



A Brush With Kindness Application

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We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

Applicant
Name: _____
Address: _____
Social Security Number: _____
Date of Birth: _____
Marital Status: (circle one) Single Married Separated Widowed
Home Phone: _____
Cell Phone: _____

Co-Applicant
Name: _____
Address: _____
Social Security Number: _____
Date of Birth: _____
Marital Status: (circle one) Single Married Separated Widowed
Home Phone: _____
Cell Phone: _____

All Members Living in the Household			
Name	Age	Male	Female
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Home Repairs Needed
1. _____
2. _____
3. _____
4. _____
5. _____

Applicant's Employment Information
Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/>
Employer's Name: _____
Employer's Address: _____
Employer's Phone #: _____
Type of Business: _____
Year's at this Job: _____
Monthly Income (gross): _____

Co-Applicant's Employment Information
Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/>
Employer's Name: _____
Employer's Address: _____
Employer's Phone #: _____
Type of Business: _____
Year's at this Job: _____
Monthly Income (gross): _____



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Applicant's Monthly Income
TANF: _____
Food Stamps: _____
Social Security: _____
SSI: _____
Disability: _____
Alimony: _____
Child Support: _____
Other: _____
TOTAL: _____

Co-Applicant's Monthly Income
TANF: _____
Food Stamps: _____
Social Security: _____
SSI: _____
Disability: _____
Alimony: _____
Child Support: _____
Other: _____
TOTAL: _____

Assets			
Name of Bank/Savings & Loan/Credit Union	Address	Account Number	Current Balance

Debts				
Name of Company	Address	Unpaid Balance	Monthly Payment	Months Left to Pay

Monthly Expenses	
Mortgage	
Utilities (gas, electric, water)	
Car Payment	
Insurance (car, house, health)	
Child Care	
School Lunches	

Student Loans	
Alimony/Child Support (paid)	
Credit Card Payments	
TOTAL	



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Authorization

I understand that by filing this application, I am authorizing Henry County Habitat for Humanity to evaluate my need for A Brush With Kindness repair. I understand that the evaluation will include personal home visits, a credit check and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive A Brush With Kindness repair, I may be disqualified from the program. The original or a copy of this application will be retained by Henry County Habitat for Humanity even if the application is not approved. I also understand that Henry County Habitat for Humanity screens all applicant families on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check. Henry County Habitat for Humanity reserves the right to select the project which they find most appropriate.

Applicant Signature _____ Date: _____
 Co-Applicant Signature _____ Date: _____

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE			
Date Application Received:	/	/	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Date of Home Visit:	/	/	