

A Brush with Kindness – Twin Cities Habitat for Humanity

Every family should have the opportunity to affordably maintain and preserve their home. But many situations can create barriers to keep up with repairs, including unexpected life events or loss of income. Families are stronger when they live in safe and stable homes. That's why more than 1,800 local families have partnered with Twin Cities Habitat on home repairs through *A Brush with Kindness*.



What we do

- exterior painting
- carpentry repairs on roofing, siding, flooring, doors, windows
- mechanical system repairs to plumbing, electrical, heating
- tree trimming and removal
- safety and accessibility modifications (ramps, grab bars, ADA toilets, lever-handles for doors and faucets)



What we don't do

- cosmetic repairs
- handyman repairs
- emergency repairs
- large structural repairs
- building additions

Are you eligible?

- home is in 7-county Twin Cities metro area
- owner occupied for at least the last 2 years and have homeowners insurance
- household income below 80% of Twin Cities median income (see our income chart on the next page)
- needed repairs match what ABWK does
- cannot have received assistance through ABWK in the past 2 years.

How much will this cost?

A Brush with Kindness repairs are affordable. You have two repayment options.

- 1) 2-year, monthly repayment plan that is customized for your affordability
 - 25% discount if you select this option!
- 2) 10-year forgivable mortgage, no monthly payments
 - Mortgage amount declines by 1/10 each year

How to apply

New applications are accepted during a limited time each year for projects to be completed the following year. ABWK does not accept incomplete applications or applications without supporting documentation. If you submit an eligible application, staff will visit your home to understand your repair needs. Habitat staff, volunteers and/or contractors will complete your repairs within one year of your application.

Learn more at www.tchabitat.org/abwk or call 612-788-8169.

Twin Cities Habitat for Humanity – A Brush With Kindness 2017 Income Guidelines*

Household Size	<u>Maximum Yearly Income</u>
1	\$ 47,600
2	\$ 54,400
3	\$ 61,200
4	\$ 68,000
5	\$ 73,450
6	\$ 78,900
7	\$ 84,350
8	\$ 89,800
9	\$ 101,248
10	\$ 107,034

These guidelines include all forms of income: employment (including: regular wages, overtime wages, differentials, stipends, bonuses, tips, commission, and other wage sources), public assistance of cash, SSI, etc.

Twin Cities Habitat for Humanity's *A Brush With Kindness* program serves families under 80% of the Twin Cities Area Median Income.

* Effective June 5, 2017. TCHFH reserves the right to revise these guidelines at any time.



Email, mail or fax completed form & supporting documents to:
 A Brush with Kindness
 1954 University Ave W, St. Paul, MN 55104
 Ph. 612-788-8169 F:612-305-7185
 abwk@tchabitat.org

For Office Use Only

Date Received:
Application #:

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:	
Preferred Phone: () -	Year you moved into your home:	
Email:		
Preferred contact method (circle one): Phone Email		
List the name, birthdate and relationship to homeowner of all people living in the home or on the title of the home: (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: _____
Has anyone in your household ever served in the U.S. Military or currently serving? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name: _____	Branch: _____	
Name: _____	Branch: _____	

SECTION 2 – Special Needs

Does anyone in the home have a disability*? Yes No *Please list the resident name and type of disability.*
 *Any person who has a physical or mental condition that limits one or more major life activities (walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself).

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**

Have you filed bankruptcy in the past year? Yes No

Do you have a reverse mortgage? Yes No

Are you over 3 months behind on your mortgage payments? Yes No

Do you currently have homeowner's insurance? Yes No

Do you have a city citation? Yes No When is the due date? _____
Please attach a copy of your citation letter along with your application.

Do you have a homeowner's insurance notification? Yes No When is the due date? _____
Please attach a copy of your notification along with your application.

