



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

All programs are available only in Greene County, only for owner-occupied homes, and not for mobile homes.
A Brush with Kindness and *Critical Home Repair* provide volunteers and Habitat construction staff to complete exterior and interior repairs, and provides a zero-interest loan with affordable monthly payments to pay Habitat back for materials and direct costs only – there is no charge for labor..

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. 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 the last tax year. If self-employed, please send the past two years' tax returns with Schedule Cs. 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 (federal or state PTC) last year? _____ 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
<p>Accessibility Modifications. Examples: wheelchair ramp, bathroom grab bars, accessible shower stall, etc.</p>		
<p>Carpentry Repairs. Describe problems with doors, porches, step walls, ceilings, etc.</p>		
<p>Roofing Repairs/Replacement. Identify where roof leaks, etc.</p>		
<p>Mechanical – HVAC, plumbing, and electrical. List any upgrades or replacement required.</p>		
<p>Doors and Windows. Describe repairs required, including locks, glass, frames, weather-stripping, etc.</p>		
<p>Painting and Other. Identify exterior painting and repairs not listed above.</p>		

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. If you don't have a copy of the deed, we will obtain it from the Records Office.**
- Did you complete all 8 sections of this application and the Race/Ethnicity form (which is optional)?
- 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	Race/National Origin
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian or Alaskan Native AND Caucasian	<input type="checkbox"/> American Indian or Alaskan Native AND Caucasian
<input type="checkbox"/> Asian AND Caucasian	<input type="checkbox"/> Asian AND Caucasian
<input type="checkbox"/> Black/African American 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"/> American Indian or Alaskan Native AND Black/African American
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)
Ethnicity:	Ethnicity:
_____ Hispanic _____ Non-Hispanic	_____ Hispanic _____ Non-Hispanic
Sex:	Sex:
_____ Female _____ Male	_____ Female _____ Male
Birth date _____/_____/_____	Birth date _____/_____/_____
Marital Status	Marital Status
<input type="checkbox"/> Married	<input type="checkbox"/> Married
<input type="checkbox"/> Separated	<input type="checkbox"/> Separated
<input type="checkbox"/> Unmarried (incl. single, divorced, widowed)	<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