

**Mail completed form to:**

A Brush With Kindness/Ramps and Rails

Habitat for Humanity in Monmouth County

45 South Street

Freehold, NJ 07728

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| SECTION ONE – Homeowner Information |
| **Legal Name of Homeowner:**  | SSN: |
| Date of birth: | Phone (H): | cell (C) |
| **Legal Name of Co Homeowner:**  | SSN: |
| Date of birth: | Phone (H): | home(C) |
| Home address: |
| City: | State: | ZIP Code: |
| Email Address: |  |
| Own Rent (Circle one) (Pleasecircle) |  | How long? |
| List the names, ages, and relationship to the *homeowner(s)*  of **all other** people living in the home  |
| **Name** | **Relationship** | **Date of Birth** | **Monthly Income/Benefits** |
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| The total, combined income before taxes for ALL persons living in the home is: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per year .**Please attach the most recent income tax return and monthly social security statement** |
| Is the homeowner or anyone in the home disabled? Yes or No (please circle) |
| If so, please indicate the type of disability: |
| SECTION TWO – Employment & Income Information |
| Current Employer: | Current Job Title: |
| Business Address: |  |
| Do you receive social security? (please circle) YES or NO | If yes, what amount? |
| SECTION THREE – Housing Information |
| Can you provide proof of homeownership? (please circle) YES or NO. ATTACH COPY OF DEED OR TAX BILL  |
| Do you have a copy of a survey of your property? (please circle) YES or NO |
| Do you have homeowner’s insurance? (please circle) YES or NO |
| Do you need approval from a Homeowners’ Association to make any changes to your home? (please circle) YES or NO |
| 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.  |
| Accessibility Modifications (i.e. wheelchair ramp) |
| Carpentry Repairs (i.e. door issues, porch issues, step issues) |
| Exterior Painting (Identify where and what requirements) |
| Doors and Windows (i.e. locks, glass, frames, weather – stripping) |
| 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, improve your life, or address any safety concerns. (If more space is needed, please attach an additional page).  |
| SECTION SIX - Privacy |
| *Unless you give us permission to share your information with other organizations, your application will be kept confidential.*  |
| Where did you learn about A Brush With Kindness? 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 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 |
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| 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 clean 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: |

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|  | **HABITAT FOR HUMANITY IN MONMOUTH COUNTY**45 South Street, Freehold NJ 07728Phone: 732-728-0441 ext. 303Web 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.

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 Signature of Applicant Date of Birth Social Security Number Date

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 Signature of Applicant Date of Birth Social Security Number Date