

Information on Habitat for Humanity Home Repair Programs for Owner-Occupied Homes in Greene County

Habitat for Humanity provides a range of repair services that you may be eligible for. Each program has similar eligibility requirements, but different formats as described below. The same application is used for all programs, and it is enclosed. The application requires providing 1) income information and tax returns (if filed) to show eligibility, and 2) the deed to show title to the property.

Unfortunately, we are not able to work on mobile homes or homes in a *contract for deed or rent to own* situation.

All home repairs are for homeowners with household gross income less than the amounts below (2016 limits):

1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
\$22,860	\$26,160	\$29,400	\$32,640	\$35,280	\$37,920	\$40,500	\$43,140

Specific program details:

A Brush with Kindness (ABWK) provides volunteers overseen by Habitat construction staff to do exterior work including painting, minor repairs, debris removal, and landscaping.

Critical Home Repair (CHR) provides skilled volunteers and professionals overseen by Habitat construction staff to do extensive interior and exterior work including roof repair/replacement, siding and trim repair/replacement, window replacement, floor and wall repair/replacement, and other similar work.

These programs are a partnership between the homeowner and Habitat for Humanity. Habitat for Humanity provides labor, expertise, and 0% interest, no-profit financing for materials. The homeowner is required to pay Habitat for Humanity back through affordable monthly payments for the materials and other direct costs, and to commit to “sweat equity”. This enables the homeowner to receive services at a significantly lower price, while helping fund future projects. The application requires providing your household budget so we can set an affordable loan repayment amount.

Creating Healthy Homes (CHH)

We have been approved for a 2015-2017 grant, but will not be able to start projects until later in 2016. Many of the 39 projects available thought this grant will go to applicants already in our system, but we do try to respond to those that are a high priority in terms of health and safety.

CHH is a loan program that is funded by the Federal Home Loan Bank of Des Moines, and administered through its local member, Guaranty Bank, in partnership with Habitat for Humanity. The work is done by professional contractors and many types of projects are eligible under the program guidelines, including roof repair or replacement, mechanical system repairs or replacement, repair or upgrade of plumbing or electrical systems, etc. Habitat staff will work with you to develop the scope of work and accept bids from professional contractors, and will provide project oversight. You will be asked to sign a deed restriction that defines the loan as being forgiven over a five-year period.

We hope that if you have needs we can help with, you will complete and return the application!

Nancy Williams, Partner Services Director
417-829-4001 ext. 105; nancywilliams@habitatspringfieldmo.org

Revised 4/8/2016





Mail application to:
 Habitat for Humanity
 Attn: Nancy Williams
 2410 South Scenic Avenue
 Springfield, MO 65807

All programs are available only in Greene County, and only for owner-occupied homes.
A Brush with Kindness and Critical Home Repair provide volunteers to complete exterior and interior repairs, replacements, or painting, plus a zero-interest loan with affordable monthly payments to pay for materials.
Creating Healthy Homes provides a forgivable loan and arranges for major home repairs.

For further details contact Nancy Williams, Family Services Director, at (417) 829-4001, ext. 105.

SECTION 1 - Homeowner Information

Legal Name of Applicant: _____ Date of Birth: _____
 Legal Name of Co-Applicant _____ Date of Birth: _____
 Address: _____ City: _____ ZipCode _____
 Email: _____ County: _____

Telephone Numbers: Please include area code	H: C: W:	Year house was built: Square footage of house: Number of years in house: Name of neighborhood:
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List the names, ages, and relationship to homeowner of all people living in the home
 (attach a list if more space is needed):

Name/relationship: _____	Date of birth: _____
Name/relationship _____	Date of birth: _____
Name/relationship _____	Date of birth: _____
Name/relationship _____	Date of birth: _____
Name/relationship _____	Date of birth: _____

Is anyone in household a veteran? Yes No Name _____
 Is anyone in household currently in the military? Yes No Name _____

SECTION 2 - Special Needs

Is the homeowner or anyone in the home disabled? Yes No
 If yes, indicate the type of disability below (check all that apply, please describe if "other"):
 Use a Walker, Cane or Crutches Use a Wheelchair Blind Hearing Impaired
 Mentally Disabled Other: _____
 Is translation needed? Yes No If yes, what language: _____

SECTION 3 - Sharing Your Personal Information?

If your application is a more appropriate fit with similar programs may we share it with them? Yes No
Unless you give permission to share your information with other organizations, your application will be kept confidential. If you check yes, you give Habitat your consent to share the information you provide on this application with similar organizations like OACAC, United Way, City of Springfield, SW center for Independent Living, or Council of Churches if our programs are not able to assist you.

SECTION 4A - Household Income, Asset, and Mortgage Information

Gross monthly income	Applicant	Co-Applicant	All others in household over age of 18
Employment income (gross)			
TANF			
Social Security			
SSI			
Disability			
Alimony			
Child Support			
Food stamps			
Other			
TOTAL INCOME			

You must attach verification of all HOUSEHOLD INCOME including each adult in the household and benefits for children. Please provide any of the following that are applicable: two months of recent employment check stubs, social security or disability statements, other retirement income statements, and income tax return or MO Property Tax Credit form for 2015. If self-employed, please send both 2014 and 2015 tax returns with Schedule C's. If no tax returns are available, please submit two months of bank statements.

