



Thank you for your interest in the Habitat for Humanity home buying program!

Here are the instructions on how to apply....

First, please read through the eligibility criteria and on the two-sided flyer enclosed to see if this program makes sense for you.

If it does...

- Fill out the enclosed application as completely as possible. If you have questions about how to complete it, contact Nancy as directed at the bottom of this page to discuss your questions or to register for an information session to get help with the application.
- Gather any of the following supporting documents that are appropriate for your situation:
 1. Copies of Photo IDs for applicants and of Social Security cards for all household members
 2. Copies of proof of income (i.e., two consecutive months of recent pay stubs and previous year W-2s; SSI or SSDI award letters for current year, etc.)
 3. Copies of last two years of federal tax returns
 4. Copies of monthly bills (phone, utilities, etc.) and documents regarding any outstanding debt (medical, auto and education loans, etc.)
 5. Two months of recent bank statements
 6. Rental lease agreement and recent rent receipts.
- Return the application and supporting documents:
You can **mail it** to or **drop it off** at the address at the top of the application, **or better yet, register for an information session to move the process forward more quickly**. You are encouraged to come to an information session (dates listed on the two-sided flyer) for help with the application and to learn more about the program, but it is not required in order to apply. If you want to meet with us, but the information session dates/times don't work for you, we can make an appointment at a time that is more convenient for you, or we can even come to you.

If you mail it in or drop it off, your application will be reviewed, and a request for the documents required to complete the application will be mailed to you, along with reference forms and instruction specific to your situation. You will return the requested documents to our office to continue the application process.

If you have ANY questions or would like help with the application, please contact Nancy Williams, Partner Services Director, at 417-829-4001, ext 105, or nancywilliams@habitatspringfieldmo.org.



**Habitat
for Humanity®**
Springfield, Missouri

2410 South Scenic Avenue
Springfield, MO 65807
(417) 829-4001 (417) 829-4003 fax



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.

APPLICATION FOR HOMEOWNERSHIP PROGRAM Date _____, 20____

Dear Applicant: Please complete this application to determine whether 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-Bailey Act.

1. APPLICANT INFORMATION

Applicant	Co-Applicant
Applicant's Name _____	Co-Applicant's Name _____
18 years or older? ___ Yes ___ No	18 years or older? ___ Yes ___ No
Social Security Number _____	Social Security Number _____
US Citizen or permanent resident? ___ Yes ___ No	US Citizen or permanent resident? ___ Yes ___ No
Telephone Home _____ Cell _____ Email _____	Telephone Home _____ Cell _____ Email _____
___ Married ___ Separated ___ Unmarried (incl. single, divorced, widowed)	___ Married ___ Separated ___ Unmarried (incl. single, divorced, widowed)
Military Veteran ___ Yes ___ No	Military Veteran ___ Yes ___ No
Current Address (street, city, state, zip code) ___ Own ___ Rent _____ _____	Current Address (street, city, state, zip code) ___ Own ___ Rent _____ _____
Number of years at current address: _____	Number of years at current address: _____

People who will live in the Habitat house, including applicant and co-applicant:

	Name	Date of Birth	Male	Female	Relationship	Legal Custody	
						Yes	No
1.	_____	_____	___	___	_____	___	___
2.	_____	_____	___	___	_____	___	___
3.	_____	_____	___	___	_____	___	___
4.	_____	_____	___	___	_____	___	___
5.	_____	_____	___	___	_____	___	___
6.	_____	_____	___	___	_____	___	___
7.	_____	_____	___	___	_____	___	___
8.	_____	_____	___	___	_____	___	___

Do you own any dogs? ___ Yes ___ No If yes, how many and what kind? _____

2. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date received: _____ Date of home visit: _____ Date of Board approval: _____
Date more information requested: _____ Date of Committee approval: _____ Date letter sent: _____
_____ Accepted ___ Denied

3. PRESENT HOUSING CONDITIONS

How many people live at your current residence? _____

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) _____

Landlord(s) For the past two years	Address of rental property	Landlord's address	Phone	Dates lived there and amount of rent
Current landlord				
Previous landlord				
Previous landlord				

4. EMPLOYMENT INFORMATION (for the past two years)

	Current employer name and address	Business phone	Monthly (gross) wages	Years on this job	Type of business
Applicant					
Co-Applicant					
	Previous employer name and address	Business phone	Monthly (gross) wages	Years on this job	Reason for leaving
Applicant	1.				
	2.				
Co-Applicant	1.				
	2.				

5. DECLARATIONS

- | | | |
|---|-------------------|---------------------|
| | Applicant | Co-Applicant |
| • Do you have any debt because of a court decision against you? | ___ Yes ___ No | ___ Yes ___ No |
| • Have you been declared bankrupt within the past 7 years? | ___ Yes ___ No | ___ Yes ___ No |
| • Have you had property foreclosed on in the last 7 years? | ___ Yes ___ No | ___ Yes ___ No |
| • Are you currently involved in a lawsuit ? | ___ Yes ___ No | ___ Yes ___ No |
| • Are you paying alimony or child support ? | ___ Yes ___ No | ___ Yes ___ No |
| • Have you co-signed a note or loan for anyone else ? | ___ Yes ___ No | ___ Yes ___ No |

Answering "yes" to these questions does not automatically disqualify you. If you answered "yes" to any question, however, please explain to the right:

6. MONTHLY INCOME

Alimony, child support or separate maintenance income need not be revealed if the applicant or co-applicant does not choose to have it considered for repaying this loan.

