

Application for A Brush with Kindness and/or Critical Home Repair Programs

DEAR APPLICANT: Please fill out the application as completely and accurately as possible so we can determine if you qualify for *A Brush with Kindness* or *Critical Home Repair*. All information you include on this application will be kept confidential.

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.

1. HOMEOWNER INFORMATION

Applicant

Name:

Address:

Number of Years You Have Owned the Home:

Date of Birth:

E-mail Address:

Home Phone:

Cell Phone:

Names, Date of Birth, and Relationship to homeowner of all people living in the home:

| Name | Date of Birth | Relationship |
|------|---------------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |

2. SPECIAL NEEDS

Does anyone in the household have special needs? Yes _____ No _____

If yes, please describe: _____

Is Translation needed? Yes _____ No _____ If yes, what language: _____

3. PROPERTY INFORMATION

What year was the house built? _____

My house is: ___ One-story ___ One and a half ___ Two-stories ___ Duplex ___ Mfg. home

Is your home currently for sale? Yes _____ No _____

Is your house in foreclosure or in danger of foreclosure? Yes _____ No _____

Do you plan on selling your home in the next 24 months? Yes _____ No _____

Have you received notice of any code violations which have not been resolved? If yes, please provide a copy of the code violation or a detailed explanation.

| 4. MONTHLY INCOME AND COMBINED MONTHLY BILLS | | | | |
|--|-----------|---------------------|---|----------------|
| Gross Monthly Income | Applicant | Others in Household | Monthly Bills ₁ | Monthly Amount |
| Base Employment Income | \$ | \$ | Mortgage/Site Fee | \$ |
| AFDC/TANF | \$ | \$ | Utilities (Electricity, Gas, Water) - TOTAL | \$ |
| Food Stamps | \$ | \$ | Car Payments | \$ |
| Social Security | \$ | \$ | Auto Insurance | \$ |
| SSI | \$ | \$ | Child Care | \$ |
| Disability | \$ | \$ | School Lunch | \$ |
| Alimony | \$ | \$ | Average Credit Card Payment | \$ |
| Child Support | \$ | \$ | Student Loans | \$ |
| Other: | \$ | \$ | Alimony/Child Support | \$ |
| Total | \$ | \$ | Homeowner's Insurance | \$ |
| | | | Property Taxes | \$ |
| | | | Medical | \$ |
| | | | Other: | \$ |
| | | | Total | \$ |

5. WILLINGNESS TO PARTNER

To be considered for *A Brush With Kindness* and Critical Home Repair programs, you and your family must be willing to complete a certain number of "sweat-equity" hours. Your help in working on your home is called "sweat-equity," and includes being present and active in the day(s) events, working side by side with volunteers, and being responsive to Habitat for Humanity staff and hired contractors as applicable. Consideration will be made to the physical limitations of residents.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS: Yes No

X Applicant Signature: _____

6. REQUESTED REPAIRS

Briefly describe the type of work you needed on your home. Attach a separate piece of paper if there is not enough space to list all repairs. Remember that the items listed below will be considered for repair, but the final decision on what work can be done with our time and financial resources will be made at the discretion of Habitat for Humanity staff. The work done by A Brush with Kindness focuses on external improvements, primarily painting and landscaping, and is done by volunteers who are not professionals and who do not get paid. Critical Home Repair focuses on interior repairs necessary to alleviate health, life and safety issues or code violations.

Exterior: List any exterior painting/staining, landscaping or repairs needed.

Interior: Identify interior work needed to alleviate health, life and safety issues or code violations.

Other: Any other exterior or interior repairs needed.



7. VETERAN STATUS

Are you, or any family member living with you, a veteran of the United States Military?

Yes _____ No _____

8. AUTHORIZATION, RELEASE AND HOMEOWNER'S AGREEMENT

I _____ certify that the information on this application is true and accurate and that I own the property at _____. I confirm that any physically able persons residing in my home or visiting on the project day will work alongside the Habitat for Humanity volunteers. I confirm that, except for the conditions listed in this application, my home is a safe place for volunteers.

I understand that the people who may work on my house are unpaid volunteers; that few, if any of them, are skilled in the building trades; and that A Brush with Kindness MAKES NO WARRANTIES, EXPRESSED OR IMPLIED REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE. I hereby agree that I, my assignees, their heirs, distributes, guardians, and legal representatives will not make a claim against, sue or attach the property of Habitat for Humanity of Northern Fox Valley or any affiliated organizations or the suppliers of any tools or equipment that I use in these activities, for injury or damage resulting from negligence or other acts, howsoever caused by any employee, agent, contractor of, or participant in Habitat for Humanity of Northern Fox Valley activities. I hereby release Habitat for Humanity of Northern Fox Valley and any of its affiliated organizations from all actions, claims or demands that I, my assignees, heirs, guardians, and legal representatives now have or may hereafter have for injury or damages resulting from my participation in any Habitat for Humanity of Northern Fox Valley activities.

X Applicant Signature: _____ Date: _____

APPLICATION CHECKLIST

- ___ Did you complete all 8 sections of this application?
___ Did you sign the application? (Section 8)
___ Did you enclose proof of ownership and proof of property tax payment, such as a property tax receipt?
___ Did you enclose proof of homeowner's insurance, such as a copy of homeowner's insurance policy?
___ Did you enclose a copy of last year's tax return? (Free copies of tax transcripts may be ordered by calling the IRS at 1-800-829-1040. Allow two weeks for delivery)
___ Proof of current income or public assistance.

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Table with 2 columns and 3 rows for office use only, containing fields for Date Received, More Information Requested, Date Application Completed, Date Letter Sent, and Date of Home Visit.