



Dear Applicants:

Thank you for your interest in owning a Habitat home. Attached you will find an **Application for Housing**.

Families interested in applying for a Habitat for Humanity home must:

- Be a permanent legal resident of the United States for at least 5 years before applying
- Have a need for adequate, affordable shelter.
- Have lived for at least one year before applying within St. Joseph city limits.
- Meet Habitat’s income guidelines (dependent upon family size - see chart below).
- Be willing to partner with Habitat throughout the family selection process & construction of the Habitat home.
- \*Be willing to obtain a background check from the Missouri State Hwy Patrol (\$20 fee).

If you feel your family meets all the selection criteria and you want to apply for a Habitat home, complete and sign the **Application for Housing**.

After you have completed your application call Trina at 816-279-2552 Ext: 4 to schedule a time to review your application.

**NOTE: Forms must be filled out completely and the following documents must be provided.**

- proof of income** (pay stubs, etc.)
- proof of permanent residency**
- provide a driver’s license, social security card, birth certificate or immigration documents for everyone in the household**

Our Family Selection Committee will review all applications, request verifications, and ultimately will recommend to our Board of Directors those families that they feel would best meet all of the qualifications in order to become successful Habitat homeowners.

Sincerely,

St. Joseph Habitat for Humanity  
**FAMILY SELECTION COMMITTEE**

\*The background check is a tool for finding the right candidate. The existence of criminal history will not necessarily preclude the candidate

Household Size	1 Member	2 Members	3 Members	4 Members	5 Members	6 Members	7 Members	8 Members
Minimum Annual Income	\$13,550	\$16,910	\$21,330	\$25,750	\$30,170	\$34,590	\$39,010	\$42,450
Maximum Annual Income	\$36,050	\$41,200	\$46,350	\$51,450	\$55,600	\$59,700	\$63,800	\$67,950



## LISTS OF ACCEPTABLE DOCUMENTS

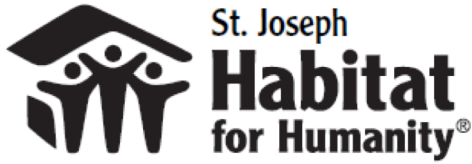
All documents must be UNEXPIRED

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form 1-551)</li> <li>3. Foreign passport that contains a temporary 1-551 stamp or temporary 1-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form 1-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form 1-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form 1-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	<p style="text-align: center;"><b>OR</b></p> <ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<p style="text-align: center;"><b>AND</b></p> <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY IMTH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY IMTH OHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form 1-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



**St. Joseph Habitat for Humanity**

PO Box 6528  
 St. Joseph, MO 64506  
 Office (816) 279-2552 Fax (816) 429-3588  
 Office open Mon-Fri, 8 am to 4 pm

Application



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.

**Habitat Homeownership Program**

**Dear Applicant:** Please complete this application to determine if 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-Bliley Act.

**1. APPLICANT INFORMATION**

Applicant	Co-applicant
<b>Applicant's name (First, Last &amp; Middle)</b>	<b>Co-applicant's name (First, Last &amp; Middle)</b>
Social Security number                      Home phone                      Age	Social Security number                      Home phone                      Age
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)
<b>Dependents and others who will live with you (not listed by co-applicant)</b>	<b>Dependents and others who will live with you (not listed by co-applicant)</b>
Name    Age    Male    Female	Name    Age    Male    Female
_____    _____ <input type="checkbox"/> <input type="checkbox"/>	_____    _____ <input type="checkbox"/> <input type="checkbox"/>
_____    _____ <input type="checkbox"/> <input type="checkbox"/>	_____    _____ <input type="checkbox"/> <input type="checkbox"/>
_____    _____ <input type="checkbox"/> <input type="checkbox"/>	_____    _____ <input type="checkbox"/> <input type="checkbox"/>
_____    _____ <input type="checkbox"/> <input type="checkbox"/>	_____    _____ <input type="checkbox"/> <input type="checkbox"/>
_____    _____ <input type="checkbox"/> <input type="checkbox"/>	_____    _____ <input type="checkbox"/> <input type="checkbox"/>
Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent
Number of years _____	Number of years _____
<b>If living at present address for less than two years, complete the following</b>	
Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent
Number of years _____	Number of years _____

