



Revised 7/21

Joplin Area Fuller Center for Housing
Website: 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

GREATER BLESSING APPLICATION

WITH ASSISTANCE FOR MINOR REPAIRS

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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GREATER BLESSING APPLICATION
Estimated repair costs under 2,500.00

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

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

Your income must fall within the income limits described below:

Number in the Family	Combined Gross 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 to fulfill required sweat equity hours on your approved project and repay the material costs for the approved repairs.

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 read the application over carefully and answer all questions. If the answer is \$0 (zero), put “0” in the blank. If it is not applicable to your family, put “NA”. The final page is 2 releases, which are required for all applications. **DO NOT** leave any spaces or blanks empty in the entire application.

JAFCH will need copies of your last 3 months 2021 income sources, ie: pay stubs, and also all 2021 SSI and SSD award letters, including pension and retirement letters, in order to verify all income. We also need a copy of your Deed or Title, in your name, to verify ownership. All information on this application will be kept strictly confidential.



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Your application will not be processed or considered for services UNTIL all the required documents are submitted. DO NOT submit an application until you have all the supporting documents. All information on this application will be kept strictly confidential.

If upon review of your application, it is determined that you meet our basic guidelines, a home visit will be scheduled with you to obtain additional information regarding your request for repairs. If upon review of your application, it is determined that you DO NOT meet our basic guidelines, we will notify you as to the reason for our decision.

Please call the Fuller Center office, number listed above, if you have questions or need help with completing the application over the phone. If desired, call for an office visit to obtain help, whereupon Fuller will also copy your required documents and receive your completed application.

Or, you may mail your completed application and supporting documents (only copies) directly to the Fuller mailing address listed above.

Your predominant ethnicity:

- Hispanic
- White
- Native American
- African American
- Asian American
- Other _____

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1. MINOR REPAIRS APPLICANT/CO-APPLICANT INFORMATION

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
Email _____	Email _____
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 Do you own this property: Yes No

Do you have clear Title / Deed, in your name, for this property? Yes No

Describe repairs needed:

Interior _____

Exterior _____

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 _____

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	
SS Insurance				Child Care	
SS Disability				School Lunches	
Alimony				Credit Card Payment	
Child Support				Student Loans	
Other (specify)				Alimony/Child Support	
TOTAL	\$	\$	\$	TOTAL	\$

Do you have homeowner's insurance? Yes No

Please list insurance company name: _____ Policy # _____

Are there liens on this property other than mortgage? Yes No

Please explain why you need assistance with these repairs - why are you unable to do them yourself or hire someone to do them?

Are there other immediate family members in the area that might be able to assist with repairs? Yes No

ADDITIONAL INFORMATION - Leave no blank or empty spaces

Does any adult household member have any health restrictions which would affect completion of the sweat equity hours requirement for your repairs? No Yes Please explain

Name:

Restriction:

Has 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 / all adult members of the household.

Name:

Does any adult household member attend church regularly?

Name

Church

Pastor

How long at this location:

Please supply the name and phone information for two (2) personal references: friend, employer, pastor or relative.

1 _____

2 _____

WILLINGNESS TO PARTNER WITH THE FULLER CENTER

To be considered for a Fuller Center Home Improvement Project, you and your family must be willing to participate with sweat equity in the project. If you or your family members are not able to physically participate in the project due to medical issues, are you and your family willing to participate in non-physical activities with Joplin Fuller Center or other local charities?

I am willing to complete the hours of sweat equity required for my project.

Applicant: _____ Date _____

Co-Applicant: _____ Date _____

Other Adult Household Member: _____ Date _____

Also, to be considered for a Fuller Center Home Improvement Project, you and your family must be willing to pay back a zero (0) percent interest loan for the costs of the required building materials used in the project, plus a ten (10) percent additional fee to cover JAFCH costs for the following items: license fees, insurance (property liability, workmen's comp.) and payroll for skilled supervisory personnel.

The length of this loan will be determined by the JAFCH Board of Directors and will depend on the total project costs as well as the family's financial abilities.

I am willing to agree to pay back an interest free loan for the project costs and JAFCH overhead expenses for my project.

Applicant: _____ Date _____

Co-Applicant: _____ Date _____

Other Adult Household Member: _____ Date _____

Note: Definition of an adult in Missouri is: any person 18 and older.

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 minor 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 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 our request for housing assistance in various fund-raising advertising. I/we understand that our personal information which shall include names, address, social media information, and images of family members will not be shown. Ads may include information such as marital status, number of members in family, and a description of needs with images and cost.

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

Signature _____ Date _____
Applicant

Signature _____ Date _____
Co-Applicant