



We strive for a better world where everyone has a decent place to live.

Dear Independence Homeowner,

Thank you for your interest in partnering with Truman Heritage Habitat for Humanity's Home Preservation Program! We are preparing for the next round of Independence Power and Light/Spire Weatherization projects and applications are open.

Notice of this information and the completion of the included application does not guarantee admittance to the program. Please review, complete, and return the documents listed in the application packet. Applications are considered complete when all supporting documents have been received.

To submit your application and supporting documents:

Mail

505 North Dodgion St  
Independence, MO 64050

Drop off

501 N Dodgion St  
Independence, MO 64050  
(brick building next to ReStore)

Once the required documentation is received, a staff member will contact you about next steps. If you are no longer interested, please contact Marikate at the details listed below.

Sincerely,

A handwritten signature in blue ink that reads "Marikate Sears". The signature is fluid and cursive.

Marikate Sears  
Home Preservation Program Manager  
[msears@trumanhabitat.org](mailto:msears@trumanhabitat.org)  
(816) 264 - 6965



## Home Preservation Program

### Eligibility

To qualify for any of our HPP programs, the following criteria must be met:

- Owner occupied home
- Current on mortgage payments
- Current on property taxes
- Possess homeowner insurance
- Meet income requirements of 80% area median income (AMI) based on HUD household size (table below)
- Prior assistance from THHFH on property disqualifies applicant from receiving further funds for 5 years
- Applicants must be willing to complete as least 10 hours of sweat equity

Household Size	Combined Household Income
1	\$57,750
2	\$66,000
3	\$74,250
4	\$82,500
5	\$89,100
6	\$95,700
7	\$102,300
8	\$108,900

### To Apply

- Please complete the application, attach required documents listed below.
- Contact the Truman Habitat HPP Manager ([msears@trumanhabitat.org](mailto:msears@trumanhabitat.org)) to schedule a site visit to review your application.
- OR email completed application and photos or scans of the required documentation to [msears@trumanhabitat.org](mailto:msears@trumanhabitat.org).
- Applications cannot be considered complete until the Truman Habitat HPP Manager verifies receipt of all documentation required.

### Required Documentation

Please submit copies of the following with your completed application. Truman Heritage Habitat for Humanity follows Part 5 income verification guidelines. The following documentation is required for all household members over 18 years of age.

- Income Documentation:
  - o 3 concurrent paystubs if currently employed OR Social Security and/or disability statements
  - o 3 months of bank statements including saving accounts (to verify income reported on application)
  - o Pension and 401K statements (if any)
  - o Documentation of any other sources of income (child support, retirement, etc.)
- Homeownership Documentation:
  - o ID or license
  - o Deed or mortgage statement (showing name, address, and up to date on payments)
  - o Homeowner insurance statement (showing name, address, and up to date on payments)
  - o Most recent IPL and Spire bills
- Veteran Documentation:
  - o DD 214



816-461-6551  
[www.trumanhabitat.org](http://www.trumanhabitat.org)

### IPL/Spire Weatherization Program



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.

### 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):

Date of Birth:

Have you been a member of the armed services?

- Yes  
 No

Telephone number(s) where you can be reached:

E-Mail Address:

Home Address: (street, city, state, zip code)

### Co-Applicant/Co-Owner 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):

Date of Birth:

Have you been a member of the armed services?

- Yes  
 No

Telephone number(s) where you can be reached:

E-Mail Address:

### Others living in the home with you (Not including Co-Applicant)

First, Middle and Last Name	Relationship	Date of Birth

### Combined GROSS Household Income

Source of Income	Applicant	Co-Applicant/Co-owner	Person(s) Age 18+ Living in the Home
Gross Monthly Wage(s)			
Gross Monthly Wage(s)			
Social Security			
Disability			
Child Support			
Other			
Other			
Totals			

### Repair Work Requested

Please refer to the following list of home repair work. This is an example of the type of work which can be done as part of this program based on an inspection of your home conducted by Habitat. Please check items of particular interest to you. Please note that there is a limited budget and not all work checked may be possible.

- Furnace repair/replacement
- Furnace filter replacement
- Weatherstripping
- Caulking
- Water heater replacement
- Water heater and pipe insulation
- Central air conditioner repair/replacement
- Attic Insulation
- Repairs to reduce air drafts

Other:

## Authorization and Release

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my need for repair work to my home, and my willingness to partner. I understand that the evaluation of this application will include a personal visit(s) 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 FHLB Des Moines Eastern Jackson County Rehabilitation Project, I may be disqualified from the program. The original copy of this application will be retained by Truman Heritage Habitat for Humanity even if the application is not approved.

I also understand that Truman Habitat screens all applicant families on the sex offender registry, and that by completing this application, I understand I am submitting myself and all persons listed on the application to such an inquiry.

Applicant Signature	Date	Co-Applicant/Co-Owner Signature	Date

## Demographic Information Requested

**Please Read This Statement Before Completing the Box Below:** The following information is being requested so Truman Habitat can report on the broad cross section of the population being served by this program. You are not required to furnish this information but are encouraged to do so. Truman Habitat will neither discriminate on the basis of this information, nor on whether you choose to furnish the information. Information specific to the applicant will be kept confidential.

Applicant	Co-Applicant/Co-Owner
<p><b>Race/National Origin (Check one or more):</b></p> <p> <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                      Other _____                 </p> <p><b>Ethnicity:</b></p> <p> <input type="checkbox"/> Hispanic or Latino  <input type="checkbox"/> Not Hispanic or Latino  <input type="checkbox"/> I do not wish to furnish information on race or ethnicity                 </p> <p><b>Gender:</b></p> <p> <input type="checkbox"/> Female  <input type="checkbox"/> Male  <input type="checkbox"/> I do not wish to furnish information on gender                 </p>	<p><b>Race/National Origin (Check one or more):</b></p> <p> <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                      Other _____                 </p> <p><b>Ethnicity:</b></p> <p> <input type="checkbox"/> Hispanic or Latino  <input type="checkbox"/> Not Hispanic or Latino  <input type="checkbox"/> I do not wish to furnish information on race or ethnicity                 </p> <p><b>Gender:</b></p> <p> <input type="checkbox"/> Female  <input type="checkbox"/> Male  <input type="checkbox"/> I do not wish to furnish information on gender                 </p>

Dependent or Other Living in the Home	Dependent or Other Living in the Home
<p><b>Race/National Origin (Check one or more):</b></p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> White/Caucasian</p> <p><input type="checkbox"/> Asian</p> <p>Other _____</p> <p><b>Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to furnish information on race or ethnicity</p> <p><b>Gender:</b></p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> I do not wish to furnish information on gender</p>	<p><b>Race/National Origin (Check one or more):</b></p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> White/Caucasian</p> <p><input type="checkbox"/> Asian</p> <p>Other _____</p> <p><b>Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to furnish information on race or ethnicity</p> <p><b>Gender:</b></p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> I do not wish to furnish information on gender</p>

Dependent or Other Living in the Home	Dependent or Other Living in the Home
<p><b>Race/National Origin (Check one or more):</b></p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> White/Caucasian</p> <p><input type="checkbox"/> Asian</p> <p>Other _____</p> <p><b>Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to furnish information on race or ethnicity</p> <p><b>Gender:</b></p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> I do not wish to furnish information on gender</p>	<p><b>Race/National Origin (Check one or more):</b></p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> White/Caucasian</p> <p><input type="checkbox"/> Asian</p> <p>Other _____</p> <p><b>Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to furnish information on race or ethnicity</p> <p><b>Gender:</b></p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> I do not wish to furnish information on gender</p>

The number of household members that have a disability: