



Mail or fax completed form to:
A Brush with Kindness
113 NE 27th Ave, Suite T
Minneapolis, MN 55418
Ph. 612-788-8169 Fax 612-305-7185

For Office Use Only

| |
|----------------|
| Date Received: |
| City Citation: |
| Referred By: |
| Phone #: |
| Application #: |

A Brush with Kindness is a volunteer based program of Twin Cities Habitat for Humanity that paints and repairs homes for under-resourced homeowners who need assistance to do necessary work. Call **612-788-8169** with any questions.

SECTION 1 - Homeowner Information

| | |
|---|--------------------------------|
| Legal Name of Homeowner: | Date of Birth: |
| List anyone else on the title of your home: | Date of Birth: |
| Home Address: | City: Zip: |
| County: | Name of Neighborhood: |
| Home Phone: () - | Email: |
| Cell Phone: () - | |
| Work Phone: () - | Year you moved into your home: |

List the name, **birthdate** and **relationship** to homeowner of **all** people in the household (attach a list if more space is needed):

| | | |
|-------------|----------------------|---------------------|
| Name: _____ | Date of Birth: _____ | Relationship: _____ |
| Name: _____ | Date of Birth: _____ | Relationship: _____ |
| Name: _____ | Date of Birth: _____ | Relationship: _____ |
| Name: _____ | Date of Birth: _____ | Relationship: _____ |
| Name: _____ | Date of Birth: _____ | Relationship: _____ |

Has anyone in your household ever served in the U.S. Military? ☐ Yes ☐ No

Name: _____ Branch: _____ Name: _____ Branch: _____

Is anyone in your household currently in the military? ☐ Yes ☐ No

Name: _____ Branch: _____ Name: _____ Branch: _____

SECTION 2 – Special Needs

Is anyone in the home disabled? ☐ Yes ☐ No *Please list the resident name and type of disability.*

Name: _____ Type of Disability: _____

Name: _____ Type of Disability: _____

Name: _____ Type of Disability: _____

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

SECTION 3 - Household Income and Mortgage Information

The *total, combined income before taxes* for ALL persons in the household is: \$ _____ per year

You must attach verification of all HOUSEHOLD income and a copy of the driver's license or state ID card for each person on the title of the home (even if they do not live there) and adult resident 18 and older, unless a full time student (provide proof of registration) and benefits for children. We accept copies of the most recent income tax return, monthly social security statements, other retirement income statements, three months of employment check stubs and please note on attached statements if it represents annual, monthly, twice-monthly, bi-weekly or weekly income.

Are you still making loan payments on your home? ☐ Yes ☐ No

If yes, what is your monthly payment? \$ _____/month How much are your property taxes? \$ _____

Are you over three months behind on your mortgage payments? ☐ Yes ☐ No

Do you currently have homeowner's insurance? ☐ Yes ☐ No

SECTION 4 – Application History

Have you applied to **ABWK** in the past? ☐ Yes ☐ No What year(s)? _____

SECTION 5 – Personal Statement

Please write a *brief* explanation of why you feel you should be selected and how it will help you.

Do you have a city citation? ☐ Yes ☐ No When is the due date? _____

Please attach a copy of your citation letter along with your application.

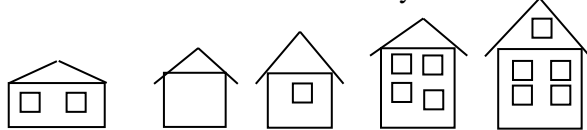
Do you have a homeowner's insurance notification? ☐ Yes ☐ No When is the due date? _____

Please attach a copy of your notification along with your application.

SECTION 6 – House Information / Exterior

HOUSE INFORMATION

Place a large "X" over the house (below), which most resembles the size of your house.



Mobile Home

1 Story

1.5 Story

2 Story

2.5 Story

Year Purchased: _____ Year Built: _____

Last Painted: _____ Square Feet: _____

House Exterior

Siding

Trim

- ☐ wood
- ☐ brick
- ☐ shakes
- ☐ stucco
- ☐ painted stucco
- ☐ asbestos/slate
- ☐ aluminum
- ☐ vinyl

Garage Exterior

Siding

Trim

- ☐ wood
- ☐ brick
- ☐ shakes
- ☐ stucco
- ☐ painted stucco
- ☐ asbestos/slate
- ☐ aluminum
- ☐ vinyl

Parts of house and garage that need painting:

- ☐ House siding
- ☐ House trim (around doors, windows, overhangs, etc.)
- ☐ Garage siding
- ☐ Garage trim (around doors, windows, overhangs, etc.)
- ☐ Other _____
- ☐ Other _____
- ☐ Other _____

Repairs needed on exterior:

SECTION 7 - Requested Repairs

Briefly describe the type of work you would like done 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 A Brush with Kindness. The work done by A Brush with Kindness will focus on health, safety and independence. The opportunity to have electrical and plumbing work done is dependent on the limited availability of a licensed volunteers. **Our volunteers are not professionals and may not be able to make all repairs.**

