



Mail or fax completed form to:
A Brush with Kindness
113 NE 27th Ave, Suite T
Minneapolis, MN 55418
Ph. 612-788-8169 Fax 612-305-7185

For Office Use Only

Date Received:
City Citation:
Referred By:
Phone #:
Application #:

A Brush with Kindness is a volunteer based program of Twin Cities Habitat for Humanity that paints and repairs homes for under-resourced homeowners who need assistance to do necessary work. Call **612-788-8169** with any questions.

SECTION 1 - Homeowner Information

Legal Name of Homeowner:

Date of Birth:

List anyone else on the title of your home:

Date of Birth:

Home Address:

City:

Zip:

County:

Name of Neighborhood:

Home Phone: () -

Email:

Cell Phone: () -

Work Phone: () -

Year you moved into your home:

List the name, **birthdate** and **relationship** to homeowner of **all** people in the household (attach a list if more space is needed):

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Has anyone in your household ever served in the U.S. Military? ☐ Yes ☐ No

Name: _____ Branch: _____ Name: _____ Branch: _____

Is anyone in your household currently in the military? ☐ Yes ☐ No

Name: _____ Branch: _____ Name: _____ Branch: _____

SECTION 2 – Special Needs

Is anyone in the home disabled? ☐ Yes ☐ No *Please list the resident name and type of disability.*

Name: _____ Type of Disability: _____

Name: _____ Type of Disability: _____

Name: _____ Type of Disability: _____

Is interpretation needed? ☐ Yes ☐ No If yes, what language: _____

SECTION 3 - Household Income and Mortgage Information

The *total, combined income before taxes* for ALL persons in the household is: \$ _____ per year

You must attach verification of all HOUSEHOLD income and a copy of the driver's license or state ID card for each person on the title of the home (even if they do not live there) and adult resident 18 and older, unless a full time student (provide proof of registration) and benefits for children. Please review the Income Documentation Checklist attached to this application and provide all income documents that apply to your situation.

Are you still making loan payments on your home? ☐ Yes ☐ No

If yes, what is your monthly payment? \$ _____/month How much are your property taxes? \$ _____

Are you over three months behind on your mortgage payments? ☐ Yes ☐ No

Do you currently have homeowner's insurance? ☐ Yes ☐ No

SECTION 7 - 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. 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 health, safety and independence. The opportunity to have electrical and plumbing work done is dependent on the limited availability of a licensed volunteers. **Our volunteers are not professionals and may not be able to make all repairs.**

Please print

Area of Repair	Description
Accessibility Modifications. Examples: wheelchair ramp, bathroom grab bars, handrails, etc.	
Painting. List all interior rooms that require painting and any other exterior painting requirements.	
Carpentry Repairs. Describe problems with doors, floors, porches, steps, walls, ceilings, etc. Indicate places inside the house that need repair.	
Doors and Windows. Describe repairs required, including locks, glass, frames, weather-stripping, etc.	
General Cleaning. Indicate if there is cleaning and/or trash removal required. Identify if yard work is necessary. (Please note, we DO NOT provide regular lawn care, snow removal or house cleaning)	
The opportunity to have the below work done is dependent	on the limited availability of a volunteer licensed technician.
Roofing Repairs. Identify where roof leaks. How many years has it been since the roof was replaced? (It is rare that we can find a contractor to donate labor for a roof. Typically, we are able to provide materials if the homeowner is able to provide their own labor.)	
Appliances. Identify appliances such as stove, refrigerator or hot water heater that do not work or need repair. (Appliance repair or replacement is limited by volunteer and in-kind donation resources)	
Electrical Repairs. List rooms where wall outlets, switches and light fixtures do not work. (The opportunity to have this work done is dependent on the limited availability of a licensed electrician)	
Plumbing Repairs. Describe sink, tub or toilet leaks, etc. (The opportunity to have this work done is dependent on the limited availability of a licensed plumber)	
Other. Identify other repairs requested but not listed above.	

SECTION 8 – Sharing Your Personal Information – Your answers do not affect your acceptance into the program

If your application is a more appropriate fit with other, similar programs may we share it with them? ☐ Yes ☐ No

SIGNATURE OF HOMEOWNER

DATE

*Unless you give us permission to share your information with other organizations, your application will be kept confidential. If you check yes, you give A Brush With Kindness your consent to share the information you provide on this application with similar organizations if A Brush With Kindness is not able to assist you. **Please sign above to confirm your decision.***

SECTION 9 – Media and Publicity – Your answers do not affect your acceptance into the program

Where did you learn about **A Brush with Kindness**?

☐ TV ☐ Radio ☐ Newspaper ☐ Flyer ☐ Friend/Family ☐ Neighbor ☐ Social Worker ☐ Hospital/Rehab ☐ Website
☐ OTHER: _____ please describe

If ABWK selects your house to be repaired, pictures of you and your home may be taken. Are you willing to be interviewed by media reporters? May we bring elected officials to your home?

