



# A Brush with Kindness

**Mail completed form to:**  
 A Brush With Kindness  
 Madison County Habitat for Humanity  
PO Box 528, Cazenovia, NY  
13035  
 Phone: (315) 708-4738

## SECTION 1 - Homeowner Information/Income Verification

**Legal Name of Homeowner:** \_\_\_\_\_ **SSN#** \_\_\_\_\_

**Legal Name of Homeowner:** \_\_\_\_\_ **SSN#** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone Numbers:** (H) \_\_\_\_\_ (C) \_\_\_\_\_

List the names, ages, **and relationship to homeowner** of **all** people living in the home including the homeowner(s) (attach a list if more space is needed):

Name	Relationship	Date of Birth	Monthly Income/Benefits

The total, combined income before taxes for ALL persons living in the home is: \$ \_\_\_\_\_ per year

**You must attach verification of ALL HOUSEHOLD income** for each adult in the house, unless a full time student (provide proof of registration) and/or benefits for children  
 ( Please attach the **most recent income tax return**, monthly social security statement, other retirement income statements.)

## SECTION 2 - Special Needs

Is the homeowner or anyone in the home disabled?  Yes  No

If yes, indicate the type of disability below (check all that apply)

- Uses a Walker, Cane or Crutches
  - Wheelchair Bound
  - Blind
  - Hearing Impaired
  - Loss of Limb
  - Mentally Disabled
  - Other: \_\_\_\_\_ Is translation needed?
- Yes  No If yes, what language: \_\_\_\_\_

### SECTION 3 - Sharing Your Personal Information?

If your application is a more appropriate fit with other, similar programs may we share it with them?

Yes  No

*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.*

### SECTION 4 - Application History

Have you applied to **ABWK** in the past?  Yes  No What year(s)? Has **ABWK** done work at your home in the past?  Yes  No Year(s)?

### SECTION 5 - Media and Publicity

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

TV  Radio  Newspaper  Flyer  Friend  Neighbor  Road Sign  
 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? May we bring elected officials to your home?

YES Interviews and photographs are OK  YES Visits by elected officials are OK  
 NO I do not want interviews or photographs  NO I do not want visits by elected officials

### SECTION 6 - Housing Information

What year was the home built? \_\_\_\_\_ Number of Years at Address: \_\_\_\_\_

Is this a mobile home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you own your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you rent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you pay for heating and cooling of your home? (Please include a copy of your most recent bill)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Has your home been previously weatherized by a Community Action Agency?

Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? _____ How many windows are there on your house?		
How many storm windows do you have?		
How many windows have cracked or broken panes?		
How many outside doors in your house?		
Do they need weather strips?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do they need door sweeps or thresholds?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What kind of heating/cooling system do you have?		
Is it vented? When was it last serviced?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the home have duct work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is it insulated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is it damaged?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your ceiling insulated? Can your ceiling be insulated? (if no please explain)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Are your walls insulated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What kind of foundation do you have?	Crawl space <input type="checkbox"/>	Slab <input type="checkbox"/>
Is it insulated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have cracks or holes in your solid foundation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

What is the exterior of your home (wood, stucco, brick, etc.) \_\_\_\_\_

Is your water heater working? Yes  No

Water Heater type: (Circle) Gas    Electric    Size: \_\_\_\_\_ gallons \_\_\_\_\_ Are the pipes insulated? 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 warmth, safety and independence. **Our volunteers are not professionals and may not be able to make all repairs.**

*Please print clearly*

### Area of Repair

Accessibility Modifications. Examples: wheelchair ramp, bathroom grab bars, accessible shower stall, etc.

Carpentry Repairs. Describe problems with doors, floors, porches, steps, walls, ceilings, etc. Indicate places in house needing repair.

Electrical Repairs. List locations where wall outlets, switches and light fixtures do not work.

Plumbing Repairs. Describe sink, tub or toilet leaks, etc.

Roofing Repairs. Identify where roof leaks.

Painting. List all interior rooms that require painting and any exterior painting requirements.

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.

Other. Identify other repairs requested but not listed above.

## SECTION 8 - Personal Statement

Please write a *brief* explanation of why you feel you should be selected and how it will help you. (If more space is needed, please attach an additional page)

Do you have a church affiliation? Yes  No  Church name: \_\_\_\_\_ Minister's  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you a member of any organization such as school, neighborhood, or community group? Yes  No

If YES, please describe: \_\_\_\_\_

## SECTION 9 - Checklist

- Did you complete all 10 sections of this application?**
- Did you provide proof of home ownership?( For example a copy of deed, mortgage etc.)**
- Did you enclose a copy of your most recent Utility Bill?**
- Did you include a recent tax return and other statements to verify ALL income?** This statement can be a copy of one or more of the following, social security receipts, retirement pay receipts, or other documentation of household income. *All adults, over the age of 18, must submit an income document (or prove current student status) showing name and address.*

## SECTION 10 - Home owner'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 the ABWK (*A Brush with Kindness*) volunteers. I confirm that, except for the conditions listed in this application, my home is a safe place for volunteers.

I understand that the people who may work on my house 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 claim against, sue or attach the property of Madison 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 Madison County Habitat for Humanity activities. I hereby release Madison County Habitat for Humanity 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 Madison County Habitat for Humanity 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 homeowner aware of this application?  Yes  No

Relationship to home owner: