



APPLICATION FOR A BRUSH WITH KINDNESS PROGRAM

**Dear Applicant**: Please fill out the application as completely and accurately as possible. Incomplete applications will not be accepted.

To be eligible to participate in the Brush With Kindness Program, 1) You must reside and own your home 2) Be willing and able to pay 7% of the total repair costs OR agree to a Habitat Partnership Investment.

|  |  |
| --- | --- |
| **Applicant** | **Co-Applicant** |
| **Name** | Name |
| Social Security Number Date of Birth | Social Security Number Date of Birth |
| Home Phone | Home Phone |
|  |  |
| **Dependents** (children under 18 yrs old who live with you) Name Date of Birth Sex Relationship to You   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M / F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M / F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M / F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M / F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Other Adults** (18 yrs. & older who live with you) Name Date of Birth Sex Relationship to You   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M / F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M / F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Present Address**

Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ One Proof of ownership: \* *Not required for yard beautification.*

City, ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Copy of Deed

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Copy of Mortgage

If different from Street address

How long have you lived there? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ What year was the home built? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you own this property? YES\_\_\_\_ NO\_\_\_\_

**Habitat Partnership Investment:**

If selected for the Brush With Kindness Program, a 8% payment of the total project cost must be received BEFORE work commences. In lieu of a financial contribution, applicants can agree to a Habitat Partnership Investment.

Providing refreshments for volunteers, lawn or painting equipment or other materials, or participating in the labor of the repair/beautification project will all be considered Habitat Partnerships.

Partnership Investment options agreed upon by both homeowner and Habitat Representative include:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **\_\_\_\_\_** I will not be participating in a Habitat Partnership Investment and will contribute financially the 7% of total cost. |  |

#### Monthly Income Please list your monthly gross income (before deductions) for everyone in your household

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Income Source | **Applicant** |  | **Co-Applicant** |  | **Others in Household** | **Others in Household** |
| **Employment Income**  **(Gross, before deductions)** |  |  |  |  |  |  |
| **AFDC/TANF** |  |  |  |  |  |  |
| **Social Security** |  |  |  |  |  |  |
| **SSI** |  |  |  |  |  |  |
| **Disability** |  |  |  |  |  |  |
| **Child Support** |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |
| TOTALS |  |  |  |  |  |  |

TOTAL MONTHLY HOUSEHOLD INCOME $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VERY IMPORTANT: Please provide documentation to verify all income.** Attach copies of these documents: Most recent pay check stubs; Social Security, SSI, Disability check stubs or authorization letter; child support checks; pension check stubs; or other documents which will verify the incomes listed above.

Self-employed persons may be required to provide tax returns and financial statements.

If you wish to bring your completed application and documents to the Habitat office, we will make copies for you.

**Your application cannot be considered until all these documents have been received.**

**Please check assistance needed by the A Brush with Kindness program:**

***Beautification:*** *(home ownership not required)*

**\_\_\_ Mow Lawn \_\_\_ Clean up \_\_\_ Power Wash**

***Exterior Painting:***

**\_\_\_\_ Porch Only \_\_\_\_ Entire House**

***Weatherization:***

**\_\_\_\_ Windows \_\_\_\_ Doors**

***Accessibility*** *(Exterior Only)****:***

**\_\_\_\_ Ramps \_\_\_\_ Rails/ Grab Bars**

***Minor Repairs:****Please Explain*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OTHER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*Brush with Kindness service does not include major repair,**

**plumbing, electrical or foundational work. \*\*\*\*\***

### AUTHORIZATION AND RELEASE

**Repairs and Beautifications performed by the Brush With Kindness Program are VOLUNTEER BASED. This means that the work performed is not guaranteed, nor does any work performed come with a warranty.**

I (We) understand by my signature filing this application, I am (we are) authorizing Habitat for Humanity to evaluate my (our) actual need for Brush with Kindness and ability to pay 7% of the total repair cost (yard work excluded) OR am willing to participate in a Habitat Partnership Investment. *Payment must be received prior to work commencing.*

I (We) understand that the application evaluation includes a home and repair assessment, and verification of income. I (We) have answered all the questions on this application truthfully. I (We) understand that if I (we) have not answered the questions truthfully, my (our) application may be denied, and that even if I (we) have already been selected to receive assistance, I (we) may be disqualified from the program.

**I also understand that all Applications are subject to funds availability.**

Applicant Signature X Soc. Sec. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant Signature X Soc. Sec. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return Application and supporting document to 905 McCann Rd. Longview, TX. 75601**

**Applications can also be mailed to P.O. Box 2551 Longview TX. 75606**

**or emailed to**

**info@longviewhabitat.org**