



Homeownership Program Information

Show-Me Central Habitat for Humanity provides affordable housing for low-income families in the Boone County Area. We offer homes at or below cost with 0% interest mortgage. Before applying, please review some of our basic requirements:

1. **Income Guidelines** is the minimum and maximum Gross Annual Income a Family can make and still qualify. Income Guidelines are set between 30% - 60% of the area median income (AMI) of Boone County, MO. Current income limits:

Household Size	Minimum Income	Maximum Income*	Full-Time Applicant Maximum**
1	\$21,525	\$43,050	N/A
2	\$24,600	\$49,200	\$59,650
3	\$27,675	\$55,350	\$63,960
4	\$30,750	\$61,500	\$63,960
5	\$33,225	\$66,450	\$66,450
6	\$35,682	\$71,363	\$71,363
7	\$38,119	\$76,238	\$76,238
8	\$40,594	\$81,188	\$81,188

**Considerations are made for Childcare and Healthcare expenses. If you make more than the maximum income you may still qualify.*

***Co-Applicants who both work full-time can earn up to this maximum.*

2. **Credit Report** – All applicants who will be listed on the deed/promissory note cannot have a credit score below 600. No credit may be acceptable. Married couples are both required to be on the promissory note.
3. **Ability to Pay** – You must be able to demonstrate you will be able to afford the monthly house payment.
4. **Need** – You must have a need for adequate housing. This could mean you currently are in HUD housing, are overcrowded, housing is not affordable, have inadequate utilities, poor living conditions, etc. There are a variety of situations that constitute need.
5. **Residency** – You have been a resident of Boone County Area for the past year and are a US citizen or permanent resident.
6. **If selected: Sweat Equity** – Partner Families are required to put in 250 hours of sweat equity or more.

The application must be completed in its entirety. Missing or incorrect information may lead to disqualification. The application deadline is 4:00pm March 30th, 2025.



I have reviewed the qualifications and believe my family meets the criteria above.

Applicant: _____ Co-Applicant: _____



Equal Housing Opportunity: Show-Me Central Habitat for Humanity selects families on an impartial and nondiscriminatory basis. Race, color, gender, national origin, marital status, family status, sexual orientation, age, religion, and disability are not part of the decision-making process. Equal Access Opportunity

Show-Me Central Habitat for Humanity
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Home Ownership Application

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.

WE ARE PLEDGED TO THE LETTER AND SPIRIT OF THE US 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.

APPLICANT INFORMATION

Applicant Name:	Co- Applicant Name:
Social Security Number:	Social Security Number:
Date of Birth:	Date of Birth:
Phone:	Phone:
Email:	Email:
Marital Status: Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <input type="checkbox"/> (single, divorced, widowed)	Marital Status: Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <input type="checkbox"/> (single, divorced, widowed)

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)			
Name	Age	M	F	Name	Age	M	F
_____	_____	<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"/>

Do any applicants or dependents have a diagnosed disability that will prevent them from working full-time or creates other housing challenges? Yes ☐ No ☐
Explain: _____

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 other is called "Sweat-Equity" and may include clearing the lot, painting, helping with construction, working with volunteers, attending homeownership classes, and other approved Habitat activities.

I am willing to complete sweat-equity.

Applicant: Yes ☐ No ☐ Co-Applicant: Yes ☐ No ☐



Current Address (street, City, Zip code)

Applicant:

Rent ☐ Own ☐ Number of years _____

Co-Applicant:

Rent ☐ Own ☐ Number of years _____

Previous Address if you have lived at your current address less than two years

Applicant:

Rent ☐ Own ☐ Number of years _____

Co-Applicant:

Rent ☐ Own ☐ Number of years _____

Current Housing Conditions

Number of Bedrooms:

Other rooms in the place you are currently living:

Kitchen ☐ Bathroom ☐ Bathroom 2 ☐ Living Room ☐ Dining Room ☐ Garage/Carport ☐

Laundry Room ☐ Basement ☐

Other ☐ Please describe: _____

What is your monthly rent payment: \$ _____ per month

Do you have Section 8? Yes ☐ No ☐

If yes, how much of your monthly rent is paid by Section 8? \$ _____ per month

If no, have you applied or been put on the waiting list? _____

Name, Address and Phone number of landlord:

In the space below describe your current living conditions: (Enough space for everyone in the household, problems with landlord, structural issues with the home, insect or rodent problem, space for children to play, functioning/non-functioning plumbing and electrical, does not accommodate disability, etc.)

