



A Brush with Kindness

**Return Completed Form to:**  
 Habitat for Humanity Tri- Cities  
 ABWK  
 313 Wellsian Way  
 Richland, WA 99352  
 Ph. 509/943-5555 Fax 509/943-1693

SECTION 1—Homeowner Information	
Homeowner Name:	Date of Birth
Address: City:                      State:                      Zip:	Number of Years at Address:
Email:	Social Security Number:
Telephone:      Home (      )	Work: (      )
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: _____
SECTION 2-Special Needs	
Is the homeowner or anyone in the home disabled?      Yes _____      No _____	
If yes, indicated 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 a translator needed?      Yes _____      No _____	
If yes, indicate language: _____	
SECTION 3- Household Income and Mortgage Information	
The total, combined income before taxes for ALL persons living in the home is \$ _____ per year	
<b>You must attach verification of all HOUSEHOLD income</b> for each person over 18 yrs in the house.	
"For instance, the most recent income tax return, monthly SS statement, other retirement income statements, and employment check stub. 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, indicate monthly payment?      \$ _____/month	
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—Application History**

Have you applied to **ABWK** in the past? Yes \_\_\_\_\_ No \_\_\_\_\_ What year(s)? \_\_\_\_\_

Has **ABWK** done work on your home in the past? Yes \_\_\_\_\_ No \_\_\_\_\_ What year(s)? \_\_\_\_\_

**SECTION 8—Media and Publicity**

Where did you learn about **A Brush with Kindness**? (Please circle all that apply)

TV Radio Newspaper Friend Neighborhood Organization Other: \_\_\_\_\_

If **ABWK** selects your house to be repaired, would you be willing to have your picture taken or be interviewed by media reporters? Yes \_\_\_\_\_ No \_\_\_\_\_

May we bring elected officials to your home? Yes \_\_\_\_\_ No \_\_\_\_\_

**SECTION 9—Personal Statement**

**Please provide a *brief* explanation of why you feel you should be selected and how it will help you**

## SECTION 10—Requested Repairs

Briefly describe the type of work you would like done on your home. Attach a separate sheet 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, energy efficiency and independence. Our volunteers are not professionals and may not be able to make all repairs.

*Please print*

Area of Repair	Description
<b>Accessibility Modifications</b>	
<b>Carpentry Repairs</b>	
<b>Electrical Repairs</b>	
<b>Plumbing Repairs</b>	
<b>Roofing Repairs</b>	
<b>Painting</b>	
<b>Appliances</b>	
<b>Doors and Windows</b>	
<b>General Cleaning</b>	
<b>Other</b> _____	

## SECTION 11—Required Documentation

1. Completed application form
2. Copy of Driver's License
3. Copy of Social Security Card
4. Deed of home or proof of ownership
5. Copies of 2 recent bank statements; name and address of bank and account number
6. Name and address of employer for applicant
7. Copy of income tax Return
8. Copies of last 2 paystubs
9. Proof of any other income