



### Neighborhood Revitalization Initiative

A Brush With Kindness/Aging In Place

For Office Use Only	St. Craix Valley Habitat for Humanity
Date Received:	St. Croix Valley Habitat for Humanity
City Citation:	PO Box 70
Referred By:	Hammond, WI 54015
Phone #:	715-350-8575
Application #:	www.scvhabitat.org
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**A Brush with Kindness** is a program of St. Croix Valley Habitat for Humanity that does home painting and exterior repairs for low-income <u>homeowners</u> who need assistance to do necessary work. Need to reside in Pierce or St. Croix Counties Wisconsin. Call **715-350-8575** with any questions.

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SECTION 1 - Homeowne	er Information				
Legal Name of Homeowner:		Age:			
Home Address: City:			Zip:		
Email:	County:				
Telephone Numbers:	Home:	Number of Years at Address: Name of Neighborhood:	<u> </u>		
Please include <b>area code</b>	Cell:	Traine of Treighborhood.			
	Work:				
List the names, ages, and	relationship to homeowner of all I	people living in the home			
(attach a list if more space	e is needed):				
Name/relationship:		Age:			
Name/relationship		Age:			
		Age:			
Name/relationship		Age:			
•		Age:			
Has anyone in your household ever served in the U.S. military? Name Branch					
□Yes□ No		Name Brai	nch		
Is anyone in your househousehousehousehousehousehousehouse	old currently in the military?		nch		
□Yes□ No					
SECTION 2 - Special Nee	eds				
Is the homeowner or anyo	one 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					





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The <i>total, combined</i> income <i>before taxes</i> for <u>ALL</u> persons living in the home is: \$ per <u>year</u>				
You must attach verification of Homeowner income for each homeowner listed on the deed.				
(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 you are still making loan payments, are you current? Yes No				
If yes, what is your monthly payment? \$/ month				
How much are your property taxes? \$				
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?				
Can you afford modest, consistent monthly payments for repairs on your home?   Yes   No				
Is your home a mobile home? Yes No				

#### SECTION 4 - Sharing Your Personal Information?

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

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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 St. Croix Valley Habitat for Humanity A Brush With Kindness is not able to assist you.





1 story 1.5 story 2 story 2.5 story

Year Purchased: \_\_\_\_ Year Built: \_\_\_\_\_

Last Painted: \_\_\_\_\_ Square Feet: \_\_\_\_\_

**EQUAL HOUSING** OPPORTUNITY

A Brush With Kindness/Aging In Place

#### 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 St. Croix Valley Habitat for Humanity 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. Is homeowner aware of this application? Your name: Your daytime phone number: □Yes □ No SECTION 6 - House Information / Exterior **House Exterior Garage Exterior HOUSE INFORMATION** Place a large "X" over the house (below), which Siding Trim Siding Trim most resembles the size of your house. □ wood □ wood □ wood □ wood □ brick □ vinyl ☐ brick □ vinyl

☐ shakes

□stucco

□ vinyl

□ painted stucco

□asbestos/slate

□aluminum

☐ metal

☐ shakes

□stucco

□vinyl

□painted stucco

□asbestos/slate

□aluminum

☐ metal





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Parts of house and garage that need painting:  ☐ House siding ☐ House trim (around doors, windows, overhangs, etc.) ☐ Garage siding ☐ Garage siding	Repairs needed on exterior:
☐ Garage trim (around doors, windows, overhangs, etc.) ☐ Other	
SECTION 7 - Personal Statement	
	why you feel you should be selected the last sheet of this application if needed.





**EQUAL HOUSING** OPPORTUNITY

SECTION 8 – Checklist (Note- these items will be needed when you are contacted about your application)				
Did you complete all 11 sections of this application?				
Did you sign the application? (SECTION 5 AND 8)				
Did you enclose a copy of the deed on your home or other proof of ownership, such as a property tax receipt? <i>All documents submitted must show the name and address of the applicant.</i>				
Do you currently have proof of 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. <u>All adults</u> , over the age of 18, must submit an income document (or prove <u>current</u> student status) showing name and address.				
SIGNATURE OF HOMEOWNER DATE				
SECTION 9 - Application History				
201101() - Application History				
ave you applied to <b>ABWK</b> in the past?   Yes   No  What year(s)? as <b>ABWK</b> done work at your home in the past?   Yes   No  Year(s)?				
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## "A Brush with Kindness" **Homeowner Neighborhood Covenant**

Check the following if you are in agreement:

_	successful experience for everyone.				
	All able-bodied people living in my home will work alongside volunteers during the entire project until it's completed.				
	We agree to keep our property free of debris and work to maintain its appearance after all work is completed				
	We will keep all pets contained away from the work area.				
	We will prepare and move any valuables and loose hazards away from the work area.				
	No drugs, alcohol or firearms will be present or be in anyone's personal possession while staff or volunteers are on the home site.				
	☐ We commit to get to know our neighbors and will work with them to beautify the neighborhood and make it enjoyable place to live.				
	We intend to live in this house for at least the next three years.				
	the homeowner(s) of this house I/we agree to the above statements and will work to the best of my/our ability t low through with these commitments.				
Ho	omeowner Date				
Ho	omeowner Date				



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# St. Croix Valley Habitat for Humanity A Brush with Kindness RELEASE AND WAIVER OF LIABILITY

A Brush with Kindness is a program of St. Croix Valley Habitat for Humanity. St. Croix Valley Habitat for Humanity, Inc. ("Habitat") and the undersigned (the "Homeowner"), want to work together on A Brush with Kindness activity. Because Habitat is a non-profit corporation, it needs to limit its exposure to potential liability wherever reasonable and proper. In that regard, Habitat requires that homeowners execute a Release and Waiver of Liability. To that end, Habitat and the homeowner enter this Release and Waiver of Liability knowingly and voluntarily. Habitat and the Volunteer understand that there is a risk of injury or harm to the homeowners and any residents or visitors coming into contact with A Brush with Kindness activities. Therefore, the homeowner expressly agrees to assume such risk and forever release and hold Habitat harmless from any and all liability, claims and demands (legal and equitable) for injury, illness, death, or property damage resulting from staff or volunteer's work for Habitat. This waiver is intended to waive fully, for the benefit of St. Croix Valley Habitat for Humanity, any rights and/or claims, which might rise to a right of subrogation.

In consideration of the opportunity afforded me to participate in A Brush with Kindness, and receiving assistance on the maintenance of my property, and in the light of the aims and purposes of the community service provided by St. Croix Valley Habitat for Humanity for working on your home, I hereby waive any right or cause of action arising as a result of my participation in said program from which any liability may or could accrue against St. Croix Valley Habitat for Humanity.

I also, as a homeowner, do grant and convey to St. Croix Valley Habitat for Humanity/A Brush with Kindness, all right, title and interest in any and all photographic images, video and audio recordings of me and my property made during work on my home for promotional purposes, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

I also grant St. Croix Valley Habitat for Humanity rights to place signage at my residence for the duration of the project cycle and will allow signage to remain for two weeks post completion date.

Habitat and the Homeowner intend this Release and Waiver of Liability to be a legal document construed as broadly and inclusively as permitted by the laws of the State of Wisconsin.

St. Croix Valley Habitat for Humanity				
Homeowner Name (please print)	Signature	Date		
Homeowner Name	Signature	Date		