For the previous 12 months, were your rent and utilities in your name? Yes ☐ No ☐

If not, explain why: _____

In the past 5 years, how many times have you moved? Why did you move?

Have you tried to buy a home before? Please explain: _____



How did you hear about Habitat for Humanity? _____

Why do you want to own a home through Habitat for Humanity?

Do your Parents own a home? Yes ☐ No ☐

If you own your residence, what is your monthly mortgage payment? \$ _____

Do you own land in the United States or in another country? Yes ☐ No ☐

Estimated Value of owned land or home \$ _____

Employment Information

Applicant Employer: _____ Type of work: _____ Years on the job _____	Co-Applicant Employer: _____ Type of work: _____ Years on the job _____
Hourly wage \$ _____ Per Hour Hours Per Week _____	Hourly wage \$ _____ Per Hour Hours Per Week _____
Average paycheck \$ _____ Per Check <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly	Average paycheck \$ _____ Per Check <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly

If you have been at your current job less than one year, Complete the following information

Applicant Previous Employer: _____ Type of work: _____ Years on the job _____	Co-Applicant Previous Employer: _____ Type of work: _____ Years on the job _____
Hourly wage \$ _____ Per Hour Hours Per Week _____	Hourly wage \$ _____ Per Hour Hours Per Week _____
Average paycheck \$ _____ Per Check <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly	Average paycheck \$ _____ Per Check <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly



Annual Income

Combine all household income (wages, social security, etc)

2022	2023	2024

Monthly Income

Please completely fill this section with accurate income for each person that will be living in your home.

Note: Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.

Income Source	Applicant	Co-Applicant	Others in Household	Total
Wages	\$	\$	\$	\$ /month
Second Job Wages	\$	\$	\$	\$ /month
Hobby/Side Business	\$	\$	\$	\$ /month
Tips	\$	\$	\$	\$ /month
Military Stipends	\$	\$	\$	\$ /month
Food Stamps	\$	\$	\$	\$ /month
TANIF	\$	\$	\$	\$ /month
Social Security	\$	\$	\$	\$ /month
Disability	\$	\$	\$	\$ /month
Unemployment	\$	\$	\$	\$ /month
Section 8	\$	\$	\$	\$ /month
Child Support	\$	\$	\$	\$ /month
Alimony	\$	\$	\$	\$ /month
Legal Settlement	\$	\$	\$	\$ /month
Other	\$	\$	\$	\$ /month
Other	\$	\$	\$	\$ /month
Total monthly household income	\$			

Down Payment

1. If your family is selected, closing costs and the first year of homeowner insurance will be due at closing. Once joining the program, each homeowner is required to start paying into an escrow account set up to save for these costs. **The estimated costs at closing is \$1,500.** If selected, you would pay \$125 per month until you close on your home. This money would be returned to you if you decide not to buy a home through Habitat for Humanity.

Do you agree to pay into your closing cost account monthly?

Applicant: Yes ☐ No ☐ Co-Applicant: Yes ☐ No ☐

2. Each family that buys a home through Show-Me Central Habitat for Humanity applies for the City of Columbia Down Payment Assistance Program. This program requires the homeowners to meet with a Certified HUD Counselor that costs \$100.

If selected, would you agree to complete the required HUD Counseling session?

Applicant: Yes ☐ No ☐ Co-Applicant: Yes ☐ No ☐



Assets- Please list all accounts for your household

Name on Account	Name of Bank, Credit Union, Venmo/Cash App or Investment Firm	Type: Checking, Savings, Loan, Stocks	City, State	Current Balance
				\$
				\$
				\$
				\$

Debts- list all

Applicant

Debt	Monthly Payment	Unpaid Balance	Months Left to Pay
Vehicle	\$	\$	\$
Furniture, appliances, tv's (includes rent-to-own)	\$	\$	\$
Alimony	\$	\$	\$
Child Support	\$	\$	\$
Medical	\$	\$	\$
Store Credit card	\$	\$	\$
Credit card	\$	\$	\$
Credit Card	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$

Co-Applicant

Monthly Payment	Unpaid Balance	Months Left to Pay
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$

