



816-461-6551
www.trumanhabitat.org

Weatherization and Home Repairs



We are pledged to the letter and spirit of US 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.

Dear Applicant: Completing this application will assist in determining if you qualify for a home loan through the Neighborhood Revitalization Initiative. It is important that all blanks be completed with accurate information. You will also be asked for documentation to verify information contained in this document. All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act.

Interviewer Please Check when Verified	Applicant Information		
	Applicant's Legal First, Middle and Last Name:		
	List any other names by which you are or have been known, or any other names under which credit was previously received (First, Middle, Last, Suffix):		
	Applicant's Social Security Number:	Applicant's Date of Birth:	Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non-Permanent Resident Alien
	Applicant's Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes single, divorced, widowed)		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Telephone number(s) where you can be reached:	Driver's License Number: E-Mail Address:	
	Home Address: (street, city, state, zip code)		
	Name, Address, and Phone Number of Current Employer: Job Title or Description:		How long have you worked with this employer?
			Hourly Wage/ Hours per Week: Average Monthly Income:
	If you have worked less than two years with your current employer, please provide the following information about your previous employer.		
	Name, Address and Phone Number of Previous Employer: Job Title or Description:		How long did you work with this employer?
			Monthly Gross Wages:

Interviewer Please Check when Verified	Co-Applicant Information		
	Co-Applicant's Legal Name (First, Middle, Last, Suffix):		
	List any other names by which you are or have been known, or any other names under which credit was previously received (First, Middle, Last, Suffix):		
	Co-Applicant's Social Security Number:	Co-Applicant's Date of Birth:	Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non-Permanent Resident Alien
	Co-Applicant's Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes single, divorced, widowed)		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Telephone number(s) where you can be reached:	Driver's License Number: E-Mail Address:	
	Home Address: (street, city, state, zip code)		
	Name, Address, and Phone Number of Current Employer: Job Title or Description:		How long have you worked with this employer? Hourly Wage/ Hours per Week: Average Monthly Income:
If you have worked less than two years with your current employer, please provide the following information about your previous employer.			
	Name, Address and Phone Number of Previous Employer: Job Title or Description:		How long did you work with this employer? Monthly Gross Wages:
Dependents and/or others living in the home with you (Not including Co-Applicant)			
	First, Middle and Last Name	Relationship	Date of Birth

Willingness to Partner

To be considered for a Habitat program, you and your family must be willing to complete sweat equity. Sweat equity provides an opportunity for families to increase their personal investment in their home. Examples of activities include working at the construction site, ReStore, Habitat office, providing lunch for the volunteers and building crews, participating in home-owner educational classes and volunteering to assist in other activities that support Habitat for Humanity's mission. The sweat equity requirement is a minimum of 10 hours for a home repair project, depending on the project cost. All hours must be completed prior to the scheduling of the service.

I am willing to complete the required sweat equity hours

Sign: _____

Sign: _____

Applicant: Yes No

Co-Applicant: Yes No

Repair Work Requested To Be Done

Please refer to the following lists of repair work needed. If multiple items are needed, please rank, with "1" being the most important.

Critical

- _____ Roof Replacement
- _____ Plumbing
- _____ Code Violation
- _____ Dangerous Tree Removal
- _____ Health/Safety Concern (List Below)

Non-Critical

- _____ Exterior Painting
- _____ Exterior Repairs
- _____ Weatherization
- _____ Aesthetic Improvements
- _____ Roof Repair

_____ OTHER: _____

OTHER: _____

**Interviewer
Please Check
when Verified**

Combined Household Income

	Source of Income	Applicant	Co-Applicant	Person(s) Age 18 or older who are living in the home
	Gross Monthly Wage(s)	\$	\$	\$
	Gross Monthly Wage(s)	\$	\$	\$
	Social Security	\$	\$	\$
	Disability	\$	\$	\$
	Child Support	\$	\$	\$
	Other	\$	\$	\$
	Other	\$	\$	\$
	Income Totals	\$	\$	\$

Interviewer Please Check when Verified	Combined Household Assets			
	Name of Bank, Savings & Loan, or Credit Union:	Balance: \$		
	Name of Bank, Savings & Loan, or Credit Union:	Balance: \$		
	Additional Assets:	Balance: \$		
Interviewer Please Check when Verified	Combined Household Debt			
	Mortgage:	Monthly Payment	Balance	Payoff Date
	Vehicle:	Monthly Payment	Balance	Payoff Date
	Credit Card(s):	Monthly Payment	Balance	Payoff Date
	Student Loans:	Monthly Payment	Balance	Payoff Date
	Alimony/Child Support:	Monthly Payment		
	Other:	Monthly Payment	Balance	Payoff Date
	Other:	Monthly Payment	Balance	Payoff Date
	Other:	Monthly Payment	Balance	Payoff Date
	Totals:	\$	\$	

Interviewer Please Check to Verify Each Box is Checked	Declarations Please respond to the following statements.				
		Applicant		Co-Applicant	
	a. Do you have any debt because of a court decision against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b. Have you been declared bankrupt within the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c. Have you had property foreclosed in the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	e. Are you paying alimony or child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Authorization and Release

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for repair work to my home, my ability to repay the no-interest loan (if applicable), other expenses of homeownership and my willingness to partner. I understand that the evaluation will include a personal visit(s), a credit check (if applicable) and income 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 for the NRI program, I may be disqualified from the program. The original 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 potential staff (whether paid or unpaid), board members and applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed on the application to such an inquiry.

Applicant Signature	Date	Co-Applicant Signature	Date
X		X	

For Office Use Only

Date Received:	<input type="checkbox"/> Application Accepted	<input type="checkbox"/> Application Declined
If more information is needed, please list specific documents needed:	Date Letter Sent:	
	Date of Home Visit:	
Date Application Completed:	Date Letter Sent:	

Information for Government Monitoring Purposes

Please Read This Statement Before Completing the Box Below: The following information is requested by the federal government, 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 this information, 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 the information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Applicant	Co-Applicant
<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 (Check one or more):	Race/National Origin (Check one or more):
<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"/> White/Caucasian <input type="checkbox"/> Asian	<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"/> White/Caucasian <input type="checkbox"/> Asian
Ethnicity:	Ethnicity:
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Sex:	Sex:
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male

To Be Completed by the Person Conducting the Interview	
This application was taken by:	Interviewer's Name (print or type)
<input type="checkbox"/> Face-to-Face Interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone	Interviewer's Signature _____ Date _____
	Interviewer's Telephone Number: Truman Heritage Habitat for Humanity 816.461.6551

*****This application will not be reviewed and processed until ALL required documents are received.**