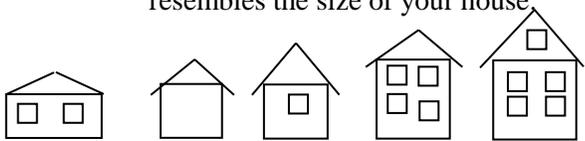
SECTION 4 – Personal Statement

**Please write a *brief* explanation of your situation
and how this program may help you.**

SECTION 5 – House Information / Exterior

HOUSE INFORMATION

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



Mobile Home 1 Story 1.5 Story 2 Story 2.5 Story

Year Purchased: _____ Year Built: _____

Last Painted: _____ Square Feet: _____

House Exterior

- | | |
|---|--------------------------------|
| Siding | Trim |
| <input type="checkbox"/> wood | <input type="checkbox"/> wood |
| <input type="checkbox"/> brick | <input type="checkbox"/> vinyl |
| <input type="checkbox"/> shakes | <input type="checkbox"/> metal |
| <input type="checkbox"/> stucco | |
| <input type="checkbox"/> painted stucco | |
| <input type="checkbox"/> asbestos/slate | |
| <input type="checkbox"/> aluminum | |
| <input type="checkbox"/> vinyl | |

Garage Exterior

- | | |
|---|--------------------------------|
| Siding | Trim |
| <input type="checkbox"/> wood | <input type="checkbox"/> wood |
| <input type="checkbox"/> brick | <input type="checkbox"/> vinyl |
| <input type="checkbox"/> shakes | <input type="checkbox"/> metal |
| <input type="checkbox"/> stucco | |
| <input type="checkbox"/> painted stucco | |
| <input type="checkbox"/> asbestos/slate | |
| <input type="checkbox"/> aluminum | |
| <input type="checkbox"/> vinyl | |

Parts of house and garage that need painting:

- House siding
- House trim (around doors, windows, overhangs, etc.)
- Garage siding
- Garage trim (around doors, windows, overhangs, etc.)
- Other _____
- Other _____
- Other _____

Repairs needed on exterior:

SECTION 6 - Requested Repairs

Briefly describe your needed home repairs in the sections below. The *A Brush with Kindness* program focuses on health and safety repairs. Items listed 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*. Please print.

Area of Repair	Description
Accessibility Modifications. Examples: wheelchair ramp, bathroom grab bars, handrails, etc.	
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 available program resources.	
Roofing Repairs. Identify where roof leaks. How many years has it been since the roof was replaced	
Appliances. Identify appliances such as stove, refrigerator or hot water heater that do not work or need repair.	
Electrical Repairs. List rooms where wall outlets, switches and light fixtures do not work.	
Plumbing Repairs. Describe sink, tub or toilet leaks, etc.	
Heating Repairs. Describe the type of system you have (forced air or radiators) and the issues you are having	
Other. Identify other repairs requested but not listed above.	

SECTION 7 – Referrals

If your application is a more appropriate fit with other repair 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.***

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

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

SECTION 8 – 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 authorize Twin Cities Habitat for Humanity (TCHFH) to examine my/our credit history, income, residency, and any other requirements throughout the application process. 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 TCHFH to investigate my/our criminal history. As an applicant I/we acknowledge TCHFH has obtained non-public and public information for the application to be processed. I/we understand that TCHFH 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

SIGNATURE OF HOMEOWNER

DATE

SIGNATURE OF ADULT RESIDENT

DATE

SIGNATURE OF ADULT RESIDENT

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

**SEE NEXT PAGE FOR DOCUMENTATION REQUIREMENTS –
Applications without supporting documentation will not be accepted.**



A Brush With Kindness – Twin Cities Habitat for Humanity **Supporting Documentation Requirements**

PROVIDE ALL COPIES OF THE DOCUMENTS THAT ARE DESCRIBED IN THIS CHECKLIST* THAT APPLY TO THE CURRENT SITUATION OF EACH ADULT MEMBER LIVING IN THE HOME.

If you have questions about what documents are accepted, please call 612-788-8169 or visit our website at <http://www.tchabitat.org/abwk-applicationprocess>

- 1. Copies of identification** (for example, Driver's Licenses or State ID cards)
- 2. Copies of Income documents**
 - a. If receiving income from an employer or other taxable income source:**
 - *Employment Income:* at least 3 consecutive months of most recent pay stubs
 - *Self-Employment Income:* 2 years most recent tax returns including all schedules
 - *Rental Income:* a signed agreement between the landlord and the tenant, including rental dates and price
 - b. If receiving non-taxable income:**
 - *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)
 - c. If not receiving any income:**
 - Zero Income form (an example of this form is on the back of this page)
- 3. Unofficial School 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.

*Twin Cities Habitat for Humanity, Inc. reserves the right to request additional documentation as needed depending on funding requirements.

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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