottom;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border-right: 1px solid black; vertical-align: bottom;">Interviewer's signature</td> <td style="width: 20%; vertical-align: bottom;">Date</td> </tr> </table> </td> </tr> <tr> <td style="height: 30px; vertical-align: bottom;">Interviewer's phone number</td> </tr> </table>	Interviewer's name (print or type)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border-right: 1px solid black; vertical-align: bottom;">Interviewer's signature</td> <td style="width: 20%; vertical-align: bottom;">Date</td> </tr> </table>	Interviewer's signature	Date	Interviewer's phone number
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Interviewer's signature	Date					
Interviewer's phone number						

## 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