Gross monthly income	Applicant	Co-Applicant	Others in household (2)
Employment income (gross) (1)			
TANF			
Social Security			
SSI			
Disability			
Alimony			
Child Support			
Other			
Other			
TOTAL INCOME			

- (1) Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.
 (2) List additional household members over 18 who receive income.

NAME	AGE	MONTHLY INCOME
_____	_____	_____
_____	_____	_____

7. ASSETS

Bank Accounts

Name of bank, credit union, or savings & loan	Address	Account number	Balance
1.			
2.			

Property Owned

Describe property (home, land, etc.)	Location	Amount of unpaid balance on mortgage (if any)

Other Assets

Do you own a:		Do you own a car? ___ Yes ___ No
Stove?	Yes No	If so, what are the make, model, and year for each vehicle?
Refrigerator?	Yes No	
Washer?	Yes No	
Dryer?	Yes No	
Other assets (please describe)		

8. MONTHLY EXPENSES AND DEBTS

Expenses (Please attach recent copies of lease, monthly bills, and loan documents)	Company/Payee Name	Monthly payment	Unpaid balance (if any)	Months left to pay (if any)
Rent				
Utilities (gas, water, electric, sewer)				
Trash service				
Phone (land line). Contract?				
Cell phone, pager, etc. (Contract?)				
Car (gas & upkeep)				
Insurance				
Cable/satellite TV				
Internet service (Contract?)				
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				

9. SOURCE OF INITIAL INSURANCE PAYMENT

If selected, you will make a deposit of at least \$900-1200 before work starts on your house to cover the premium for your first year of homeowner's insurance plus two months of escrow.

Where will you obtain the money to pay the initial insurance payment (for example, savings, parents, etc.)? If you are borrowing to pay these costs, from whom will you borrow it and how will you pay it back?

Answer: _____

10. WILLINGNESS TO PARTNER, AUTHORIZATION, AND RELEASE

To be considered for Habitat homeownership, you and your household must be willing to complete the required number of "sweat equity" hours. Your help in building or renovating your home and the homes of others is called "sweat equity" and may include working in the ReStore, helping with construction, working in the Habitat office or at special events, or other approved activities. It will also include mandatory *Tools for Life* homeowner readiness classes that will be scheduled weekly.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS:

Applicant initials: _____ Yes _____ No Co-Applicant initials: _____ Yes _____ No

I understand that by submitting this application I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay the no-interest loan and other expenses of homeownership, and my willingness to partner through sweat equity. I understand that the evaluation may include a home visit, 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. 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 applicant families by searching the sex offender registry, and will also conduct criminal background checks on all household members 18 and older. I further understand that by completing this application, I am submitting myself and all persons listed on the first page of the application to such inquiry.

Applicant signature _____ Date _____ Co-applicant signature _____ Date _____

If you are approved for a Habitat home, how should your name(s) appear on the legal documents?

Applicant: _____

Co-Applicant: _____

11. CONSENT FOR CREDIT REPORT

Please note: This consent form is for Habitat for Humanity to obtain your credit report and will be used only if your family is under consideration for a Habitat for Humanity home. As with all agencies, if you are denied service on the basis of credit, you are entitled to a free copy of your credit report. To receive this report, you must contact the company that conducted your credit search within 60 days of the issue of your report.

I (we) hereby authorize a representative of Habitat for Humanity of Springfield, Missouri, Inc. to obtain my (our) credit report. In doing so, I (we) give Habitat for Humanity permission to provide the necessary personal information to a Credit Reporting Company. I (we) understand that regardless of the outcome of the application, this form will remain in a confidential file at Habitat for Humanity of Springfield, Missouri, Inc. for 25 months.

Additionally, I (we) give permission for Kroll Financial Services to conduct my (our) credit check and to share that information with Habitat for Humanity. I (we) absolve Kroll Financial Services of any and all liability in regard to obtaining my (our) credit report, and understand that Kroll Financial Services is NOT the reporting agency. In this regard I (we) also understand that Kroll Financial Services does not have the ability to affect, alter, or correct in any way the report that is obtained; if the information is inaccurate I (we) will be required to obtain a correction from the reporting agency.

Signature of Applicant _____ Date _____

Applicant's Name (please print) _____

Signature of Co-Applicant _____ Date _____

Co-Applicant's Name (please print) _____

12. APPLICANT STATEMENT

Please tell us why you need a Habitat home and are applying to the program. As appropriate, your statement may include an outline of your life story, your dreams for your family, a description of the condition of your present house or apartment, the impact on your family of expenses that are high due to renting, etc. Please also tell us how you heard about the Habitat program

Lined area for writing the applicant statement, consisting of approximately 25 horizontal lines.

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 related to the purchase of homes, 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.

Applicant	Co-Applicant
<input type="checkbox"/> I do not wish to furnish this information. Race (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 Ethnicity: ___ Hispanic or Latino ___ Non-Hispanic or Latino Sex: ___ Female ___ Male Birth date ____/____/_____ Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information. Race (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 Ethnicity: ___ Hispanic or Latino ___ Non-Hispanic or Latino Sex: ___ Female ___ Male Birth date ____/____/_____ 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