



A Brush with Kindness



Mail completed form to:

A Brush With Kindness/Ramps and Rails
Habitat for Humanity in Monmouth County
45 South Street
Freehold, NJ 07728

SECTION ONE – Homeowner Information

Do you receive social security? (please circle) YES or NO			If yes, what amount?
Do you receive earned income credit? (please circle) YES or NO			If yes, what amount?
Do you receive food stamps? (please circle) YES or NO			If yes, what amount?
Do you receive child support? (please circle) YES or NO			If yes, what amount?
Are you making payments on your home? (please circle) YES or NO			
If yes, to whom?		If yes, what is your monthly payment? \$	
Are you behind on these payments? (please circle)			YES or NO
Do you have homeowner's insurance? (please circle)			YES or NO
Do you have a copy of a survey of your property?			YES or NO

SECTION THREE – Housing Information

What year was the home built?	Is it a mobile home?	How many stories?
Do you pay for the heating and cooling of your home?		
What is the exterior of your home? (wood, brick, stucco, etc.)		
What is the exterior of your garage?		
Was your home previously weatherized by a Community Action Agency?	YES or NO	If so, when?
Do you have storm windows or doors? YES or NO	Is your home insulated? YES or NO	
What kind of foundation do you have?		
Is there weather damage to your home? YES or NO		
If so, what is the damage?		

SECTION FOUR – Requested Repairs

Briefly describe the 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 will be based on our time and financial resources at the discretion of A Brush With Kindness. The work done by A Brush With Kindness will focus on warmth, safety, and beautification. **Our volunteers are not professionals and may not be able to perform all repairs**

Accessibility Modifications (i.e. wheelchair ramp, accessible shower stall)
Carpentry Repairs (i.e. door issues, porch issues, step issues)
Roofing Repairs (Identify where roof leaks)
Exterior Painting (Identify where and what requirements)
Doors and Windows (i.e. locks, glass, frames, weather – stripping)
Storm Damage Repair:

General Cleaning (i.e. trash removal, weeding):

Landscaping:

Other:

SECTION FIVE – Personal Statement

Please write a **brief** explanation of why you feel you are a good fit for the ABWK program and how it will help you. (If more space is needed, please attach an additional page).

SECTION SIX - Privacy

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

Where did you learn about A Brush With Kindness? (please circle)

TV Radio Newspaper Flyer Neighbor Road Sign Organization Other:

If ABWK selects your house to be repaired, would you be willing to have your photo taken and/or be interviewed by media reporters? YES or NO (please circle)

SECTION SEVEN – Application History

Have you applied to ABWK in the past? Yes or No

If so, what years?

Has ABWK done work at your home in the past? If so, what years?

SECTION EIGHT - Checklist

- Did you complete all 9 sections of this application?
- Did you provide proof of home ownership? (i.e. copy of deed, mortgage, etc.)
- Did you enclose a copy of a recent tax return and other statements to verify ALL income/benefits? (This includes retirement income, government aid, food stamps, alimony, child support, etc.) All adults, over the age of 18 (besides full time students who must prove student status), must submit an income document showing name and address

SECTION NINE – 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 ABWK (*A Brush With Kindness*) volunteers. I confirm that, except for the conditions listed on my application, my home is a safe place for volunteers.

I understand that the people who may work on my home 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 the Monmouth County Habitat for Humanity 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 in Monmouth County (HFHMC) activities. I hereby release HFHMC 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 HFHMC activities.

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:
Is the homeowner aware of this application? (please circle) YES or NO	Relationship to homeowner:

HABITAT FOR HUMANITY IN MONMOUTH COUNTY

45 South Street, Freehold NJ 07728

Phone: 732-728-0441 ext. 303

Web Site: www.habitatmonmouth.org

Authorization for Release

This section must be completed for all residents of the home who are 18 years old or older.

In connection with my application for participation in the Habitat for Humanity program, I authorize the Habitat for Humanity in Monmouth County affiliate and/or its agents to an investigative consumer report including past employment, credit worthiness and other information permitted by state and federal laws and agree to hold harmless and release them from all liability with respect to any information they may give, receive, or publish. I am authorizing that a photocopy of this release be accepted with the same authority as that of the original.

Signature of Applicant

Date of Birth

Social Security Number

Date

Signature of Applicant

Date of Birth

Social Security Number

Date