

## 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 x2**.

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_