☐ YES Interviews are okay ☐ YES Visits by elected officials are okay
☐ NO I do not want interviews ☐ NO I do not want visits by elected officials

SECTION 10 – Homeowner's Checklist

- ☐ Did you complete all 11 sections of this application?
- ☐ Did you sign the application? (SECTION 8 and SECTION 11)
- ☐ Did you enclose a copy of the deed on your home or other proof of ownership, such as a property tax receipt? *All documents submitted must show the name and address of the applicant.*
- ☐ Did you provide income verification for every adult in the household? Please review the Income Documentation Checklist attached to this application and provide all income documents that apply to your situation.
- ☐ Did you include a copy of the driver's license or state ID card for each person on the title of the home (even if he or she does not live in the home) and each adult resident 18 or older in the home (including renters)?

SECTION 11 – Homeowner's Agreement

I certify that the information on this application is accurate and I own the property at the address given on this application. I/we certify that verification may be obtained from any source named in this application. I/we understand that this application can be rejected at any time if information provided is incorrect or untrue. I/we have no present intention to move or offer my/our home for sale for at least three years. I/we authorize Twin Cities Habitat for Humanity (TCHF) to examine my/our income, residency, and any other requirements throughout the application process. I/we confirm that any physically able persons residing in my home or visiting for the project day(s) will work alongside the TCHF volunteers. I/we confirm that, except for the conditions listed above, my/our home is a safe place for volunteers. Additionally, I/we certify that no members of our household are currently or will be involved in the future in any type of illegal activity and I/we authorize TCHF to investigate my/our criminal history. As an applicant I/we acknowledge TCHF has obtained non-public and public information for the application to be processed. I/we understand that TCHF will keep this information in a secure place and it will not be shared with any unauthorized parties. To the extent permitted by law and without affecting the coverage provided by the required homeowners insurance, I agree to sign the release and waiver of liability.

SIGNATURE OF HOMEOWNER

DATE

Complete the following if you are not the homeowner, but are assisting the homeowner to complete this application.

Your name/title:

Relationship to Homeowner:

Your email:

Your daytime phone number:

Is the homeowner aware of this application?

☐ Yes ☐ No



A Brush With Kindness **Income Documentation Checklist**

****OBTAIN ALL COPIES OF THE INCOME DOCUMENTS THAT ARE DESCRIBED IN THIS CHECKLIST THAT APPLY TO THE CURRENT SITUATION OF EACH ADULT MEMBER OF THE HOUSEHOLD.**

Employment Income and Other Income:

- 2 years most recent tax returns (1st 2 pages of form 1040 only)
- *Employment Income*: at least 3 consecutive months of most recent pay stubs
- *Other Income*: any other income statements (SSI, SSDI, RSDI, Disability, VA Benefits, unemployment, alimony, child support). To request a proof of income for SSI, SSDI, RSDI please call 1-800-772-1213 or go to www.SocialSecurity.gov to obtain documentation. (Medical assistance, food stamps, and child care assistance are not considered for income qualifications and will not be needed to document)
- *Rental Income*: a signed agreement between the landlord and the tenant including rental dates and price

Self-Employment Income:

- 2 years most recent tax returns including all schedules
- Most recent 6 months' worth of income and expenses for your business

No Income:

- Zero Income form (an example of this form is on the back of this page)
- Verification of Nonfiling from the Internal Revenue Service (IRS) stating that s/he did not file taxes in that year. It may take several weeks to receive documents from the IRS. You can call the IRS at 1-800-829-1040 to request a transcript of the tax return or a Verification of Nonfiling or visit their office in downtown Minneapolis (250 Marquette) or St. Paul (430 North Wabasha).

Unofficial Transcript:

- If a member of the household is age 18 or older and is enrolled in school full-time while receiving income, provide a copy of an unofficial school transcript.

ZERO INCOME VERIFICATION

***ONLY FOR PERSONS NOT RECEIVING ANY INCOME**

APPLICANT NAME: _____

ADDRESS: _____

I HEREBY CERTIFY THAT I DO NOT RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES:

Wages from any type of employment (including commission and fees).

Income from the operation of a business. (Self-employment – Avon, Mary Kay, etc.)

Rental income from real or personal property.

Interest or dividends from assets.

Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits.

Unemployment

Public Assistance [MN Family Investment Program (MFIP), General Assistance (GA), MN Supplemental Assistance (MSA), etc.]

Alimony or Child Support

Educational grants and/or scholarships or Veteran Benefits available for subsistence after deducting expenses for tuition, fees, and books.

Regular monthly cash contributions from an outside source.

And, that I have no income of any kind whatsoever at this point in time and do not anticipate income from any source within the next twelve months.

PRINT NAME

SIGNATURE

DATE

PHONE NO.

WARNING:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

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