



Mail/Bring Application to:  
 Habitat for Humanity of Springfield, MO  
 Attn: Jennifer Mylenbusch  
 2410 S. Scenic Ave • Springfield, MO 65807

Today's Date \_\_\_\_\_

Repair programs, when funded and available, are for those who live in owner-occupied homes in Greene County, and whose household has income below specific income levels. We are not able to work on mobile homes or rent-to-own situations.

For further details contact Jennifer Mylenbusch, Assistant Housing Director, at (417) 829-4001, ext. 114 or [Jennifer@habitatspringfieldmo.org](mailto:Jennifer@habitatspringfieldmo.org)

**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 <b>area code</b>	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 Ozark Area Action Corporation (OACAC), City of Springfield, Empower: Abilities, etc., if our programs are not able to assist you.*

**SECTION 4 - 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			
<b>TOTAL INCOME</b>			

**You must attach verification of ALL HOUSEHOLD INCOME.** Please provide any of the following that are applicable: two months of recent employment check stubs, current year social security or disability benefits statements showing monthly gross amount, and other retirement income statements. If self-employed, submit the past two years' tax returns with Schedule Cs and a profit and loss statement for the current year.

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 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. Please see information sheet for more details on project eligibility.

Area of Repair	Priority	Description
<b>Accessibility Modifications:</b> Examples: wheelchair ramp, bathroom grab bars, accessible shower stall, etc.		
<b>Carpentry Repairs:</b> Describe problems with porches, steps, floors, etc.		
<b>Roofing or Gutter Repairs/Replacement:</b> Identify where roof leaks, etc.		
<b>Mechanical – HVAC, plumbing, and electrical:</b> List any upgrades or replacement needed.		
<b>Doors and Windows:</b> Describe repairs needed, including locks, glass, frames, weather-stripping, etc.		

<b>Painting and Other:</b> Identify necessary exterior painting or repairs not listed above.		
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### 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 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 and occupy (or would occupy if it were made livable through this program) the property at the address given on this application. Habitat for Humanity will cover the cost of your home repairs, but the homeowner must sign a contractor agreement authorizing the work to be completed.

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

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**Section 9- Checklist**

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

I do not wish to furnish this information.

**Race/National Origin**

- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Black/African American
- Caucasian
- Asian
- American Indian or Alaskan Native AND Caucasian
- Asian AND Caucasian
- Black/African American AND Caucasian
- American Indian or Alaskan Native AND Black/African American
- Other (specify)

**Ethnicity:**

\_\_\_\_\_ Hispanic \_\_\_\_\_ Non-Hispanic

**Sex:**

\_\_\_\_\_ Female \_\_\_\_\_ Male

**Birth date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Marital Status**

- Married
- Separated
- Unmarried (incl. single, divorced, widowed)

I do not wish to furnish this information.

**Race/National Origin**

- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Black/African American
- Caucasian
- Asian
- American Indian or Alaskan Native AND Caucasian
- Asian AND Caucasian
- Black/African American AND Caucasian
- American Indian or Alaskan Native AND Black/African American
- Other (specify)

**Ethnicity:**

\_\_\_\_\_ Hispanic \_\_\_\_\_ Non-Hispanic

**Sex:**

\_\_\_\_\_ Female \_\_\_\_\_ Male

**Birth date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Marital Status**

- Married
- Separated
- Unmarried (incl. single, divorced, widowed)

**To be completed only by the person conducting the interview**

**The application was taken by:**

- Face-to-face interview
- By mail
- By telephone

**Interviewer's Name** (print or type)

**Interviewer's Signature**

**Date**

**Interviewer's Phone Number**  
(417) 829-4001