



**Please Send Completed Application to:**

HFHWCM  
 619 Benson Avenue SW  
 PO Box 1171  
 Willmar, MN 56201  
 (320)231-2704

**A Brush With Kindness Application**

Application is FOUR pages in length, please fill it out entirely. Following the application are Background Investigation Consent forms that are required for ALL adults in the household.

Incomplete applications will be automatically denied.

If you have any questions or concerns please contact Habitat for Humanity of West Central Minnesota at (320)231-2704.

Household Information		
Applicant:		Date of Birth:
Co-Applicant:		Date of Birth:
Address:		Years at Address:
Home Phone:	Cell Phone:	Work Phone:
What is your preferred number? (circle one): Home Cell Work		
What is the best time of day to call?(circle one): Morning Afternoon Evening		
Please List the Names, Ages, and Relationship to the Applicant of All Persons Living in the Home (If needed, write the rest of the names on a separate piece of paper)		
Name	Relationship	Age
Is anyone living in the home a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name:
Is anyone living in the home currently in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name:

HOUSEHOLD INCOME/ MORTGAGE INFORMATION
What is the total combined income, before taxes, for ALL PERSONS living in the home? \$_____ per year
<b>You must attach <u>verification of all household income and a Tax Return Transcript</u> for each adult in the home.</b>
Examples: social security award letter, retirement pay receipts or employment check stubs of last 30 days. <i>Remember all adults over the age of 18 that are living in the home must submit an income document or proof of student status showing name and address.</i> Call (800)829-1040 to request your IRS Tax Return Transcript (A Tax Return Transcript is a summary of your IRS tax return.) <b>**We reserve the right to request additional information**</b>
Are you still making loan payments on your home? __ yes __ no If yes, how much? \$_____ per month
After paying your monthly bills, approximately how much money do you have left to spend on house repairs? \$_____ per month

## House Information

### HOUSE INFORMATION

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



1 story   1.5 story   2 story   2.5 story

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

Last Painted: \_\_\_\_\_

Square Feet of Main Floor: \_\_\_\_\_

### House Exterior

#### Siding

- wood
- brick
- shakes
- stucco
- painted stucco
- asbestos/slate
- aluminum
- vinyl

#### Trim

- wood
- vinyl
- metal

### Garage Exterior

#### Siding

- wood
- brick
- shakes
- stucco
- painted stucco
- asbestos/slate
- aluminum
- vinyl

#### Trim

- wood
- vinyl
- metal

Do you have homeowner insurance?  Yes  No

Are you current on your property taxes?  Yes  No

Have you received any other assistance in the purchase or repair of the home?  Yes  No

If yes, please explain:

## OTHER CHALLENGES

Are you or someone living in the home physically unable to maintain the exterior of the home? \_\_ yes \_\_ no

If yes, please explain:

## SHARING YOUR PERSONAL INFORMATION

If your application is a more appropriate fit with other, similar programs may we share it with them? \_\_ yes \_\_ no

*If you check "no" your application will be kept confidential. If you check "yes" you give HFHWC consent to share the provided information to other organizations that can better assist you.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICATION HISTORY

Have you applied to A Brush With Kindness in the past? \_\_ yes \_\_ no      If yes, what year(s)? \_\_\_\_\_

Has A Brush With Kindness done work at your home in the past? \_\_ yes \_\_ no      If yes, what year(s)? \_\_\_\_\_

Have you ever applied for a Habitat home in the past? \_\_ yes \_\_ no      If yes, what year(s)? \_\_\_\_\_

## MEDIA AND PUBLICITY

Where did you hear about A Brush With Kindness?

TV    Radio    Newspaper    Flyer    Church    Friend    Neighbor    HFHWCM Website

Other please describe: \_\_\_\_\_

If HFHWCM selects your house to be repaired, pictures of you, your home and your family may be taken. Are you willing to be interviewed by us or reporters and have your photo published publicly? \_\_ yes \_\_ no

## HOME REPAIRS NEEDED

Please describe the types of repairs that you feel your home needs. If you do not have enough room, please attach a separate sheet of paper. Please remember that the items listed below will be considered for repair, but ultimately the decision to select your home and the repairs we deem appropriate, will be the sole choice of HFHWCM.

**We are ONLY accepting applications for small scale exterior projects at this time.**

Exterior (painting, siding replacement, loose steps, railings, etc):

Landscaping/Generalized Clean-up (sod, planning, yard cleaning, etc):

Safety (needing railings or ramps; list any hazards on the property):

Other (anything else not listed above):

## PERSONAL STATEMENT

Please write a *brief* explanation of why you feel your home should be selected for this program and how it will help you and/or your family:

## HOMEOWNER'S AGREEMENT

I, \_\_\_\_\_ certify that the information on this application is true and accurate and that I own the property at \_\_\_\_\_. 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 on the project day will work alongside the A Brush With Kindness volunteers. I confirm that, except for the conditions listed in this application, my home is a safe place for volunteers.

I understand that the people who may work on my house 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 attack the property of HFHWCM or any affiliate organizations or the suppliers of any tools or equipment that I use in these activities, for injury or damages resulting from negligence or other acts, howsoever caused by any employee, agent, contractor of, or participant in HFHWCM activities. I hereby release HFHWCM 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 HFHWCM activities.

I understand that HFHWCM is required by policy to conduct a criminal background and sex offender registry check on all applicants, and that by submitting this application I am submitting myself to a criminal background and sex offender registry check.

I hereby agree that I understand the information provided above:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHECKLIST

Please make sure that you have completed or attached the following:

- Did you complete all sections of the application?
- Did you sign the application?
- Did you include a copy of government issued identification for each applicant (ex. DL)?
- Did you attach proof of your homeowner's insurance?
- Did you attach your most recent property tax statement and proof of payment?
- Did you attach a copy of the Warranty Deed or other proof of homeownership?
- Did you attach your Tax Transcripts for each adult (Call 1-800-829-1040 to request your IRS Tax Transcript)?
- Did you attach a statement verifying all sources of income? *Remember all adults over the age of 18, living in the home, must submit an income document or proof of student status showing name and address.*
- Did you complete the background investigation form found on the following page for all adults in the household? (please make copies)
- By checking this box I understand that incomplete applications may be denied. This includes unfinished application forms and/or missing documents. *If you have any questions or concerns please contact HFHWCM at (320)231-2704.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Background Investigation Consent

I, \_\_\_\_\_, hereby authorize Central Minnesota Habitat for Humanity (CMHFH) to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records including those maintained by both public and private organizations and all public records. I also understand that as long as I remain associated with CMHFH, the background check may be repeated at any time.

I release Central Minnesota Habitat for Humanity and/or its agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Full name (printed)

\_\_\_\_\_  
Maiden name or other names used

\_\_\_\_\_  
Email

\_\_\_\_\_  
Present Street Address

\_\_\_\_\_  
How long?

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Former Street Address

\_\_\_\_\_  
How long?

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
SS#

\_\_\_\_\_  
Driver's License number

\_\_\_\_\_  
State of License

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY

HFHWCM Staff Requesting Investigation \_\_\_\_\_

Date \_\_\_\_\_