



Mail completed form to:
 Goodhue Co. Habitat for Humanity
 614 Plum Street
 Red Wing, MN 55066

Date Received: _____

 Application #: _____

A Brush with Kindness is an exterior home repair program for low-income homeowners who need help maintaining their homes. Questions? Call **651-327-2195** or email: **gchfh02@gmail.com**

SECTION 1 - Homeowner Information

Legal Name of Homeowner: _____		Age: _____
Home Address: _____	City: _____	Zip: _____
Email: _____	County: _____	
Telephone Numbers: H: _____ C: _____ Please include area code W: _____	Number of Years at Address: _____ Name of Neighborhood: _____	

List the names, ages, **and relationship to homeowner** of **all** people living in the home
 (attach a list if more space is needed):

Name/relationship: _____	Age: _____
Name/relationship _____	Age: _____
Name/relationship _____	Age: _____
Name/relationship _____	Age: _____
Name/relationship _____	Age: _____

Is anyone in your household a veteran? Yes No Name _____

Is anyone in your household currently in the military? Yes No Name _____

SECTION 2 - Special Needs

Is the homeowner or anyone in the home disabled? Yes No

If yes, indicate the type of disability below (check all that apply, please describe if "other"):

Uses a Walker, Cane or Crutches Wheelchair Bound Blind Hearing Impaired

Loss of Limb Mentally Disabled Other: _____

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

SECTION 3 - Household Income and Mortgage Information

The **TOTAL, combined income before taxes** for **ALL persons living in the home** is: \$ _____ per **year**

You must attach verification of all HOUSEHOLD income for each adult in the house, unless a full time student (provide proof of registration) and/or benefits for children

(For instance, the most recent income tax return, monthly social security statement, other retirement income statements, employment check stub 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

After paying your monthly bills (gas, electric, insurance, food, phone, medical, etc.), approximately how much money do you have left to spend on house repairs? \$ _____ / month

SECTION 4 - Sharing Your Personal Information?

If your application is a more appropriate fit with other, similar programs may we share it with them?

Yes No

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 like Rebuilding Together or Senior Home Works if A Brush With Kindness is not able to assist you.

SECTION 5 - Homeowner's Agreement

I certify that the information on this application is accurate and that I own the property at the address given on this application. **I have no present intention to move or offer my home for sale for at least three years.** I confirm that any physically able persons residing in my home or visiting for the project day(s) will work alongside the **A Brush with Kindness (ABWK)** volunteers. I confirm that, except for the conditions listed above, my home is a safe place for volunteers.

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 in completing this application.

Your name: _____

Your daytime phone number: _____

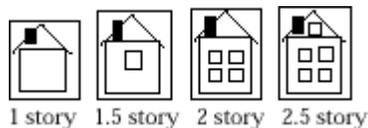
Is homeowner aware of this application?

Yes No

SECTION 6 - House Information / Exterior

HOUSE INFORMATION

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



Year Purchased: _____ Year Built: _____

Last Painted: _____ Square Feet: _____

House Exterior

Siding	Trim
<input type="checkbox"/> wood	<input type="checkbox"/> wood
<input type="checkbox"/> brick	<input type="checkbox"/> vinyl
<input type="checkbox"/> shakes	<input type="checkbox"/> metal
<input type="checkbox"/> stucco	
<input type="checkbox"/> painted stucco	
<input type="checkbox"/> asbestos/slate	
<input type="checkbox"/> aluminum	
<input type="checkbox"/> vinyl	

Garage Exterior

Siding	Trim
<input type="checkbox"/> wood	<input type="checkbox"/> wood
<input type="checkbox"/> brick	<input type="checkbox"/> vinyl
<input type="checkbox"/> shakes	<input type="checkbox"/> metal
<input type="checkbox"/> stucco	
<input type="checkbox"/> painted stucco	
<input type="checkbox"/> asbestos/slate	
<input type="checkbox"/> aluminum	
<input type="checkbox"/> 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 _____

Repairs needed on exterior:

SECTION 7 - Checklist

- Did you complete all 11 sections of this application?
- Did you sign the application? (SECTION 5 AND 7)**
- 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.*
- Do you currently have homeowner's insurance? Yes No
- Are you current on your homeowner's insurance premiums? Yes No
- 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, or other documentation of household income. ***All adults, over the age of 18, must submit an income document (or prove current student status) showing name and address.***

SIGNATURE OF HOMEOWNER

DATE

SECTION 8 - Application History

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

Has **ABWK** done work at your home in the past? Yes No Year(s)? _____

SECTION 9 - Media and Publicity

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

- TV Radio Newspaper Flyer Friend Neighbor Neighborhood Organization
- 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 - Personal Statement

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

SECTION 11 - 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 warmth, safety and independence. **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, accessible shower stall, etc.	
Carpentry Repairs. Describe problems with doors, porches, steps, walls, etc. Indicate places on house needing repair.	
Roofing Repairs. Identify where roof leaks.	
Painting. List all exterior painting requirements.	
Doors and Windows. Describe repairs required, including locks, glass, frames, weather-stripping, etc.	
Yard Work. Indicate if there is cleaning and/or debris removal required. Identify type of yard work necessary.	
Other. Identify other repairs requested but not listed above.	