



Revised 7/21

**Joplin Area Fuller Center for Housing**  
Website: [www.joplinfuller.org](http://www.joplinfuller.org)  
Physical address: 5290 E. 7th Street (64801)  
Mail address: P. O. Box 3805  
Joplin, MO 64803  
Phone: 417-553-5383  
E-mail: [joplinfuller@yahoo.com](mailto:joplinfuller@yahoo.com)

**APPLICATION FOR MAJOR REPAIRS**  
(Estimated over \$1,000)

**STATEMENT OF EQUAL HOUSING OPPORTUNITY**

**The Joplin Area Fuller Center for Housing, Inc. is 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, gender, handicap, marital status or national origin.**

"For every house is built by someone, but the builder of all things is God" (Hebrews 3:4)



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Thank you for your interest in applying with the Joplin Area Fuller Center for Housing for making major repairs to your home. JAFCH will look at three distinct areas of selection criteria when reviewing your application:

1. Your family’s actual housing needs based on the suitability of your shelter.
2. Your family’s income and debt—your ability to repay material costs of the project at 0% interest.

Your income must fall within the income limits described below:

Number in the Family	Combined Annual Income Range
1	\$ 12,140 to \$ 31,750
2	\$ 16,460 to \$ 36,300
3	\$ 20,780 to \$ 40,850
4	\$ 25,100 to \$ 45,350
5	\$ 29,420 to \$ 50,000
6	\$ 32,950 to \$ 52,650
7	\$ 35,200 to \$ 56,250
8	\$ 37,450 to \$ 59,900

3. Your willingness to participate as a partner.

**Residency Requirements:** Applicants must have lived in the Joplin area for at least one year.

**Instructions:** The following application will be used to determine if your family meets our basic guidelines for assistance. Please answer each question. Leave no empty blanks or spaces. Please read it over carefully. Use “NA” for items that do not apply to your family and put an “X” when items that apply are gathered for the application. If the answer is \$0 (zero), put ‘0’ in the blank or space.

Page 3 explains what documents are needed along with your application. Page 9 are two releases which are required for all applications. The last 2 pages are information about the required credit report and score for applicant and co-applicant. Your application will not be processed or considered for potential services until the app and all the required documents are submitted.

Please mail completed applications to the P. O. Box located above. If you have any questions or need help filling out the application, please call the number listed above. You may opt to bring the application to the Fuller Center Office located inside Joplin Family Worship Center (physical address listed above.) Please call for an appointment during office hours.



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## **APPLICATION FOR MAJOR REPAIRS**

### **ADDITIONAL DOCUMENTS NEEDED**

**The following documents are required along with your application. Please do not submit the application unless you have all the required documents. When you are ready to submit the application, review this list and place an "X" next to each required item you have supplied. If not applicable, put "NA" next to the item.**

- \_\_\_1. Verification of household income for applicant, co-applicant, and any adult household member. Attach copies of the four (4) most recent payroll check stubs and/or if self employed a statement of income.
- \_\_\_2. Additional household income verification documents could include: copies of letters verifying any benefits you, co-applicant and any adult household member may receive, including the following: Food Stamps, AFDC/TANF benefits, SSI and SSD awards, Child Support, Social Security retirement benefits, and Retirement pensions.
- \_\_\_3. Copies of State issued Driver's licenses for applicant, co-applicant and any adult household members.
- \_\_\_4. Copies of Social Security cards for applicant, co-applicant, minor children and any adult household members.
- \_\_\_5. Copies of last two (2) paid utility bills, this may include the following: water & sewer, gas and electric services and internet services.
- \_\_\_6. If applicable: Divorce Decree including Court Ordered Child Support and Assistance Papers
- \_\_\_7. If applicable: Bankruptcy Papers .

NOTE: if you filed for Chapter 13 Bankruptcy:

- a. You must obtain permission from your trustee to obtain additional debt
- b. Your most recent 12 months of bankruptcy payments must have been made on time
- c. There must be no new collections or charge-offs or late pays

AFTER bankruptcy, if filed for Chapter 7 Bankruptcy

- a. You must have discharge papers from your attorney.
  - b. Eligibility is accepted 18 months after discharge date.
  - c. Some form of traditional credit must be re-established.
  - d. No charge-offs or late payments are accepted after the bankruptcy.
- \_\_\_8. A copy of most recent Federal Tax Return for applicant, co-applicant, and any adult household members.
  - \_\_\_9. Current Credit History Report and Score for both applicant, and co-applicant. Please see page 10 or last page for assistance with obtaining the credit report and score.