Please list any assets (vehicles, other real estate, savings)

1. _____
2. _____
3. _____

Did you file a tax return for 2014 or 2015? _____ If no, why not? _____

Do you have a bank account? _____

MORTGAGE Are you making loan payments on your home? Yes No

If yes, what is your monthly payment? \$ _____ / month

Balance _____ Years Remaining _____

List Other Liens on Property:

- _____
- _____

After paying your monthly bills (gas, electric, insurance, food, phone, medical, etc.), approximately how much money do you have left to spend on house repairs? \$ _____ / month

SECTION 4B - MONTHLY EXPENSES (BILLS AND DEBTS)

Expenses	Company Name	Monthly payment	Unpaid balance (if any)	Months left to pay (if any)
Mortgage				
Utilities (gas, water, electric, sewer)				
Trash service				
Phone (land line)				
Cell phone, pager, etc. contracts				
Car (gas & upkeep)				
Insurance				
Cable/satellite TV				
Internet service				
Child care				
School lunch				
Child support or alimony or foster care payments				
School loan(s)				
Medical bill(s)				
Rent-to-own (furniture, appliances, etc.)				
Car loan				
Credit card				
Credit card				
Other bill or loan - please describe:				
TOTAL BILLS AND DEBTS				

SECTION 5- Requested Repairs

Briefly describe the type of work you would like done on your home and the level of priority. Attach a separate piece of paper if there is not enough space to list all of the repairs needed. Remember the items listed below will be considered for repair but the final decision on what work can be done under the program guidelines and financial resources will be made at the discretion of HFHS. The work done by the Habitat home repair programs will focus on basic needs, safety, and independence.

Area of Repair	Priority	Description
Accessibility Modifications. Examples: wheelchair ramp, bathroom grab bars, accessible shower stall, etc.		
Carpentry Repairs. Describe problems with doors, porches, step walls, ceilings, etc.		
Roofing Repairs/Replacement. Identify where roof leaks, etc.		
Mechanical – HVAC, plumbing, and electrical. List any upgrades or replacement required.		
Doors and Windows. Describe repairs required, including locks, glass, frames, weather-stripping, etc.		
Painting and Other. Identify exterior painting and repairs not listed above.		

SECTION 6 - Application History

Have you applied to Habitat in the past? Yes No What year(s)? _____

Has Habitat for Humanity done work at your home in the past? Yes No Year(s)? _____

SECTION 7 - Media and Publicity

Where did you learn about Habitat for Humanity's home repair programs?

___ TV ___ Radio ___ Newspaper ___ Flyer ___ Friend ___ Neighbor ___ Neighborhood Organization

___ Other: _____ (please describe)

If Habitat for Humanity selects your house to be repaired, photos of you and your home may be taken. Are you willing to be interviewed by media reporters? May we bring elected officials to your home? *Your answer will not affect the selection process.* May we put a marketing sign in your yard? ___ Yes ___ No

___ YES, Interviews are okay

___ YES, Visits by elected officials are okay

___ NO, I do not want interviews

___ NO, I do not want visits by elected officials

SECTION 8 - Homeowner's Agreement

I certify that the information on this application is accurate and complete and that I own the property at the address given on this application. If using CHH, I understand that if I sell my home within five years I may be required to pay back a prorated amount of the loan. If using ABWK or CHR, I understand that I will sign a form approving the scope of work and agreeing to the sweat equity required, and will be available to work with the volunteers on project day.

SIGNATURE OF HOMEOWNER(S)

DATE

Complete the following if you are not the homeowner, but are assisting the homeowner in completing this application.

Your name:

Your daytime phone
number:

Is homeowner aware of this application?

Yes

No

Section 9- Checklist

- Did you include income documentation as described in Section 4A? *All adults in the household over the age of 18 with income must submit income documents.*
- Did you enclose a copy of the recorded deed on your home? *All documents submitted must show the name and address of the applicant.*
- Did you complete all 8 sections of this application and the Race/Ethnicity form?
- Did you sign the application? (SECTION 8)
- Do you currently have homeowner's insurance? Yes No
- Are you current on your homeowner's insurance premiums? Yes No

SIGNATURE OF HOMEOWNER

DATE

SIGNATURE OF HOMEOWNER

DATE

Applicant's Name _____

Co-Applicant's Name _____

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 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 race and sex on the basis of visual observation or surname. If you do not wish to furnish this information below, please check the box below. (Lender must review the above material to assure that disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Homeowner	Homeowner
<input type="checkbox"/> I do not wish to furnish this information.	<input type="checkbox"/> I do not wish to furnish this information.
Race/National Origin <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify)	Race/National Origin <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify)
Ethnicity: _____ Hispanic _____ Non-Hispanic	Ethnicity: _____ Hispanic _____ Non-Hispanic
Sex: _____ Female _____ Male	Sex: _____ Female _____ Male
Birth date _____ / _____ / _____	Birth date _____ / _____ / _____
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)	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

The 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 (417) 829-4001