**2. MILITARY AFFILIATION**

<b>Applicant:</b>	<b>Co-applicant:</b>
Have you ever served in US Armed Forces?    ___ Yes    ___ NO	Have you ever served in US Armed Forces?    ___ Yes    ___ NO
Which Branch did you serve in? _____	Which Branch did you serve in? _____
Active Duty/Reserve _____	Active Duty/Reserve _____
Discharge Date: ___/___/___	Discharge Date: ___/___/___

### 3. WILLINGNESS TO PARTNER

To be considered for Habitat homeownership, you and your family must be willing to complete a certain number of "sweat-equity" hours. Your help in building your home and the homes of others is called "sweat equity" and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending homeownership classes or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:	Applicant	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
	Co-applicant	<input type="checkbox"/>	<input type="checkbox"/>

### 4. PRESENT HOUSING CONDITIONS

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) \_\_\_\_\_

If you rent your residence, what is your monthly rent payment? \$ \_\_\_\_\_ / month  
 (Please supply a copy of your lease or a copy of a money order receipt or canceled rent check.)

Name, address and phone number of current landlord: \_\_\_\_\_

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?

### 5. EMPLOYMENT INFORMATION

5. EMPLOYMENT INFORMATION			
Applicant		Co-applicant	
Name and address of <b>CURRENT</b> employer	Years on this job	Name and address of <b>CURRENT</b> employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone
If working at current job less than one year, complete the following information			
Name and address of <b>LAST</b> employer	Years on this job	Name and address of <b>LAST</b> employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone

**6. MONTHLY INCOME**

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

Income Source	Applicant	Co-applicant	Others in household	Total
Wages	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Section 8 housing	\$	\$	\$	\$
Other _____	\$	\$	\$	\$
Other _____	\$	\$	\$	\$
Other _____	\$	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

<b>PLEASE NOTE:</b> Self-employed applicants may be required to provide additional documentation such as tax returns and Financial statements.	Household members whose income is listed above			
	Name	Income source	Monthly income	Date of birth

**7. SOURCE OF DOWNPAYMENT AND CLOSING COSTS**

Where will you get the money to make the down payment (for example, savings or parents)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

**8. ASSETS**

Name of bank, savings and loan, credit union, etc.	Address	City, state	ZIP	Account number	Current balance
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$



9. DEBT

Account	To whom do you and the co-applicant(s) owe money?					
	Applicant			Co-applicant		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Other motor vehicle	\$	\$	\$	\$	\$	\$
Boat	\$	\$	\$	\$	\$	\$
Furniture, appliance, televisions (includes rent-to-own)	\$	\$	\$	\$	\$	\$
Alimony	\$	\$	\$	\$	\$	\$
Child support	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Total medical	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
<b>Total</b>	\$	\$	\$	\$	\$	\$

Monthly expenses			
Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
<b>Total</b>	\$	\$	\$

**10. DECLARATIONS**

Please circle the word that best answers the following questions for you and the co-applicant

	Applicant	Co-applicant
a. Do you have any outstanding judgments 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 seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on in the past seven years?	<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
f. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "yes" to any question a through e, or "no" to question f, please explain on a separate piece of paper.

**11. AUTHORIZATION AND RELEASE**

I understand that by filing 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 be a partner through sweat equity. I understand that the evaluation will include personal visits, 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 on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

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

**PLEASE NOTE:** If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for applicant or "C" for co-applicant.

**FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE**

Date received: _____	Date of selection committee approval: _____
Date of notice of incomplete application letter: _____	Date of board approval: _____
Date of adverse action letter: _____	Date of partnership agreement: _____



Applicant's name \_\_\_\_\_

Co-applicant's name \_\_\_\_\_

**13. 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 ethnicity, race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below.

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information  <b>Race</b> (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  <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino  <b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male  <b>Birthdate:</b> ____/____/____  <b>Marital status:</b> <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  <b>Race</b> (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  <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino  <b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male  <b>Birthdate:</b> ____/____/____  <b>Marital status:</b> <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							
This application was taken by:  <input type="checkbox"/> Face-to-face interview  <input type="checkbox"/> By mail  <input type="checkbox"/> By telephone	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black; padding: 5px;">Interviewer's name (print or type)</td> <td style="width: 30%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 5px;">Interviewer's signature</td> <td style="border-bottom: 1px solid black; padding: 5px; text-align: right;">Date</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Interviewer's phone number</td> </tr> </table>	Interviewer's name (print or type)		Interviewer's signature	Date	Interviewer's phone number	
Interviewer's name (print or type)							
Interviewer's signature	Date						
Interviewer's phone number							