Student Loans

Applicant Total Student Loan Amount: \$ _____ Monthly Student Loan Payment: \$ _____ <input type="checkbox"/> Traditional <input type="checkbox"/> Deferred <input type="checkbox"/> Income Based No Student Loans <input type="checkbox"/>	Co- Applicant Total Student Loan Amount: \$ _____ Monthly Student Loan Payment: \$ _____ <input type="checkbox"/> Traditional <input type="checkbox"/> Deferred <input type="checkbox"/> Income Based No Student Loans <input type="checkbox"/>
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Monthly Expenses

Expense	Applicant	Co-Applicant	Total
Rent	\$ monthly	\$ monthly	\$ monthly
Utilities	\$ monthly	\$ monthly	\$ monthly
Childcare	\$ monthly	\$ monthly	\$ monthly
Health Insurance	\$ monthly	\$ monthly	\$ monthly
Car Insurance	\$ monthly	\$ monthly	\$ monthly
Internet	\$ monthly	\$ monthly	\$ monthly
Cell Phone	\$ monthly	\$ monthly	\$ monthly
Cable	\$ monthly	\$ monthly	\$ monthly
Other	\$ monthly	\$ monthly	\$ monthly

Declarations

	Applicant	Co-Applicant
Are you a U.S Citizen or permanent resident?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been evicted from a rental property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you declared bankruptcy within the last three years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had a property foreclosed on deed in lieu of foreclosure in the past seven years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any outstanding judgements because of court decision against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently involved in a lawsuit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently delinquent or in default on any loan, mortgage financial obligation or loan guarantee?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a co-signer or endorser on any loan for someone else?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever taken out a pay-day loan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Explanations to situations above:



Authorization and Release

I understand that by filling this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat equity. **Initial** _____ **Co-Initial** _____

I understand that the evaluation will include personal visit, a loan application and employment verification. I have answered all the questions on the application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied. I understand that even if I have already been selected to receive a Habitat home, I may be disqualified from the program and forfeit my rights or claims to a Habitat home. The original copy of this application will be retained by Habitat for Humanity even if the application is not approved.

Initial _____ **Co-Initial** _____

I understand that Habitat for Humanity screens all applicants on the sex offender registry. By completing this application, I am submitting myself to such inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check. **Initial** _____ **Co-Initial** _____

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Please submit a copy of the identification cards for applicant and co-applicant (Drivers license, Green Card, Passport) along with a \$25 credit check fee or a copy of a qualifying credit report with this application.



Credit & Criminal History Check Authorization Form

Applicant Information			
First Name	Last Name		Middle Initial
Date of Birth	Driver's License Number/State	Expiration Date	Social Security Number
Street Address			Apartment Number
City		State	Zip
Primary Number		Secondary Number	Email Address

Co- Applicant Information			
First Name	Last Name		Middle Initial
Date of Birth	Driver's License Number/State	Expiration Date	Social Security Number
Street Address			Apartment Number
City		State	Zip
Primary Number		Secondary Number	Email Address

I hereby certify that the facts set forth in the above completed Credit and Criminal History Check Authorization Form are true and complete to the best of my knowledge. I understand that Show-Me Central Habitat for Humanity will seek and obtain consumer reports/investigative reports about me as defined in the Fair Credit Reporting Act (FCRA). I hereby authorize, without any reservation, the full release of these records and information for Show-Me Central Habitat for Humanity and/or its agents or any investigative or credit/consumer reporting agencies or bureaus for their choice, to conduct the searches and investigations.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____



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, 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 based on 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 race and sex based on visual observation or surname. If you do not wish to furnish the information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Applicant	Co-Applicant
<input type="checkbox"/> I do not wish to furnish this information. Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacifica Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native and Black/African American <input type="checkbox"/> Other (specify): _____ Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other _____ Birthdate: ____/____/_____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information. Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacifica Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native and Black/African American <input type="checkbox"/> Other (specify): _____ Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other _____ Birthdate: ____/____/_____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)



EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that monitors compliance with this law concerning this company is the Federal Trade Commission, with offices at: [FTC Regional Office for the _____ region, _____ -- insert address for region in which the affiliate operates (see instructions for link)] or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

You need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support, and separate maintenance income; and the spouse's financial resources.

Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete and we will be unable to invite you to participate in the Habitat program. [HABITAT: CONFIRM ALL APPLICANTS ARE REQUIRED BY YOUR POLICY TO PROVIDE THIS INFORMATION AND THEN DELETE THIS PARANTHETICAL.]

Applicant(s):

X _____
Print Name: _____
Date: _____

X _____
Print Name: _____
Date: _____