

Joplin District Church of the Nazarene Application for Housing

DO NOT WRITE IN THIS BOX

Date of Submission: _____ (to be completed by JDCN)

Please submit copies of your driver's license/state identification, front and back, and social security card.

Applicant's Full Legal Name:

Co-Applicant's Full Legal Name: _____

Applicant's Social Security Number:

Applicant's Date of Birth: _____

Home Address:

Street Address: _____

City: _____ State: _____ Zip Code _____

Mailing Address if different from above:

Street Address: _____

City: _____ State: _____ Zip Code _____

Current Residence: Renting Staying with Family/Friends Hotel Other _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Contact Information:

Home: _____ Work: _____

Cell: _____ Fax: _____

E-mail Address: _____

Housing Information:

Was the damaged home: Rented by Applicant
 Owned by Applicant

Type of home: Single-Wide Mobile Home
 Double-Wide Mobile Home
 Modular Home
 Stick Built Home
 Other _____

Home was: Completely Destroyed
 Severely Damaged
 Moderately Damaged
 Lightly Damaged

Long Term Housing Plans: Build Home Repair Home Purchase Mobile Home Rent

Resource Information:

Did you have insurance on your home? Yes
 No

How much insurance money have you collected or have you been promised? _____

Have you been in contact with FEMA? Yes
 No

Has FEMA awarded you a grant? Yes
 No

If so, how much? _____ FEMA Case Number: _____

Personal References: (References cannot be related to you)

Name: _____ Relationship: _____

Street: _____

City/State/Zip Code: _____

Telephone Number: _____

Name: _____ Relationship: _____

Street: _____

City/State/Zip Code: _____

Telephone Number: _____

Applicant Last Name _____

Income/Employment Information:

What is the total annual family/household income? _____

Current Employer – Applicant: Start Date: _____ Present

Time on Job: _____ Annual Gross Wage: \$ _____ Job Title: _____

Street: _____

City/State/Zip Code: _____

Telephone Number: _____ Part-time or Full-Time (Please Circle)

Current Employer – Co-Applicant: Start Date: _____ End Date: _____

Name: _____

Time on Job: _____ Annual Gross Wage: \$ _____ Job Title: _____

Street: _____

City/State/Zip Code: _____

Telephone Number: _____ Part-time or Full-Time (Please Circle)

Secondary Employer: Start Date: _____ End Date: _____

Name: _____

Time on Job: _____ Annual Gross Wage: \$ _____ Job Title: _____

Street: _____

City/State/Zip Code: _____

Telephone Number: _____ Part-time or Full-Time (Please Circle)

Applicant Last Name _____

Please complete the following income tables:

Type of Income	Applicant	Co-Applicant
Job Wages		
Alimony		
Child Support		
Pension/Retirement Income		
Public Assistance		
Self-Employment Income		
Dependent SSI Income		
Disability Income		
Seasonal Employment		
Social Security		
Food Stamps		
Other		
Total		

Please list all household members over the age of 18 and their monthly income:

Name	Age	Relationship	School or Employment	Income
		SELF		

Can you document your alimony/child support income (circle one) Yes No

If yes, how long will it continue? _____

If your child or a family member receives SSI, how many more years will the payments continue? _____

If you receive disability income, is it for a permanent disability? Yes No

Applicant Last Name _____

Expense/Debt Information: You may be asked to submit proof of your financial obligations (copies of your two most recent bills). Please complete the following current expense tables:

Monthly Bill	Amount
Rent	
Gas and Electric	
Sewerage and Water	
Telephone	
Vehicle Insurance	
Medical Insurance (doctor, medications...)	
Medical Costs	
Child Care	
Life Insurance	
Alimony/Child Support	
Retirement Plan	
Transportation (gas, public transportation)	
Food	
Other	
Total	\$

Please list any revolving and installment debt you have, including credit cards, student loans, car loans, etc.:

Creditor	Current Balance	Minimum Monthly Payment
Total from additional Sheets	\$	\$
Grand Total	\$	\$

Please use additional sheets if necessary.

Applicant Last Name _____

In the six months prior to the disaster, have you been late in paying your bills? Yes No

Do you have any court decisions against you? Yes No

Have you been declared bankrupt within the past 7 years? Yes No

Have you had property foreclosed within the past 7 years? Yes No

Are you currently involved in a lawsuit? Yes No

If you answered "Yes" to any questions above, please explain on a separate page. Answering "Yes" does not automatically disqualify you.

Are you about to receive additional funds (tax refunds, property sales, lawsuit settlements, etc.)?

Yes No If yes, how much _____ Lump sum or periodic payments? _____

If yes, please explain:

I understand that by filing this application, I am authorizing JDCN to evaluate my actual need for a rebuild of my house. I understand that the information that I have provided will be kept confidential and used only for the purpose for which I have submitted it. I have answered all the questions on this application truthfully. I understand that if I have not answered truthfully, my application may be denied, and that even if I have already been selected as a Beneficiary, I may be disqualified from the program. The original or a copy of this application will be retained by the JDCN even if the application is not approved.

Applicant Signature:

Date

Name of Co-Applicant:

Date

Joplin District Church of the Nazarene Rebuild Program

Authorization and Release Form

To Whom It May Concern:

I/We hereby authorize you to release to Joplin District Church of the Nazarene for verification or re-verification purposes, information concerning the following:

- 1) Employment history, dates, title(s), income.
- 2) Banking (checking and savings) accounts, of record including balances for the past two (2) years
- 3) Loans (opening date, high credit, payment amount, loan balance, and payment history)
- 4) Any information deemed necessary in connection with a consumer credit report for a real estate transaction
- 5) Any information concerning previous and /or current rental/mortgage history and status
- 6) Any information concerning any current or previous income and /or debt

A photographic or carbon copy of this authorization (being a photographic or carbon copy of the signatures of undersigned) may be deemed to be the equivalent of the original and may be used as a duplicate original.

Applicant Signature

Date

Co-Applicant Signature

Date

Applicant Last Name _____

Joplin District Church of the Nazarene

Waiver of Liability

I understand that my work or my dependents' work as a volunteer on or about the JDCN construction site or project could expose me or my dependent to various risks of injury or illness. I understand and assume these risks, and agree not to hold JDCN, its agents, employees or volunteers liable for such injury or illness. I further understand that it is the policy of JDCN that all worksite volunteers or visitors must meet JDCN safety requirements as they are outlined on the Volunteer Information Sheet.

Name

Address

City

State

Zip

Daytime Telephone Number

Signature

Signature of Parent or Guardian if under 18

Date