



Neosho Area Habitat for Humanity  
PO Box 841  
Neosho MO 64850  
417-451-7992  
[prisjeffersreed.habitat@gmail.com](mailto:prisjeffersreed.habitat@gmail.com)  
<http://neoshohabitat.org>

## Information Sheet

The Neosho Area Habitat for Humanity provides affordable housing for low income families in Newton County. Habitat does not give houses away. Our qualified families help build their home by putting in hours of sweat equity. They purchase their homes with a zero-interest mortgage. Families qualify by demonstrating their need for a Habitat house, their ability to pay for it, and their willingness and ability to accomplish their sweat-equity hours and other requirements.

To qualify for our home ownership program, your family must meet the following requirements:

- Based on the number of members in your family, your total annual income must be between our minimum and maximum income guidelines. These amounts are gross income (income before taxes are withdrawn)

# of Family Members	Minimum Annual Income	Maximum Annual Income
1	\$11,800	\$28,950
2	\$13,380	\$33,100
3	\$14,880	\$37,250
4	\$16,380	\$41,350
5	\$17,880	\$44,700
6	\$19,380	\$48,000
7	\$20,880	\$51,300
8	\$22,380	\$54,600

- There is a "sweat equity" requirement. The applicant will work with Habitat by working At least 200 (1 adult in household) or 300 (2 or more adults in household) "sweat equity" hours
- You must have a need for adequate housing. This could mean you currently are in HUD housing, living in sub-standard conditions such as no plumbing, bad roof, structural problems, etc...or your home may be overcrowded, or your housing is unaffordable, or has inadequate utilities; etc. There are a variety of situations that constitute need
- You must be a resident of or work in Newton County for the past year
- If you have filed bankruptcy, at least 2 years must have passed since the date your bankruptcy was discharged

**TURN IN APPLICATIONS TO:**

**PRIS JEFFERS REED  
1111 N. BUSINESS 49 (71)  
NEOSHO, MO. 64850**

Neosho Area Habitat for Humanity  
PO Box 841  
Neosho, MO 64850  
Phone: 417-451-7992  
Email: prisjeffersreed.habitat@gmail.org  
<http://neoshohabitat.org>

To apply for a home, please return all of these items listed on the checklist below.

**Mail**

Neosho Area Habitat for Humanity  
PO Box 841  
Neosho MO 64850

**Drop Off**

Neosho Area Habitat for Humanity  
1111 N. Business 49 (71)  
Neosho MO 64850

1. Completed application. Be sure to fill out **everything**. If something does not apply to you, write N/A to show it was not overlooked.
2. Copy of social security card for Applicant, Co-Applicant, and all dependents (everyone who would be living in the Habitat home with you)
3. Copy of driver's license or state issued picture ID for Applicant and Co-Applicant
4. Copies of pay stubs from last **two months** of work for current job
5. Copies of documentation for other monthly income (child support, social security, disability, etc.)
6. Billing history of utility payments for gas, electric, water and phone. **Utility Companies will print this for you.**
7. Copies of **last two months** of bank statements for each bank account.
8. Copies of other assets (bonds, certificates of deposits, land, lots, homes, etc.)
9. Copies of last **two years** income taxes.



NEOSHO AREA HABITAT FOR HUMANITY  
 PO BOX 841  
 NEOSHO, MO 64850  
 Phone: (417) 451-7992

# Application

## Habitat Homeownership Program



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.

**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</b>				<b>Co-applicant's name</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. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date received: \_\_\_\_\_  
 Date of notice of incomplete application letter: \_\_\_\_\_  
 Date of adverse action letter: \_\_\_\_\_

Date of selection committee approval: \_\_\_\_\_  
 Date of board approval: \_\_\_\_\_  
 Date of partnership agreement: \_\_\_\_\_

### 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.

		Yes	No
I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:	Applicant	<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. PROPERTY INFORMATION

If you own your residence, what is your monthly mortgage payment? \$ \_\_\_\_\_ / month    Unpaid balance \$ \_\_\_\_\_

Do you own land?     No     Yes                      Monthly payment \$ \_\_\_\_\_    Unpaid balance \$ \_\_\_\_\_

If you wish your property to be considered for building your Habitat home, please attach land documentation.

### 6. 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



**10. 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>	\$		\$	\$

**11. 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.

**12. 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.



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	Interviewer's name (print or type)
	Interviewer's signature <span style="float: right;">Date</span>
	Interviewer's phone number