



Mail completed form to:
 A Brush with Kindness; 214 First Avenue NW
 Aitkin MN 56431
 218-927-5656
 Email:
 anschwartz@habitatforhumanityaitkincounty.org

Office Use Only

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

A Brush with Kindness is a program of Twin Cities Habitat for Humanity that does home painting and repairs for low- income homeowners who need assistance to do necessary work.

SECTION 1 - Homeowner Information

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

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 _____ Branch _____

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

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 owner of the home and adult resident, 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 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

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
<p>Accessibility Modifications. Examples: wheelchair ramp, bathroom grab bars, accessible shower stall, etc.</p> <p>Would you like an assessment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Carpentry Repairs. Describe problems with doors, floors, porches, steps, walls, ceilings, etc. Indicate places in house needing repair.</p>	
<p>Electrical Repairs. List rooms where wall outlets, switches and light fixtures do not work.</p>	
<p>Plumbing Repairs. Describe sink, tub or toilet leaks, etc.</p>	
<p>Roofing Repairs. Identify where roof leaks.</p>	
<p>Painting. List all interior rooms that require painting and any exterior painting requirements.</p>	
<p>Appliances. Identify appliances such as stove, refrigerator or hot water heater that do not work or need repair.</p>	
<p>Doors and Windows. Describe repairs required, including locks, glass, frames, weather-stripping, etc.</p>	
<p>General Cleaning. Indicate if there is cleaning and/or trash removal required. Identify if yard work is necessary.</p>	
<p>Other. Identify other repairs requested but not listed above.</p>	