**ADDITIONAL INFORMATION - Answer each question**

- \_\_\_ 10. Does the applicant, co-applicant or any adult household member have any health restrictions which would affect the completion of the hours of sweat equity requirement at your home?  
 No  Yes - please explain

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- \_\_\_ 11. Has the applicant, co-applicant or any adult household member ever been convicted of a felony?  Yes  No  
Joplin Fuller Center reserves the right to require a criminal background check of any or all adult members of the household.

- \_\_\_ 12. Does applicant, co-applicant or any adult household member attend church regularly?  
 Yes  No  
If "yes," where and what is the pastor's name? How long have you and family members attended?

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- \_\_\_ 13. Please supply the names and contact information for two (2) personal references (friend, employer, pastor or relative).

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- Your predominant ethnicity:
- Hispanic
  - White
  - Native American
  - African American
  - Oriental American
  - Other \_\_\_\_\_

**1. MAJOR REPAIRS APPLICANT/CO-APPLICANT INFORMATION Leave no empty spaces.**

Applicant's Name (including middle name)	Co-Applicant's Name (including middle name)
Social Security Number      Date of Birth      Age	Social Security Number      Date of Birth      Age
Cell/Home Phone      Best Time to Contact	Cell/Home Phone      Best Time to Contact
Do you text? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you text? <input type="checkbox"/> No <input type="checkbox"/> Yes
E-mail address: _____	E-mail address: _____
Work Phone      Best Time to Contact	Work Phone      Best Time to Contact
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)
Dependents and Others who will live with you (not listed as Co-Applicant)	Dependents and Others who will live with you (not listed as Applicant)
Name      Age      Gender	Name      Age      Gender
Address (Street, State, Zip Code)	Address (Street, State, Zip Code)
Number of Years at this address _____	Number of Years at this address _____
Do you own this property: <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you own this property: <input type="checkbox"/> No <input type="checkbox"/> Yes
Prior Address: (Street, city, state, zip code)	Prior Address: (Street, city, state, zip code)

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

Date Application Received \_\_\_\_\_ More information Needed?  Yes  No      Date of Notice \_\_\_\_\_

Date Application Completed \_\_\_\_\_ Date Sent to Committee \_\_\_\_\_

Date of Home Visit \_\_\_\_\_  Approved       Denied      Date of Notice \_\_\_\_\_

### 3. WILLINGNESS TO PARTNER WITH THE FULLER CENTER

To be considered for a Fuller Center Major Repair project, you and your family must be willing to complete "sweat equity" hours on your repair project.

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"/>

In the space below, describe the condition of your home or trailer. Why do you need Major Repairs?

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### 4. EMPLOYMENT INFORMATION

<b>Applicant</b>	Years On This Job	<b>Co-applicant</b>	Years On This Job
Name and Address of Current Employer		Name and Address of Current Employer	
	Monthly Wages: \$		Monthly Wages \$
	Position		Position
	Business Phone		Business Phone

**If Working at Current Job Less Than One (1) Year, Complete the Following Information**

<b>Applicant</b>	Years On This Job	<b>Co-applicant</b>	Years On This Job
Name and Address of Last Employer		Name and Address of Last Employer	
	Monthly Wages \$		Monthly Wages \$
	Position		Position
	Business Phone		Business Phone

## 5. MONTHLY INCOME AND COMBINED MONTHLY BILLS

Monthly Income	Applicant	Co-Applicant	Others in Household	Monthly Bills	Monthly Amounts
Employment Income	\$	\$	\$	Mortgage	\$
AFDC/TANF				Utilities	
Food Stamps				Car Payments	
Social Security, Retirement and Pensions				Insurance	
SSI				Child Care	
S. S. Disability				School Lunches	
Alimony				Credit Card Payment	
Child Support				Student Loans	
Other (specify)				Alimony/Child Support	
<b>TOTAL</b>	\$	\$	\$	<b>TOTAL</b>	\$

Others in Household: List additional household members over age 18 who receive income.

Name	Age	Monthly Wages	Relationship
		\$	
		\$	
		\$	

## 7. DEBT

Car: Name & Address of Company	Total amount owed on this loan: \$ _____ Monthly Payment: \$ _____	Medical expense debts:  \$ _____	Total amount owed on this loan: \$ _____ Monthly Payment: \$ _____
Furniture: Name & Address of Company	Total amount owed on this loan: \$ _____ Monthly Payment \$ _____	Other debt:  \$ _____	Total amount owed on this loan: \$ _____ Monthly Payment \$ _____
Credit Card: Name & Address of Company	Total amount owed on this loan: \$ _____ Monthly Payment \$ _____	Other debt:  \$ _____	Total amount owed on this loan: \$ _____ Monthly Payment \$ _____
Credit Card: Name & Address of Company	Total amount owed on this loan: \$ _____ Monthly Payment \$ _____	Other debt:  \$ _____	Total amount owed on this loan: \$ _____ Monthly Payment \$ _____
<b>TOTAL ALL LOANS &amp; DEBTS</b>	<b>\$ _____</b>	<b>TOTAL MONTHLY PAYMENT</b>	<b>\$ _____</b>

