

A Brush with Kindness Application

A Brush with Kindness is a program of Habitat for Humanity Ozaukee that does home painting and repairs for low-income homeowners who need assistance to do necessary work. Please mail the completed form to:

A Brush with Kindness
885 Badger Circle
Grafton, WI 53024
Phone: (262) 284-6680

Note: If more space is needed to complete any part of the application, please use a separate sheet of paper and attach it.

1. Homeowner Information			
Legal Name of Homeowner		Age	
Street Address			
City, State, Zip Code			
County			
Number of Years at Address			
Home Phone Number with area code			
Cell Phone Number with area code			
Email Address			
<i>Please include a copy of the deed for your home or other proof of ownership, such as a property tax receipt. Documents must show the name and address of the applicant.</i>			
Dependents and Others who Live in the Home			
Full Name	Relationship	Age	
Names of Household Members who are Active Military			
Names of Household Members who are Veterans			
2. Prior Applications			
Have you applied to <i>A Brush with Kindness</i> in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what year(s):	
Has <i>A Brush with Kindness</i> done work at your home in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what year(s):	

3. Special Needs	
Is Anyone in the Home Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate the Type of Disability (select all that apply)	<input type="checkbox"/> Requires Walker, Cane, or Crutches <input type="checkbox"/> Wheelchair Bound <input type="checkbox"/> Blind <input type="checkbox"/> Mentally Disabled / Dementia <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Loss of Limb <input type="checkbox"/> Other (please describe):
Is a Translator Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language:

4. Income		
Gross Monthly Income	Applicant	Others in the Home
Base Employment Income	\$	\$
TANF (Temporary Assistance for Needy Families)	\$	\$
Food Stamps	\$	\$
Social Security	\$	\$
SSI (Supplemental Security Income)	\$	\$
Disability	\$	\$
Alimony	\$	\$
Child Support	\$	\$
Other	\$	\$
Total:	\$	\$

Please attach copies of documents to verify your income (tax returns, Social Security statements, pay stubs, payment receipts, etc.). Documents must be provided for all adults over the age of 18, unless they are a current student.

5. Budget and Financial Information	
Do you have homeowners insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the homeowners insurance premium payments up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you still making mortgage payments for your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Mortgage Payment	\$
Monthly Payments for Other Loans	\$
How much do you typically budget / spend for home repairs?	\$ _____ per <input type="checkbox"/> month <input type="checkbox"/> year (select one)

6. Reason for Application

Please provide a brief explanation of why you feel you should be selected for *A Brush with Kindness*.
Explain how having help with painting or repairs would benefit you.

7. Home Information

Type of Home (select one)		<input type="checkbox"/> One Story (Ranch)	<input type="checkbox"/> Two Story	<input type="checkbox"/> Tri-Level
		<input type="checkbox"/> Other (please describe):		
Year Home Was Built		Year Purchased		
Year Last Painted		Approximate Square Feet		
Home Features (select all that apply)		<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Finished Attic	<input type="checkbox"/> Detached Garage
		<input type="checkbox"/> Front Porch	<input type="checkbox"/> Duplex (two residences)	
		<input type="checkbox"/> Other (please describe):		
House Exterior Siding (select all that apply)		<input type="checkbox"/> Wood	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Aluminum
		<input type="checkbox"/> Brick	<input type="checkbox"/> Stone	
		<input type="checkbox"/> Stucco	<input type="checkbox"/> Painted Stucco	<input type="checkbox"/> Asbestos / Slate
		<input type="checkbox"/> Shake		
		<input type="checkbox"/> Other (please describe):		
House Exterior Trim (select all that apply)		<input type="checkbox"/> Wood	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Aluminum / Metal
		<input type="checkbox"/> Other (please describe):		
Garage Exterior Siding (select all that apply)		<input type="checkbox"/> Wood	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Aluminum
		<input type="checkbox"/> Brick	<input type="checkbox"/> Stone	
		<input type="checkbox"/> Stucco	<input type="checkbox"/> Painted Stucco	<input type="checkbox"/> Asbestos / Slate
		<input type="checkbox"/> Shake		
		<input type="checkbox"/> Other (please describe):		
Garage Exterior Trim (select all that apply)		<input type="checkbox"/> Wood	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Aluminum / Metal
		<input type="checkbox"/> Other (please describe):		

Please attach an exterior photo of the house

The work done by *A Brush with Kindness* will focus on warmth, safety and independence. The items listed in the next section will be considered for repair, but the final decision on what work might be done will be made by *A Brush with Kindness* based on available time and resources. Our volunteers are not professionals and they may not be able to make all repairs.

8. 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	
Type of Repair	Description
Exterior Painting <input type="checkbox"/> House Siding <input type="checkbox"/> Garage Siding <input type="checkbox"/> House Trim <input type="checkbox"/> Garage Trim	
Interior Painting List all rooms that require painting.	
Accessibility Modifications Wheelchair ramps, bathroom grab-bars, etc. Would you like an assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Exterior Carpentry Repairs Indicate places needing repair (brick, damaged or rotting wood, caulking, garage, porch, etc.).	
Interior Carpentry Repairs Indicate places needing repair (stairs, floors, walls, ceilings, cabinets, etc.).	
Electrical Repairs List rooms where wall outlets, switches, or light fixtures do not work.	
Plumbing Repairs Describe leaks. Describe kitchen and bathroom fixtures that are not working.	
Appliance Repairs Identify essential appliances (stove, refrigerator, hot water heater, etc.) that need repair.	
Roofing Repairs Describe leaks or damaged roofing.	
Door and Window Repairs Describe item and type of repair needed (locks, glass, frame, weather stripping, etc.).	
General Cleaning Describe interior or exterior cleaning or trash removal. Identify yard work that is needed.	
Other Identify other repairs that are needed but not listed above.	

9. Community Involvement	
Are you involved with any community groups (churches, community organizations)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list them	

10. Media and Publicity	
How did you learn about <i>A Brush with Kindness</i> ?	<input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Flyer <input type="checkbox"/> Relative or Friend <input type="checkbox"/> Church <input type="checkbox"/> Neighborhood Organization <input type="checkbox"/> Internet <input type="checkbox"/> Other (describe):
If <i>A Brush with Kindness</i> selects your home to be repaired, pictures of you and your home may be taken. In addition we may want to generate interest in <i>A Brush With Kindness</i> by letting others know about your home.	
Are you willing to be interviewed by newspaper or television reporters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to talk to local elected officials about your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Homeowner's Agreement	
If your application is a more appropriate fit for other similar programs may we share the information contained in this application with them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you check "No" your application will be kept confidential. If you check "Yes" you give A Brush With Kindness your consent to share the information you provide in this application with similar organizations if A Brush With Kindness is not able to assist you.</i>	
<i>A Brush With Kindness</i> expects the homeowner to purchase the products and supplies needed for the repairs. If you request a loan from Habitat for Humanity to pay for the products and supplies, do you permit Habitat for Humanity Ozaukee, Inc. to obtain a credit report and background check on all adults over the age of 18 who are members of the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 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 <i>A Brush with Kindness</i> (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 Habitat for Humanity Ozaukee Release and Waiver of Liability form when ABWK is working on the property.	

Signature of Homeowner		Date	
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Complete the following if you are not the homeowner, but are assisting the homeowner in completing this application.

Name		Have you reviewed this application with the homeowner? Do they understand it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Daytime Phone Number			