Please print

| Area of Repair | Description |
|--|-------------|
| Accessibility Modifications. Examples: wheelchair ramp, bathroom grab bars, handrails, etc. | |
| Painting. List all interior rooms that require painting and any other exterior painting requirements. | |
| Carpentry Repairs. Describe problems with doors, floors, porches, steps, walls, ceilings, etc. Indicate places inside the house that need repair. | |
| Doors and Windows. Describe repairs required, including locks, glass, frames, weather-stripping, etc. | |
| General Cleaning. Indicate if there is cleaning and/or trash removal required. Identify if yard work is necessary. (Please note, we DO NOT provide regular lawn care, snow removal or house cleaning) | |
| The opportunity to have the below work done is dependent on the limited availability of a volunteer licensed technician. | |
| Roofing Repairs. Identify where roof leaks. How many years has it been since the roof was replaced? (It is rare that we can find a contractor to donate labor for a roof. Typically, we are able to provide materials if the homeowner is able to provide their own labor.) | |
| Appliances. Identify appliances such as stove, refrigerator or hot water heater that do not work or need repair. (Appliance repair or replacement is limited by volunteer and in-kind donation resources) | |
| Electrical Repairs. List rooms where wall outlets, switches and light fixtures do not work. (The opportunity to have this work done is dependent on the limited availability of a licensed electrician) | |
| Plumbing Repairs. Describe sink, tub or toilet leaks, etc. (The opportunity to have this work done is dependent on the limited availability of a licensed plumber) | |
| Other. Identify other repairs requested but not listed above. | |

SECTION 8 – Sharing Your Personal Information – Your answers do not affect your acceptance into the program

If your application is a more appropriate fit with other, similar programs may we share it with them? ☐ Yes ☐ No

SIGNATURE OF HOMEOWNER

DATE

*Unless you give us permission to share your information with other organizations, your application will be kept confidential. If you check yes, you give A Brush With Kindness your consent to share the information you provide on this application with similar organizations if A Brush With Kindness is not able to assist you. **Please sign above to confirm your decision.***

SECTION 9 – Media and Publicity – Your answers do not affect your acceptance into the program

Where did you learn about **A Brush with Kindness**?

☐ TV ☐ Radio ☐ Newspaper ☐ Flyer ☐ Friend/Family ☐ Neighbor ☐ Social Worker ☐ Hospital/Rehab ☐ Website
☐ OTHER: _____ please describe

If ABWK selects your house to be repaired, pictures of you and your home may be taken. Are you willing to be interviewed by media reporters? May we bring elected officials to your home?

☐ YES Interviews are okay ☐ YES Visits by elected officials are okay
☐ NO I do not want interviews ☐ NO I do not want visits by elected officials

SECTION 10 – Homeowner's Checklist

- ☐ Did you complete all 11 sections of this application?
- ☐ Did you sign the application? (SECTION 8 and SECTION 11)
- ☐ Did you enclose a copy of the deed on your home or other proof of ownership, such as a property tax receipt? *All documents submitted must show the name and address of the applicant.*
- ☐ Did you include a statement verifying income? This statement can be a copy of one or more of the following: tax return, social security receipts, retirement pay receipts, three months of employment check stubs or other documentation of household income. **All persons listed on the title of the home (even if they do not live in the home) and all adults, over the age of 18, must submit an income document (or prove current student status) showing name and address.**
- ☐ Did you include a copy of the driver's license or state ID card for each person on the title of the home (even if he or she does not live in the home) and each adult resident 18 or older in the home?

SECTION 11 – Homeowner's Agreement

I certify that the information on this application is accurate and I own the property at the address given on this application. I/we certify that verification may be obtained from any source named in this application. I/we understand that this application can be rejected at any time if information provided is incorrect or untrue. I/we have no present intention to move or offer my/our home for sale for at least three years. I/we authorize Twin Cities Habitat for Humanity (TCHF) to examine my/our income, residency, and any other requirements throughout the application process. I/we confirm that any physically able persons residing in my home or visiting for the project day(s) will work alongside the TCHF volunteers. I/we confirm that, except for the conditions listed above, my/our home is a safe place for volunteers. Additionally, I/we certify that no members of our household are currently or will be involved in the future in any type of illegal activity and I/we authorize TCHF to investigate my/our criminal history. As an applicant I/we acknowledge TCHF has obtained non-public and public information for the application to be processed. I/we understand that TCHF will keep this information in a secure place and it will not be shared with any unauthorized parties. To the extent permitted by law and without affecting the coverage provided by the required homeowners insurance, I agree to sign the release and waiver of liability.

SIGNATURE OF HOMEOWNER

DATE

Complete the following if you are not the homeowner, but are assisting the homeowner to complete this application.

Your name/title:

Relationship to Homeowner:

Your email:

Your daytime phone number:

Is the homeowner aware of this application?

☐ Yes ☐ No