	Applicant	Yes	No	Co-Applicant	Yes	No
<b>A. Do you have any debt because of a court decision against you?</b>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Have you been declared bankrupt within the past seven years?</b>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>C. Have you had property foreclosed on in the past seven years?</b>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>D. Are you currently involved in a lawsuit?</b>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>E. Are you paying alimony or child support?</b>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>F. Are you a U.S. citizen or permanent resident?</b>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Answering "yes" to these questions does not automatically disqualify you. If you answered "yes" to any question A through E however, please explain on a separate sheet of paper and mark your additional comments with "A" for Applicant and "C" for Co-applicant.

## 8. AUTHORIZATION RELEASE & PRIVACY ACT AGREEMENT

I understand that by filing this application, I am authorizing The Fuller Center for Housing to evaluate my actual need for major repairs, my ability to pay the material costs and my willingness to be a partner family. I understand that the evaluation will include personal and home visits to identify repair needs. 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 these repairs I may be disqualified from the program. By further signing, I agree to convey to Fuller Center for Housing all right, title and all photographic images, video or audio recordings and story content of me by Fuller Center for Housing for the purposes of public relations. The original or a copy of this application will be retained by The Fuller Center for Housing even if the application is not approved. I understand that information contained in the application packet will be kept in utmost confidence and not shared with any other person or organization outside the Joplin Area Fuller Center for Housing. This is to acknowledge that I have read and understand the details of the Application, Authorization, the Release, and the Privacy Statement.

Applicant Signature

Date

Co-Applicant Signature

Date





## **Release Form—Required with all applications**

**I/we, the undersigned represent that all the statements are true and correct and hereby authorize the person or firm to whom this application is made, any credit bureau, or other investigative agency employed by such person, to investigate all the references and information herein listed, or data obtained from me or any person, pertaining to my credit or personal history.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Applicant

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Co-Applicant

## **Advertising Information Release**

**I/we hereby give The Joplin Area Fuller Center for Housing, Inc. permission to use information relating to your request for housing assistance in various fund-raising advertising. I/we understand that your personal information, which shall include names, address, social media information, and images of family members, will not be shown. Ads will include information such as marital status, number of members in family, and a description of identified housing needs with images and cost.**

**I/we understand that any funds received for such advertising by The Joplin Area Fuller Center for Housing, Inc., shall have no affect on the amount you have agreed to pay to cover the cost of your repair project.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Applicant

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Co-Applicant



# Joplin Area Fuller Center for Housing Inc.

5290 East 7th Street • P. O. Box 3805 • Joplin, MO 64803-3805

## Credit Report and Score

**Please submit a copy of your required credit report and score with your application.**

Option 1:

Go to this website: ***[www.annualcreditreport.com](http://www.annualcreditreport.com)***

Answer all questions by entering the requested individual information.

Then call: 877-322-8228.

The system will already have the information you just provided. Please follow the prompts to answer questions and select a credit report provider. A report will be mailed to you. You will be required to pay a cost to include the required score.

Option 2:

Please complete the following form to request a credit report and score at a personal cost to you. The report will be emailed to Fuller Center where you may receive a copy. Please copy the following form for additional individuals in the household.

## CREDIT REPORT / BACKGROUND CHECK AUTHORIZATION FORM

Return this form to Keller Williams office at 619 S. Florida. Provide this form at a personal cost of \$15.00 per individual, to the receptionist.

Jackie Williams, KW Agent

I, \_\_\_\_\_ grant agent/owner the right to obtain a verbal or written credit report, past rental and criminal history. Applicant agrees to pay a non-refundable credit investigation fee of \$15.00. By signing below, applicant(s) authorizes previous landlords to disclose information about past occupancies and agrees that they have read and understand the below listed criteria from which the application will be processed.

Any false, deceptive or absent information relevant to rental or credit history will result in the rejection of this credit report application.

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_  
Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_ Date of Birth \_\_\_\_\_

### Residence History

Current Street Address \_\_\_\_\_ City \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_ Mortgage \$ \_\_\_\_\_ per month

Previous Street Address \_\_\_\_\_ City \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_ Rent \$ \_\_\_\_\_ per month

Previous Landlord \_\_\_\_\_ Landlord's Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_