



Mail to:

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www.habitatdallascounty.org

Habitat for Humanity
 Dallas County Affiliate
 PO Box 1324
 Buffalo, MO 65622

Application **Special Project**

If you can answer "Yes" to the following six statements, please fill out this application



- ✓ I **OWN A SINGLE-FAMILY HOME** in DALLAS COUNTY, MO
- ✓ I **LIVE IN THIS HOME** and I need a repair, remodel or improvement **PROJECT** that will **COST \$1,000 OR LESS** (no charge for volunteer labor)
- ✓ My household **INCOME IS BELOW** the **MAXIMUM** amount on the *Gross Income Limits* chart on the right
- ✓ This project is needed because of **SIGNIFICANT CONCERNS**: (examples) A) Health, safety or security issues; B) Weather protection or comfort problems; C) Accessibility
- ✓ I have the **ABILITY TO MAKE A SMALL MONTHLY PAYMENT** to pay for materials and/or sub-contractors used on my project (all volunteer labor is free).
- ✓ I am **WILLING TO PARTNER WITH HABITAT VOLUNTEERS** and assist with the labor on my Special Project (if physically able). Family or friends may help me complete my assigned "Sweat-Equity" hours.

GROSS INCOME LIMITS ADJUSTED TO FAMILY SIZE		
<small>Based on Dallas County Area Median Income of \$65,200 for a family of 4</small>		
# Family Members	Annual Gross Household Income (before taxes)	
	Minimum	Maximum (80%)
1	\$25,819	\$36,512
2	25,819	41,728
3	25,819	46,944
4	25,819	52,160
5	25,819	56,333
6	25,819	60,506
7	25,819	64,678
8	25,819	68,851

NOTE: Dallas County Habitat currently does not have volunteer labor available for roof, foundation, and/or HVAC projects. Also, we rarely undertake projects involving mobile/modular homes.

Dear Applicant: Please complete this application as completely and accurately as possible, to determine if you qualify for a Habitat special project. 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																																																
Applicant's name	Co-applicant's name																																																
Applicant's email	Co-applicant's email																																																
Social Security number _____ Age _____	Social Security number _____ Age _____																																																
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Dependents and others who will live with you (not listed by co-applicant)	Dependents and others who will live with you (not listed by co-applicant)																																																
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Special Project Address (<i>street, city, state, ZIP code</i>)	Present address (<i>street, city, state, ZIP code</i>) <input type="checkbox"/> Own <input type="checkbox"/> Rent																																																
_____	_____																																																
_____	_____																																																
Purchase Date: _____	Date: From _____																																																

2. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
Name and address of CURRENT employer	Employment Date: Start	Name and address of CURRENT employer	Employment Date: Start
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone

3. MONTHLY INCOME

Income source	Applicant	Co-applicant	Others in household	Total
Wages	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Section 8 housing	\$	\$	\$	\$
SNAP	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Total	\$	\$	\$	\$

4. MONTHLY EXPENSES

Account	Applicant	Co-applicant	Total
Mortgage	\$	\$	\$
Utilities (elect, gas, water, sewer)	\$	\$	\$
Vehicle(s), Boat, RV, etc.	\$	\$	\$
Insurance (home, car, health, life)	\$	\$	\$
Internet/TV cable	\$	\$	\$
Phone (Land line/Cell)	\$	\$	\$
Furniture, appliances, TVs,	\$	\$	\$
Alimony, Child support	\$	\$	\$
Credit cards	\$	\$	\$
Student/Family/Other Loans	\$	\$	\$
Medical, Hospital	\$	\$	\$
Child care/In-home care	\$	\$	\$
Union dues/Business expenses	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

5. PRESENT HOUSING CONDITIONS

What is your monthly mortgage payment? \$ _____/month Unpaid balance \$ _____

Mortgage Lender: _____ Phone#: _____

Can you obtain a Home Equity Line of Credit? () Yes () No If "yes", explain the reason for this Special Project request.

6. SPECIAL PROJECT DETAILS

Briefly explain your requested repair/remodel/improvement project:

Please write a brief statement as to why you should be chosen for assistance from Habitat for Humanity:

7. DECLARATIONS

Please check the box beside 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 or deed in lieu of foreclosure 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 currently delinquent or in default on any federal debt or any other loan, student loan, mortgage financial obligation or loan guarantee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered "yes" to any above question, please explain on a separate piece of paper.</i>		
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
g. The special project address, is my full-time residence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. After project competition, I will continue to reside at this address	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "no" to any above question, please explain on a separate piece of paper.

8. WILLINGNESS TO PARTNER

To be considered a Habitat special project, you and your family may be asked to complete a certain number of "sweat-equity" hours. You (and/or your family) will work with volunteers on your project, building the homes of others, special events, office work, or other assigned activities. This is called "sweat equity".

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

	Yes	No
Applicant	<input type="checkbox"/>	<input type="checkbox"/>
Co-applicant	<input type="checkbox"/>	<input type="checkbox"/>

9. REQUIRED ATTACHMENTS

Attach COPIES of the following documents to your application:

<u>WHAT</u>	<u>FROM WHO</u>
1. Driver's license or picture ID	Applicant, Co-Applicant, and any family members over 18 years
2. Most recent pay stubs	All family members who have a job
3. Other monthly income - Documentation such as award letters or check stubs for SSI, Disability, Child Support, Alimony, etc.	All family members who have monthly income

10. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat special project, my ability to make an affordable monthly payment for materials and my willingness to be a partner through sweat equity.

I understand that the evaluation may include home visits 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 for this special project program, I may be disqualified from the program and forfeit any rights or claims. 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 thoroughly screens all applicants which may include a criminal background check and/or sex offender registry. By completing this application, I am submitting myself to such an inquiry.

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.

11. 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: _____

If you have questions or need assistance in completing this application
 Call **417-345-5086**, 8 am - 8 pm.
 It may be necessary to leave a message with your name, phone number and best time to call.
 Your call will be returned as soon as possible.
 Or email your question - dallascohfh@yahoo.com

